

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 255325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2020
NAME OF PROVIDER OF SUPPLIER WISTERIA GARDENS		STREET ADDRESS, CITY, STATE, ZIP 5420 HIGHWAY 80 EAST PEARL, MS 39208	
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>Based on observations, staff interviews, record review and review of the facility's policy entitled, CDC guidelines entitled, Responding to Coronavirus (COVID-19) in Nursing Homes, the facility failed to ensure staff cleaned and/or disinfected a blood pressure machine and thermometer between resident use to prevent the possible spread of infection for six (6) of six (6) sampled residents (Resident #'s 1, 2, 3, 4, 5 and 6). The findings included: During an observation on the 300 hall (Quarantined Unit) on 6/9/2020 at 10:10 a.m., Certified Nurse Assistant (CNA) #1 entered six (6) rooms (308, 310, 311, 312, 313, and 314) with a blood pressure machine and thermometer. Without cleaning equipment between each resident, the CNA checked each resident's vital signs. Review of medical records for Residents' #1, #2, #3, #4, #5, and #6 revealed they were new admissions and/or readmissions quarantined for 14 days. Observations on 6/9/2020 at 10:10 a.m. revealed there were no isolation signs posted outside of the rooms. Review of the undated facility policy entitled, Cleaning and Disinfecting Medical Equipment, revealed 9. Vital sign equipment is sanitized with Sani-Wipes after each resident use on isolation hall. (300 hall). During an interview with CNA #1 on 6/9/2020 at 10:40 a.m., she stated equipment should be cleaned between each resident using a purple top wipe (disinfectant wipe). During an interview with the ADON (Assistant Director of Nursing) who was also the Infection Control Nurse on 6/9/2020 at 11:43 a.m., she stated all medical equipment should be cleaned between each point of contact with all residents. During an interview with the Assistant Administrator on 6/9/2020 at 11:45 a.m., she stated each resident was quarantined for at least 14 days and equipment should be cleaned according to the facility policy.</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.