

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 255102	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/07/2020
NAME OF PROVIDER OF SUPPLIER DIVERSICARE OF RIPLEY		STREET ADDRESS, CITY, STATE, ZIP 101 CUNNINGHAM DR RIPLEY, MS 38663	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, staff interview, and facility policy review, the facility failed to prevent the likelihood of the spread of COVID-19 as evidenced by lack of social distancing and wearing masks by five (5) of five (5) employees eating lunch in the Minimum Data Set (MDS) office. Findings Include: Review of the facility policy titled, COVID-19 Education, Prevention and Response Guide, dated September 14, 2020, revealed we need to be [MEDICATION NAME] social distancing at work. Team members should not congregate in break rooms, during smoke breaks, for meals, or at nurse stations. An observation on 10/07/2020 at 12:25 PM, revealed five (5) staff members eating lunch in the MDS office near the COVID-19 unit. Two (2) employees were sitting on each side of the table and one (1) employee was sitting at the end of a long narrow table with approximately 2 - 3 feet between each employee. The employees were not socially distanced or wearing masks. An interview with the Licensed Practical Nurse (LPN) #1 on 10/07/2020 at 12:30 PM, confirmed that she and other employees were not following guidelines to prevent the spread of COVID-19 by remaining socially distanced. The LPN confirmed the facility had in-serviced the staff on COVID-19 guidelines and she had attended these in-services. An interview with the Registered Nurse (RN) #1 on 10/07/2020 at 2:00 PM, confirmed she and other employees were not observing social distancing during their lunch. She stated she had attended in-services in the facility related to COVID-19 and social distancing and should follow the recommended social distance of 6 feet to help prevent the spread of COVID-19. An interview with Registered Nurse (RN) #2 on 10/07/2020 at 2:10 PM, confirmed she and other employees were not observing social distancing during lunch. The RN confirmed she and other staff had been in-serviced on social distancing guidelines of 6 feet to prevent the spread of COVID-19. An interview with the Infection Control Preventionist (ICP) on 10/07/2020 at 2:30 PM, revealed in-services concerning COVID-19 social distancing guidelines have been given. The ICP stated they have discussed maintaining a distance of at least 6 feet, and the facility has been in-serviced on CDC guidelines. An interview with the Administrator on 10/07/2020 at 1:40 PM, confirmed the table the staff were eating lunch on measured 83.5 inches by 41.5 inches (approximately 7 foot long and 3.5 feet wide). The Administrator confirmed the employees were not socially distanced at least 6 feet apart. The Administrator confirmed the risk of spreading COVID-19 to residents and staff increases by not following the recommended guidelines. The Administrator confirmed the staff should follow the guidelines for social distancing. An interview with the Director of Nursing (DON) on 10/07/2020 at 1:50 PM, confirmed the staff were not socially distanced at least 6 feet apart. The DON confirmed the risk for exposure to COVID-19 for staff and residents was increased by not following the guidelines for social distancing. The DON confirmed the employees have received in-services related to COVID-19 recommendations, with social distancing included. Record review of In-Service Attendance Record confirmed RN #1, RN #2, and LPN #1 had attended the in-service on COVID-19 guidelines.</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.