

## MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  17SH	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  11/02/2023
NAME OF PROVIDER OR SUPPLIER  DIVERSICARE OF SOUTHAVEN		STREET ADDRESS, CITY, STATE, ZIP CODE  1730 DORCHESTER DR SOUTHAVEN, MS 38671		
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M 000	<p>Initial Comments</p> <p>The State Agency (SA) conducted an annual recertification survey and a complaint investigation (CI) MS #22673 at the facility from 10/30/23 through 11/2/23. During the survey, the SA determined the facility was not in compliance with the Minimum Standards of Operation for Institutions of Aged or Infirm, state licensure requirements and deficiencies were cited at M625,M935, and M1570. The SA determined that the facility was not in compliance related to CI MS #22673 related to environment and Activities of Daily Living and cited M610.</p> <p>The facility held a license for 140 beds at the time of the survey, and the facility census was 125.</p>	M 000		
M 625	<p>45.21.5 Range of motion</p> <p>Range of motion. Residents with limited range of motion shall receive treatment and services to increase range of motion or prevent further decline in range of motion.</p> <p>This Statute is not met as evidenced by: Level III</p> <p>Based on observation, resident/staff interview, record review, and facility policy review the facility failed to apply a hand splint that was recommended by Occupational Therapy to prevent worsening of a contracture for one (1) of three (3) residents with splints resulting in loss of Range of Motion (ROM) for the resident. Resident #108</p> <p>Findings Include:</p> <p>A review of the facility policy titled, "Splinting and orthotics", revealed: "It is the policy of (Proper</p>	M 625	<p>Resident #108's hand was assessed on 11/1/2023 by the Director of Nursing. The resident's hand was cleaned, and the Carrot (hand roll) was placed in her hand. The Nurse Practitioner was notified and visited 11/1/2023 Resident #108 to assess the affected hand. Resident #108 was referred on 10/31/2023 to Occupational therapy for evaluation and treatment. Resident #108's care plan was reviewed and updated as needed at this time.</p> <p>2. All residents with recommendations for hand splints have the potential to be affected by this deficient practice. All residents with hand splints were reviewed</p>	11/27/23

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

11/22/23

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M 625	<p>Continued From page 1</p> <p>Name) Rehabilitation that therapists recommend, within their scope of practice, appropriate splinting and orthotics for patients currently receiving therapy services, as the need arises."</p> <p>An observation and interview, on 10/30/23 at 10:30 AM with Resident #108 confirmed that she was unable to open her left hand and that she could not move her left arm. The resident's left hand was contracted with her thumb pressed between the second finger and the ring finger. There is nothing splinting the left hand.</p> <p>An observation, on 10/30/23 at 1:45 PM, confirmed that the resident's left hand is contracted and had a bath cloth rolled up and placed in her hand, however the resident's thumb was not on top or around the cloth and was pressed against the palm of her hand. The resident confirmed she was unable to open her hand or move her left arm.</p> <p>An observation/interview, on 10/31/23 at 9:48 AM revealed Occupational Therapist (OT) was sitting at a table in the day room with Resident #108 and was performing exercises to the residents left hand. There was a Carrot Splint (circular hand splint) inside of Resident #108 left hand. OT confirmed that he was evaluating Resident #108 to possibly be admitted back to therapy for contracture management. OT confirmed that they treated the resident previously and that when they discharged her from therapy to restorative care, therapy could open the resident's left hand halfway, and left thumb was extended out. OT stated that the facility's restorative staff were supposed to place the Carrot Splint inside her left hand daily. OT confirmed that the Carrot Splint had not been being placed into Resident #108 left hand due to being misplaced. OT confirmed that</p>	M 625	<p>by the Director of Nursing on 11/1/2023 to ensure all devices were in place and residents' hands were clean and free from injury.</p> <p>3. To ensure the deficient practice does not recur, on 11/6/2023 the Director of Clinical Education provided an in-service for staff on ensuring residents with carrots (hand rolls) have them in place as ordered, and the hand is clean and free from injury.</p> <p>4. To monitor the performance of our corrective action and to ensure sustainability, the Director of Nursing or Nurse Assessment Coordinator will conduct audits on all residents with hand splints to ensure they are in place and residents' hands are clean (if applicable) and free from injury 5 days a week for eight (8) weeks and then weekly for 4 weeks starting 11/6/2023. Findings of audits will be addressed in Quality Assurance and Performance Improvement Committee meeting for a minimum of three months by the Nursing Home Administrator for review and interventions as necessary beginning with November Quality Assurance Performance Improvement Committee Meeting on 11/27/2023.</p>	

