STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255104	A. BUILDING _____ B. WING _____	**09/14/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GRENADA LIVING CENTER	**1950 GRANDVIEW DRIVE GRENADA, MS 38901**

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, facility policy review and record review the facility failed to maintain an infection control program related to not wearing a face mask properly during serving food on resident's lunch trays for one (1) of five (5) dietary staff and not performing hand hygiene while passing resident's lunch trays for one (1) of three (3) Certified Nursing Assistants. Findings include: Record review of the facility policy titled Hand Hygiene with revision date of 10/17 revealed the purpose is to cleanse hands to prevent transmission of infection or other conditions. To provide clean, health environment for residents, staff and visitors. Indications for hand washing and/or alcohol=based hand rub revealed to perform between all contact with residents or when entering and exiting a resident's rooms. During a random observation on 9/14/20 at 12:10 PM Certified Nursing Assistant CNA #1 passing lunch trays on B-unit to residents. CNA #1 was observed removing a tray from the tray cart, entered room B1 and walked to the middle bed, moved the over bed table near the resident which contaminated her hands, set up the tray by opening and placing items for the resident, exited the room and did not wash her hands or use a hand sanitizer. CNA #1 removed a tray from the cart, entered room B-1 and walked to the bed near the window, moved the resident's water pitcher from the over bed table to the bed side table which contaminated her hands, opened and set up the items on the tray for the resident, exited the room and did not wash her hands or use the hand sanitizer. CNA #1 moved a wet floor sign in the hall near the tray cart, removed a tray from the cart with contaminated hands entered room B-1, walked to the bed near the door, moved the over bed table near the resident, opened and moved items on the tray for the resident, and exited the room without washing her hands or using hand sanitizer. CNA #1 removed a tray from the cart, entered room B-4, walked to the bed near the window, set up the tray by opening and moving items on the tray, exited room and did not wash hands or use hand sanitizer. Interview with CNA #1 on 9/14/20 at 12:25 PM confirmed she did not wash her hands or use a hand sanitizer between delivering lunch trays to three (3) residents in room B-1 and to resident in B-4. CNA #1 revealed she had some sanitizer in her pocket but did not use, she knows she should use the sanitizer or wash her hands, but she forgot. CNA #1 revealed she has attended training's on hand hygiene and realizes by not cleaning her hands between the residents she could spread an infection. Record review of the facility policy titled Donning PPE dated 6/14 revealed instructions for a mask included to secure ties or elastic band at middle of head and neck, fit flexible band to nose bridge, and fit snug to face and below chin. During an random observation on 9/14/20 at 12:35 PM a dietary cook (DC) was seen standing at the steam table serving food onto the resident's trays with her face mask placed below her chin, not covering her nose or mouth. The DC was observed talking to other staff members while standing over the food on the steam table and serving the lunch trays. The DC revealed she was more than six (6) feet away from other staff, has Asthma and it is difficult for her to breath when wearing a mask. An interview with the DC on 9/14/20 at 12:25 PM confirmed she was not wearing the face mask in the manner she was trained. The DC revealed she was trained to wear a face mask that covers her nose and mouth, to prevent the spread of infection. An interview with the Dietary Manager (DM) confirmed the DC was not wearing the face mask in a manner that covers her nose or mouth and would possibly cause the spread of an infection. An interview with the Infection Control Registered Nurse (ICRN) on 9/14/20 at 12:55 PM revealed the nursing staff should always either wash their hands or use hand sanitizer before and after entering a resident's room. The ICRN revealed the facility has provided training on hand hygiene because by not disinfecting their hands between resident care they could spread [MEDICAL CONDITION]. The ICRN revealed all staff including the dietary staff should always wear their masks covering their nose and mouth. [MEDICAL CONDITION] is spread through the air and the mask will prevent the spread of [MEDICAL CONDITION]. 9/14/20 at 1:00 PM an interview with the Director of Nursing (DON) revealed the facility has provided training for all staff on the proper use of wearing masks and they should always be worn over their nose and mouth. DON revealed [MEDICAL CONDITION] travels in the air and you have to cover your mouth and nose. The DON revealed the nursing staff have attended training related to the importance of performing hand hygiene before and after entering and exiting a resident's room. The DON revealed hand hygiene is very important in preventing the spread of infection to the residents. Record review of an In-Service Training dated 7/16/20 and presented by the ICRN revealed the subject included hand hygiene and proper use of face masks. The signatures of the DC and CNA #1 were noted on the sign in sheet.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.