

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 255113	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2020
NAME OF PROVIDER OF SUPPLIER RULEVILLE NURSING AND REHABILITATION CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP 800 STANSEL DR/P O BOX 368 RULEVILLE, MS 38771	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, record review, and interview, the facility failed to prevent the potential spread of infection as evidenced by staff not performing hand hygiene when entering and exiting resident rooms for one (1) of four (4) resident observations, Resident #1. Findings include: A review of the facility's Coronavirus (COVID-19) policy, dated 03/20/2020, revealed, under the subtitle of Preventing Illness, to perform hand hygiene with alcohol-based hand rub before and after all resident contact. Use soap and water if hands are visibly soiled. On 08/04/2020 at 11:15 AM, an observation on the East Wing of staff delivering meal trays, revealed, Certified Nursing Assistant (CNA) #1 entered Room E3. CNA #1 entered the room, rearranged items on the tray, and exited room. CNA #1 took the contaminated tray to the tray cart in the hall, opened the cart door, and placed the tray in the cart. CNA #1 walked to Room E5, opened the door, entered the room, moved the over bed table to the side of Resident #1's bed and set the tray on the table. CNA #1 attempted to feed Resident #1 as he was in the bed. After CNA #1 finished feeding Resident #1, she returned the overbed table across the room, took the tray out to the cart, opened the cart doors and placed the contaminated tray back in the cart. CNA #1 did not wash her hands or use hand sanitizer on her hands at any time after leaving Room E3, taking the contaminated tray to the cart, entering Room E5, setting up his tray, feeding Resident #1, and then returning his tray to the cart. On 08/04/2020 at 11:30 AM, an observation and interview with CNA #1, revealed, she was in training. CNA #1 stated she should have used hand sanitizer before leaving a room or entering another resident's room, but she did not have any hand sanitizer and did not think there was any soap in the Resident #1's bathroom. CNA #1 walked to the bathroom and discovered there was soap in Resident #1's bathroom. CNA #1 revealed she had attended training related to infection control and handwashing, including before leaving a resident's room and entering another resident's room. CNA #1 revealed the reason she should wash her hands or use hand sanitizer between resident rooms is because it could cause the spread of infection. During an interview, on 08/04/2020 at 11:40 AM, the Infection Control Nurse revealed, the staff should be performing hand hygiene before leaving a resident's room and before entering another resident's room. The Infection Control Nurse revealed CNA #1 has attended in services related to handwashing. On 08/04/2020 at 11:45 AM, an interview with the Administrator, revealed, the facility had plenty of hand sanitizer mounted on the wall in the hallways, and they (staff) have individual bottles that can fit in their pockets. The Administrator revealed there had been trainings for the CNAs that instructs them to wash their hands before and after providing care to the residents. A record review of the facility's in-service titled, Proper Handwashing, dated 06/25/2020, revealed CNA #1's signature documented for being in attendance. An in-service, dated 04/02/2020, revealed CNA #1 was in attendance for a training on washing hands between residents.</p>		

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.