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M 625	<p>Continued From page 2</p> <p>the hand now has an odor and that there is a reddening between the digits where the thumb is contracted and pressing. OT confirmed that Resident #108 has a decreased range of motion (ROM) to the left hand since being discharged from Occupational therapy.</p> <p>An interview, on 11/01/23 at 10:45 AM with Certified Nurse Aide (CNA) #2 confirmed she was the CNA assigned to Resident #108 for the day and that she did not put a splint on the resident. CNA #2 confirmed that she was unaware of needing to put a splint on Resident #108.</p> <p>An interview, on 10/31/23 at 02:00 PM with Director of Nursing (DON) confirmed that Resident #108 has a contracted left hand that OT recommended a splint for the left hand and that it had not been in her hand on 10/30/23. The DON confirmed that not having a splint in the contracted hand could result in a skin integrity issue and worsening of the contracture.</p> <p>A record review of the OT evaluation revealed Resident #108 was admitted by OT on 8/07/23. Review of the evaluation revealed: "Clinical Impressions on 8/07/23 Patient has increased contractures at L hand/digits specifically. Since the last treatment period, seems from OT opinion that hands have become more contracture to the point where fingers are digging in palm which is causing deficits with skin breakdown and joint integrity and overall hygiene within the hand."</p> <p>Record review of OT discharge summary revealed Resident #108 was discharged from Occupational Therapy on 8/31/23 with Occupational Therapy documentation revealing that the patient is tolerating wearing splint for up to 8 hours without any complaints of pain and</p>	M 625		

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M 625	<p>Continued From page 3</p> <p>skin integrity intact with no redness or swelling. The discharge recommendations were for Restorative Program = Restorative Splint and Brace Program.</p> <p>A review of an OT evaluation dated 10/31/23 revealed OT readmitted the resident back to therapy with the following Clinical Impressions: "Based on clinical assessment and analysis of the documented physical impairments and functional deficits: patient has severe contracture of left hand, due to non-compliance with past splinting schedule."</p> <p>A review of the facility face sheet for Resident #108 revealed that she admitted to the facility on 03/08/23 with a diagnosis of Hemiplegia to left side, Contracture of left hand, Hyperlipidemia and Hypertension</p> <p>A review of the Minimal Data Set (MDS) with an Assessment Reference Date (ARD) of 08/23/23 revealed a Brief Interview for Mental Status (BIMS) score of nine (9) which indicated Resident #108 was cognitively impaired.</p>	M 625		
M 935	<p>45.32.2 Kitchen</p> <p>Kitchen.</p> <p>1. Size and Dimensions. The minimum area of kitchen (food preparation only) for less than twenty-five (25) beds shall be a minimum area of two hundred (200) square feet. In facilities with twenty five (25) beds to sixty (60) beds, a minimum of ten (10) square feet per bed shall be provided. In facilities with sixty-one (61) to eighty (80) beds, a minimum of six (6) square feet per bed shall be provided for each bed over sixty (60)</p>	M 935		11/27/23

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M 935	<p>Continued From page 4</p> <p>in the home. In facilities with eighty-one (81) to one hundred (100) beds, a minimum of five (5) square feet per bed shall be provided for each bed over eighty (80). In facilities with more than one hundred (100) beds proportionate space approved by the licensing agency shall be provided. Also, the kitchen shall be of such size and dimensions in order to:</p> <ul style="list-style-type: none"> <li>a. Permit orderly and sanitary handling and processing of food.</li> <li>b. Avoid overcrowding and congestion of operations.</li> <li>c. Provide at least three (3) feet between working areas and wider if space is used as a passageway.</li> <li>d. Provide a ceiling height of at least eight (8) feet.</li> </ul> <p>2. Equipment. Minimum equipment in kitchen shall include:</p> <ul style="list-style-type: none"> <li>a. Range and cooking equipment. Facilities with more than twenty-four (24) beds shall have institutional type ranges, ovens, steam cookers, fryers, etc., in appropriate sizes and number to meet the food preparation needs of the facility. The cooking equipment shall be equipped with a hood vented to the outside as appropriate.</li> <li>b. Refrigerator and Freezers. Facilities with more than twenty-four (24) beds shall have sufficient commercial or institutional type refrigeration/freezer units to meet the storage needs of the facility.</li> </ul>	M 935		

