

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 255210	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/24/2020
NAME OF PROVIDER OF SUPPLIER PINE CREST GUEST HOME INC		STREET ADDRESS, CITY, STATE, ZIP 133 PINE STREET HAZLEHURST, MS 39083	
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 - Many	Provide and implement an infection prevention and control program. Based on observations, record review, staff interviews, and review of the facility protocol entitled, Coronavirus Screening Form, the facility failed to screen accordingly one (1) of one (1) visitor, who entered the facility and had access to 38 of 38 residents and facility staff. The failure occurred during a COVID-19 pandemic. The findings include: During a concurrent observation and interview on 09/22/2020 at 3:00 p.m., Screener #1 who was located in the main lobby gave the visitor a coronavirus screening form to be completed. Upon receipt of the completed screening form from the visitor, the screener allow visitor access pass the main lobby, into the resident care areas. Further review of the screening form revealed the screener allowed access without clarifying or addressing, Have you been in contact with someone with or under investigation for COVID-19 - Yes? On 09/23/2020 at 12:30 p.m., Screener #2 screened the same as aforementioned and allowed visitor access pass the main lobby, into resident care areas, without addressing, Have you been in contact with someone with or under investigation for COVID-19 - Yes? Both screeners were aware of the COVID-19 pandemic. During an interview on 09/23/2020 at 1:15 p.m., the Infection Control Nurse stated that she expected the screeners to adhere to the COVID-19 screening protocol. Review of facility records provided by the facility, revealed, 27 residents tested positive for COVID-19, since the start of the coronavirus pandemic. Review of the facility's screening protocol, revised on 09/10/2020, revealed, several screening questions to assess one's whereabouts, to include the question that read, Have you been in contact with someone with or under investigation for COVID-19 - Yes/No?		

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.