

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 255291	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/24/2020
NAME OF PROVIDER OF SUPPLIER COPIAH LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP 806 WEST GEORGETOWN STREET CRYSTAL SPRINGS, MS 39059	
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	Provide and implement an infection prevention and control program. Based on observations, record review, staff interviews, and review of the facility policy entitled, Interim Policy for Suspected or Confirmed Coronavirus (COVID-19), the facility failed to ensure that staff did not touch their facemask at the outer nose/mouth area, and pull down their facemask, to expose their nose and mouth, when talking with others for one (1) of one (1) kitchen staff. The failures occurred during a COVID-19 pandemic. The findings include: During a concurrent kitchen observation and interview on 09/23/2020 at 5:03 p.m., accompanied by the Infection Control Nurse (ICN), kitchen staff (KS) #1 while talking with others touched her facemask at the mouth/nose area, then pulled the mask down while she talked. KS #1 did not wash her hands immediately after she touched the mask, and stated that she was getting ready to Get the food out. KS #1 confirmed awareness on the coronaviruses pandemic. The ICN acknowledged that she expected the kitchen staff to refrain from touching their facemask in the areas observed, and talking in the presence of others, without their nose and mouth covered. Review of the facility records provided by the facility and interview upon entry with the Administrator, Director of Nursing and ICN, revealed, 26 residents and four (4) staff tested positive for COVID-19, since the start of the coronavirus pandemic. Review of the facility policy, revised on 09/20, revealed, .1. Facility personnel shall wear a facemask while they are in the facility. N95 or KN95 masks shall be preserved for those in patient facing roles. This recommendation applies to healthcare professionals working in patient care areas, even when they are not in a patient facing role .6. Ensure employees clean their hands according to CDC guidelines, including before and after contact with residents, after contact with contaminated surfaces or equipment and after removing personal protective equipment (PPE) .		
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.