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M 935	<p>Continued From page 5</p> <p>c. Bulletin Board.</p> <p>d. Clock.</p> <p>e. Cook's table.</p> <p>f. Counter or table for tray set-up.</p> <p>g. Cans garbage (heavy plastic or galvanized).</p> <p>h. Lavatories, hand washing; conveniently located throughout the department.</p> <p>i. Pots, pans, silverware, dishes, and glassware in sufficient numbers with storage space for each.</p> <p>j. Pot and Pan Sink. A three compartment sink shall be provided for cleaning pots and pans. Each compartment shall be a minimum of twenty-four (24) inches by twenty (24) inches by sixteen (16) inches. A drain board of approximately thirty (30) inches shall be provided at each end of the sink, one to be used for stacking soiled utensils and the other for draining clean utensils.</p> <p>k. Food Preparation Sink. A double compartment food preparation sink shall provide for washing vegetables and other foods. A drain board shall be provided at each end of the sink.</p> <p>l. Ice Machine. At least one ice machine shall be provided. If there is only one (1) ice machine in the facility it shall be located adjacent to but not in the kitchen. If there is an ice machine located at nursing station, then ice machine for dietary shall be located in the kitchen.</p> <p>m. Office. An office shall be provided near the</p>	M 935		

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M 935	<p>Continued From page 6</p> <p>kitchen for the use of the food service supervisor. As a minimum, the space provided shall be adequate for a desk, two chairs and a filing cabinet.</p> <p>n. Coffee Tea and Milk Dispenser. (Milk dispenser not required if milk is served in individual cartons).</p> <p>o. Tray assembly line equipment with tables, hot food tables, tray slide, etc.</p> <p>p. Ice Cream Storage.</p> <p>q. Mixer. Institutional type mixer of appropriate size for facility.</p> <p>r. Food Processor.</p> <p>This Statute is not met as evidenced by: Level II Widespread</p> <p>Based on observations, staff interviews, record review, and facility policy review, the facility failed to clean the ice machine for one (1) of two (2) ice machines in the nursing facility, failed to check the water temperature of the dish water in the three-(3) compartment sink prior to use for six (6) days during September and October of 2023, and failed to label, date, clean, and remove expired food for three (3) of 3 resident nourishment refrigerators located on the nursing units.</p> <p>Findings Include:</p> <p>Review of the facility policy titled, "Manuel Warewashing," with a revised date of 9/2017, revealed "Policy Statement: All cookware, dishware, and serviceware that is not processed through the dish machine will be manually</p>	M 935	<p>1. Upon notification on 10/30/2023 the water in the 3-compartment sink was changed to meet the temperature requirements and recorded as required by the policy by the District Dietary Manager. Upon on notification on 10/30/2023 the ice machine was cleaned by the Maintenance Supervisor.</p> <p>Upon on notification on 11/1/2023 the nourishment refrigerator on West wing, East wing and the Rehabilitation Unit were cleaned, and all items were removed that did not belong in the refrigerator by the Unit Managers. All other items were dated and labeled 11/1/2023 by the Unit Managers.</p> <p>2. All residents have the potential to be affected by this deficient practice.</p> <p>3. To ensure the deficient practice does not recur, on 11/2/2023 the Director of</p>	

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M 935	<p>Continued From page 7</p> <p>washed ... Procedures: 1. The Dining Service staff will be knowledgeable in proper technique including: ... Wash temperature at no less than 110 degrees F (Fahrenheit)."</p> <p>Review of the facility policy titled, "Ice," with a revised date of 9/2017, revealed "Policy Statement: Ice will be prepared and distributed in a ... sanitary manner ... 2. The Dining Services Director will coordinate with the Maintenance Director to ensure that the ice machine will be disconnected, cleaned and sanitized quarterly and as needed."</p> <p>Review of the facility policy titled, "DMS POLICY AND PROCEDURES: Food Service Manual," with an effective date of August 1, 2012, revealed "POLICY: It is the policy of this facility to assign cleaning schedules on a daily, weekly, and monthly basis. PROCEDURE: All equipment will be identified for cleaning. ... Refrigerators - Weekly."</p> <p>An observation and interview on 10/30/23 at 10:40 AM revealed the 3-compartment sink was just run and steam table pans and cutting boards were being washed by Dietary Aide #1. The District Dietary Manager took the temperature of the wash water, and it was 90 degrees. The Dietary Aide #1 revealed the water was too hot to stick her hands in, so she ran cold water in the sink. She revealed the temp was 135 degrees before she cooled it down. When asked what the water temp should be for dishwashing in the 3-compartment sink, she note the manual dishwashing water temperature should be between 150 degrees to 185 degrees. She then changed and revealed the manual dish washing temperature should be between 135 degrees and 150 degrees. She revealed she did not write the</p>	M 935	<p>Clinical Education provided an in-service for staff on ensuring all nourishment refrigerators are cleaned according to policy and that only items for residents are to be kept in the refrigerator and should be dated and labeled appropriately. On 11/10/2023 the Director of Clinical Education provided an in-service for staff on ensuring the ice machines are to remain clean and working properly.</p> <p>On 10/31/23 the Corporate Nursing Home Administrator in serviced the Maintenance Supervisor and the Assistant Maintenance supervisor on the proper cleaning of the ice machine and to follow the cleaning schedule.</p> <p>On 10/30/2023 the District Dietary Manager in-serviced the dietary staff on the proper temperature and charting of temperature on the kitchen 3 compartment sink.</p> <p>4. To monitor the performance of our corrective action and to ensure sustainability, the Unit Manager or Charge Nurse will audit the nourishment refrigerator to ensure they are clean, do not have items that should not be in there and that other items are dated and labeled properly 5 days a week for eight (8) weeks and then weekly for 4 weeks starting on 11/6/2023. The Nursing Home Administrator or Maintenance Supervisor will monitor the ice machines weekly for 8 weeks and then monthly to ensure they are clean and are cleaned according to the schedule starting week of 11/6/2023. The District Manager or the Dietary Manager or Cook will monitor daily that the temperatures of the three-compartment sink are taken and</p>	

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M 935	<p>Continued From page 8</p> <p>temperature down on the 3-compartment sink temperature log today and revealed that she did not take the temperature of the water every time she washed the dishes in the 3-compartment sink. She confirmed the process of washing the dishes should be followed to avoid residents becoming ill from food served from unclean pots and pans. The District Dietary Manager revealed the dietary staff was in-serviced the first of this month regarding the temperature of the 3-compartment sink and the Dietary Aide should have known the water temperature for the 3-compartment sink. The District Dietary Manager confirmed the water temperature was not high enough to wash dishes and the water temperature should be taken each time before dishes are washed in the 3-compartment sink.</p> <p>An interview on 10/30/23 at 10:46 AM with Dietary Aide #2, revealed she did not know what the temperature of the water should be for the 3-compartment sink because she did not go on that side of the kitchen. She confirmed she had been to an in-service about the 3-compartment sink but did not remember what was said. She noted the temperature of the dish water for the 3-compartment sink should be between 175 degrees and 180 degrees.</p> <p>Record review of the "Three Compartment Sink Log," for September 2023 revealed there was no wash water temperature documented for the "Dinner ... Wash" on 9/5/23 and for "Breakfast ... Wash" on 9/16/23, 9/17/23, and 9/18/23. The "Three Compartment Sink Log" for October 2023 revealed there was no wash water temperature documentation for the "Lunch ... Wash" and "Dinner ... Wash" for 10/31/23.</p> <p>Record review of the in-services for the dietary</p>	M 935	<p>recorded on the temperature log and are within the acceptable limits starting 10/31/2023 as per their policy. Findings of audits will be addressed in Quality Assurance and Performance Improvement Committee meeting for a minimum of three months by the Nursing Home Administrator for review and interventions as necessary beginning with November Quality Assurance Performance Improvement Committee Meeting on 11/27/2023.</p>	

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M 935	<p>Continued From page 9</p> <p>department, revealed "Topic: Temperatures, Date: 10/11/2023 ... Three compartment sink temps: Wash 110, take the temperature each time you wash pots and pans ... "Date: 10/19 ... All temp logs ... must be filled out daily."</p> <p>An observation and interview on 10/30/23 at 11:10 AM with the Maintenance Director, of the ice machine located on the nursing unit revealed the white plastic area of the top, inside, of the ice maker surrounding the ice freezing element, was observed to have pink, yellow and dark coffee colored slim like substance on it where the water drained into the tray under the element. The tray holding the draining water was observed to have a shiny slimy substance around the inside edges of it. The Maintenance Director revealed he had just cleaned the top inside of the ice maker last month, but he did not take the outside panels off to see inside when he cleaned it. He revealed he was able to take the inside panel that covered the element off without removing the outside panel, was able to reach into the top of the ice machine and clean the area and none of this substance came out when he cleaned the machine. He noted he had never removed the side panel of the ice machine and looked inside it.</p> <p>An observation and interview on 10/30/23 at 11:15 AM with the District Dietary Manager confirmed there was pink, yellow, and dark coffee colored slim like substance on the white plastic area in the top, inside of the ice maker surrounding the ice freezing element, and a shiny slimy looking substance around the edges of the tray holding the water that drained into the tray that ran off the ice freezing element. She revealed the ice machine was used by the floor staff and not the kitchen, and she was not aware the ice machine was not clean.</p>	M 935		

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M 935	<p>Continued From page 10</p> <p>An observation and interview on 10/30/23 at 11:30 AM with the Administrator, confirmed there was pink, yellow, and dark coffee colored slime like substance on the white plastic area in the top, inside of the ice maker surrounding the ice freezing element, and a shiny slimy looking substance around the edges of the tray holding the water that drained into the tray that ran off the ice freezing element. She confirmed there was a possibility for growth of a water borne pathogen in the ice machine that could have possibly caused illness for a resident. The Administrator also confirmed the water temperature to wash dishes in the 3-compartment sink should have been no less than 110 degrees, that the dishes were being washed at an inappropriate temperature, which could present the possibility of illness to a resident being served food from unclean dishes.</p> <p>Record review of the "LOGBOOK DOCUMENTATION," noting the last date the ice machine on the nursing unit was cleaned, revealed, "Ice Machines ... sanitize interior ... Marked done on-time ... September 26, 2023, ... Sanitize Interior: 1. Sanitize interior of ice machine per manufacturer's instruction."</p> <p>An observation and interview on 11/01/23 at 08:52 AM with Unit Secretary #1 on the West Wing, revealed the resident nourishment refrigerator to contain:</p> <ul style="list-style-type: none"> <li>- 2 bottles of hot sauce (not labeled)</li> <li>- 4 containers of yogurt (1 was opened in the freezer and were not labeled)</li> <li>- 4 to go trays from outside the nursing facility (not labeled)</li> <li>- 2 Sandwiches for resident snacks dated 10/13/23</li> <li>- 1 opened jar of French Onion Dip (not labeled)</li> </ul>	M 935		

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M 935	<p>Continued From page 11</p> <ul style="list-style-type: none"> <li>- 1 small pizza box (not labeled)</li> <li>- 1 zip lock bag of muscadines (not labeled)</li> <li>- 1 opened bottle of Dr. Pepper soda (not labeled)</li> <li>- 1 opened bottle of Faygo soda (not labeled)</li> <li>- 1 opened jar of Ranch Dip (not labeled)</li> </ul> <p>Unit Secretary #1 confirmed none of the listed items in the resident nourishment refrigerator were properly labeled. She confirmed that every food and drink item placed in the resident nourishment refrigerator should belong to a resident, should have the resident's name on it, and the date it was placed in the refrigerator to ensure items do not remain in the refrigerator past the allowed time for each item. She revealed she was not responsible for the cleaning of this refrigerator because she was only filling in on this unit for the day and she did keep her refrigerator clean on the Rehabilitation Unit.</p> <p>An observation and interview on 11/01/23 at 9:05 AM with Licensed Practical Nurse (LPN)#1 on the East Wing, revealed the resident nourishment refrigerator had light and dark streaks of residue running down in the outside of the door and had spots of brown residue covering the top of the door. When the resident nourishment refrigerator was opened by the LPN #1, a strong, sour smell came out of the refrigerator. The observation revealed bags filled with containers that were piled into the resident nourishment refrigerator. The observation also revealed brown stains covering the shelf inside the door of the refrigerator. LPN #1 revealed she was not aware of who was responsible to clean the resident nourishment refrigerator, but it appeared to not have been cleaned in a long time.</p> <p>An observation and interview on 11/01/23 at 9:10 AM with Certified Nurse Aide (CNA) #2 confirmed the resident nourishment refrigerator was not</p>	M 935		

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M 935	<p>Continued From page 12</p> <p>clean, had a strong sour smell coming out of it, and revealed she did not know who was responsible for cleaning it. She also revealed she did not know the resident nourishment refrigerator was not clean.</p> <p>An observation on 11/01/23 at 09:14 AM with the Administrator of items in the resident nourishment refrigerator on the East Wing revealed:</p> <ul style="list-style-type: none"> <li>- 1 container of Baskin Robbins Ice Cream (not in the freezer of the refrigerator and not labeled)</li> <li>- 1 unopened hot pocket - not labeled</li> <li>- 1 bottle of mayonnaise - not labeled</li> <li>- pudding for a resident from the supper meal (no name on container, but dated 10/31/23)</li> <li>- 1 1/2 eaten salad (the salad was noted as the food item with the loud sour smell - not labeled)</li> <li>- 1 bowl of spaghetti with a puffy grey substance covering the top of the spaghetti in the to go tray from outside the nursing facility (not labeled)</li> <li>- 1 Kentucky Fried Chicken bag containing a box that was smashed underneath other items in the refrigerator (labeled with resident's name and no date)</li> <li>- 1 container of yogurt (not labeled)</li> <li>- 2 containers of Jell-O with expiration the date of 8/30/23</li> <li>- 2 boxes of white milk with the expiration date of 8/25/23</li> <li>- 1 store bought container of chicken salad dated 5/16/23 (not labeled with a resident's name)</li> <li>- 1 sandwich from the resident snack cart (no date of preparation)</li> <li>- 1 bottle of water frozen in a block of ice in the freezer</li> </ul> <p>The observation also revealed there were plastic bags stuck to the surface of the inside of the resident nourishment refrigerator that could not be pulled out, revealed the brown stains of residue on the shelf in the inside door, revealed</p>	M 935		

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M 935	<p>Continued From page 13</p> <p>the light and dark brown residue spots that were located on the top edge of the refrigerator door, and the light and dark brown streaks of residue that ran down the front of the refrigerator door..</p> <p>An observation and interview on 11/01/23 at 9:18 AM with Unit Secretary #2 on the East Wing, revealed she cleaned the inside of the resident nourishment refrigerator a month ago and all those items removed during the observation were not in the refrigerator at that time. She revealed she was responsible for ensuring the refrigerator was clean.</p> <p>An observation and interview on 11/01/23 at 9:21 AM with the Administrator of the resident nourishment refrigerator on the Rehabilitation Unit revealed:</p> <ul style="list-style-type: none"> <li>- black residue covering the bottom of the freezer door handle and covering the top of the refrigerator door handle</li> <li>- an unidentifiable food item that had a very loud and foul odor (not labeled)</li> <li>- 1 jar of a jelly like substance (not labeled)</li> <li>- 2 boxes of expired white milk</li> <li>- 1 box of expired chocolate milk</li> <li>- 1 store bought salad (not labeled)</li> <li>- 2 yogurts (not labeled)</li> <li>- 1 2L bottle of Pepsi (not labeled)</li> <li>- 1 large bottle of coffee creamer (not labeled)</li> </ul> <p>The Administrator confirmed on 11/01/23 at 9:21 AM all expired items should be removed from the resident nourishment refrigerators, that the Unit Secretaries are responsible to check the refrigerators every Friday to ensure items in the refrigerator are properly labeled for the residents and items not labeled or belonged to employees are removed. She confirmed that 3 of 3 of the nursing facility's resident nourishment</p>	M 935		

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M 935	<p>Continued From page 14</p> <p>refrigerators were not clean, that they contained spoiled/outdated foods/drinks, and that they contained unlabeled or improperly labeled foods/drinks. She also confirmed that this could have possibly presented an incident where a resident could possibly have become ill from being given improperly labeled food or drink. She confirmed the facility failed to maintain clean resident nourishment refrigerators, failed to prohibit employees from using the resident nourishment refrigerators, failed to properly label food and drink items for the residents, and failed to timely dispose of expired food and drink items from the resident nourishment refrigerators.</p> <p>An interview on 11/02/23 at 10:57 AM with the Assistant Director of Nursing revealed she was responsible for ensuring the Unit Secretaries cleaned the resident nourishment refrigerators on each nursing unit. She confirmed she rounded and checked all 3 resident nourishment refrigerators earlier this month, saw they were not clean, saw they had expired food/drinks, saw there were food and drink items not labeled, and smelled the odors inside the refrigerators. She revealed she informed the Unit Secretaries of the need to clean the refrigerators and checked the task off as being completed because she trusted they would clean the refrigerators when she told them. She also revealed she did not follow up to see if the resident nourishment refrigerators were cleaned.</p> <p>Record review of the "Med Room Refrigerator Audit," dated 10/10/2023, revealed "West Med Room: Clean ... Outside Food: No ... East Med Room: Clean ... Outside Food: No ... Rehab Med Room: Clean ... Outside Food: No."</p>	M 935		

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M1570 M1570	<p>Continued From page 15</p> <p>48.58.1 Infection Control</p> <p>The following infection control standards shall be met:</p> <p>1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases.</p> <p>2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases.</p> <p>3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.</p> <p>This Statute is not met as evidenced by: Level II</p> <p>Based on observation, resident and staff interview, and facility policy review the facility failed to prevent the possible spread of infection when a residents oxygen tubing was laying on a resident's floor under her wheelchair and not stored in a plastic bag for (1) of 26 residents on oxygen therapy. Resident # 49</p>	M1570 M1570	<p>1. Resident #49's Oxygen tubing was replaced with new tubing, labeled, and bagged and stored in a clean bag by LPN #2 on 10/31/23. The resident was assessed on 10/31/2023 by the Director of Nursing with no signs and symptoms of infection noted.</p> <p>2. All residents using Oxygen have the potential to be affected by this deficient practice. All resident's requiring oxygen</p>	11/27/23

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M1570	<p>Continued From page 16</p> <p>Findings include:</p> <p>A review of a statement provided by the facility on company letter head dated 11/1/23, revealed "The following respiratory equipment is to be cleaned q (every) week and prn (as needed). Change oxygen tubing and cannula, change prefilled water bottle, wash, and clean filter. Store in plastic bag when not in use."...</p> <p>An observation of Resident # 49's room on 10/30/23 at 11:20 AM, revealed Oxygen (O2) tubing attached to wheelchair portable cylinder tank laying on the floor underneath the wheelchair, an interview with Resident #49, she revealed she had not been up in the wheelchair all morning and revealed the tubing always falls in the floor and confirmed she was unaware of any type of storage bag.</p> <p>An observation 10/31/23 at 8:33 AM O2 tubing attached to wheelchair concentrator laying on the floor underneath the wheelchair.</p> <p>An observation and interview with Licensed Practical Nurse (LPN) #2 on 10/31/23 at 8:35 AM, she confirmed the oxygen tubing was laying on the floor underneath the wheel chair and revealed the oxygen tubing should not be on the floor and stored in a clean area and removed the tubing from the floor and stated she would discard and replace with new tubing and confirmed concerns from the tubing being on the floor is increased risk for infections from bacteria and dust.</p> <p>An observation and interview with The Director of Nursing (DON) on 10/31/23 at 8:40 AM, he confirmed oxygen tubing not in use should be stored in a clean storage bag and never be on the floor and confirmed it is an infection control issue.</p>	M1570	<p>tubing were reviewed by the Director of Nursing on 11/03/2023 to ensure oxygen tubing was bagged and stored in a clean area.</p> <p>3. To ensure the deficient practice does not recur, on 11/6/2023 the Director of Clinical Education provided an in-service for staff on ensuring Oxygen tubing is bagged, labeled, and stored in a clean area.</p> <p>4. To monitor the performance of our corrective action and to ensure sustainability, the Unit Manager or Charge Nurse will audit to ensure that all oxygen tubing is bagged and stored in a clean area. 5 days a week for eight (8) weeks and then weekly for 4 weeks starting 11/6/2023. Findings of audits will be addressed in Quality Assurance and Performance Improvement Committee meeting for a minimum of three months by the Nursing Home Administrator for review and interventions as necessary beginning with November Quality Assurance Performance Improvement Committee Meeting on 11/27/2023.</p>	

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M1570	<p>Continued From page 17</p> <p>Record review of the Admission Record revealed that the facility admitted Resident #49 to the facility on 10/22/21 with diagnoses of Chronic Obstructive Pulmonary Disease with acute exacerbation.</p> <p>Record review of the Minimum Data Set (MDS) Section C with an Assessment Reference Date (ARD) of 7/29/23, revealed that Resident #49 had a Brief Interview of Mental Status (BIMS) score of 15 which indicated that she was cognitively intact.</p>	M1570		