MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25WP	A. BUILDING: _____ B. WING _____	09/29/2023

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PLEASANT HILLS COM LIV CENTER	1600 RAYMOND RD JACKSON, MS 39204

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey and Complaint Investigations (CIs), MS #22690 and MS #22934, at the facility from 09/25/23 through 09/29/23. The SA investigated CI MS #22690 and CI MS #22934 for facility staffing, and quality of care and cited M225. During the annual survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement and cited M640 and M1570.	M 000		
M 225	45.4.1 Nursing Facility Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements: 1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio. 2. Each facility shall have the following licensed personnel as a minimum: a. Seven (7) day coverage on the day shift by a registered nurse. b. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day shift and be responsible for all nursing services in the facility.	M 225		10/19/23

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M 225	Continued From page 1 c. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing services, who shall be a registered nurse. d. A registered nurse or licensed practical nurse shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse. e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse. f. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse. 3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements. 4. There shall be at least two (2) employees in the facility at all times in the event of an emergency. This Statute is not met as evidenced by: Level II Based on interviews, record review, and facility policy review, the facility failed to have staff to provide care to meet the needs of the residents for two (2) of 19 sampled residents. Resident #8 and Resident #41.	M 225	A resident council meeting was held on 10/3/2023 by the Assistant Administrator to discuss complaints related to staffing needs and the plan to meet them, with no further complaints.The Assistant Administrator conducted interviews with resident #8 and #41 concerning their	

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M 225	Continued From page 2 Findings Include: The State Agency (SA) received a complaint, MS #22934, which alleged the facility did not have enough staff on the night shift to provide incontinent care for the residents. Review of the facility's policy, "Staffing", dated 10/2022, revealed, " ...Our facility provides sufficient numbers of staff ...to provide care and services for all residents in accordance with resident care plans and the facility assessment ..." A record review of the "Facility Assessment", undated, revealed " ...B.1. Acuity- Sufficiency Analysis Summary ...uses national benchmarks provided by national associations, clinical organizations, federal and state provided databases to establish baselines for organizational practices and goal setting ..." Resident #8 During an interview with Resident #8 on 9/29/23 at 11:00 AM, he confirmed the facility had two (2) Certified Nurse Aides (CNAs) on the 11-7 shift last night, no staff came into his room during the night to provide care, and he had to wait until the day shift came in to get assistance. Resident #8 stated the nurses do not help with turning and repositioning. Record review of the "Admission Record" revealed the facility admitted Resident #8 on 5/09/2023 and he had diagnoses including Whipple's Disease, Paraplegia, and Neuromuscular Dysfunction of Bladder.	M 225	complaints and staffing needs on 10/16/2023. All residents have the potential to be affected by the lower staffing ratios. All staff were in serviced on 9/27/2023 by the Director of Nursing on Abuse, Neglect and Exploitation policy and procedures. All nursing staff were educated on whom to contact and when, related to staffing issues and sufficiency of staffing on 10/19/2023 by the Director of Nursing.The facility assessment was reviewed by the Assistant Adinistrator to ensure that it reflects the sufficiency of staff on 10/19/2023. The Quality Assurance Performance Improvement Team (QAPI) met on 9/29/2023 and discussed policy and procedure related to staffing ratios and facility assessment with no revisions needed. The Administrator implemented employee referral bonus, sign on bonuses and nurse contract pay effective 10/2/2023. Ads were placed on 10/2/2023 for certified nursing assistants to include referral bonuses, sign on bonuses and contract nurse pay. The Ads will run continuously until all staffing needs are met. Effective 10/2/2023 the Staff Development Nurse will review all applications daily and make calls to set up interviews, this will be an ongoing daily continuous effort. Effective 10/2/2023 the Director of Nursing, the Assistant Director of Nursing and the Human Resources Director will notify the Staff Development	

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M 225	Continued From page 3 Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/01/23 revealed Resident # 8 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated he was cognitively intact. Section G revealed he required extensive assistance with hygiene, toileting, and bed mobility. Resident #41 During an interview on 9/29/23 at 10:30 AM, with Resident #41, he stated there were only two (2) CNAs on the North Hall to take care of 60 residents last night. He explained that he had to lay in his urine and bowel movement from 3:00 AM to 5:30 AM because there was not enough staff, and he was not able to clean himself. He stated that it was degrading to be laying in your own urine and feces. Record review of the "Admission Record" revealed the facility admitted Resident #41 on 5/26/23 with diagnoses including Hypertension and Diabetes Mellitus. Record review of the MDS, with an ARD of 8/30/23 revealed Resident #41 had a BIMS score of 15, which indicated he was cognitively intact. Section G revealed he required extensive assistance with hygiene and toileting. In an interview on 9/29/23 at 1:00 PM, Licensed Practical Nurse (LPN) #2 confirmed the facility had been attempting to bring in staff to meet the resident's needs and did not use contract CNAs. LPN #2 explained that it is difficult to retain staff because of the location of the facility. LPN #2 said that five (5) CNAs were scheduled and assigned to the North Hall the night of 9/28/23,	M 225	Nurse of any new hires so they may be added to the direct care schedule accordingly. Effective 10/2/2023 the Staff Development Nurse will discuss the staffing openings in daily stand-up and address any issues with coverage, this will be ongoing efforts indefinitely thereafter. The on-call person will make great efforts to maintain the proper staffing ratio and make calls or texts to achieve this when a call-out has been placed by an employee effective 10/2/2023 and ongoing, if there is any issues with coverage the on- call person will notify the Director of Nursing and the Administrator for further guidance. Any adverse findings will be addressed immediately and discussed in the monthly QAPI committee meeting begining 10/2/2023 for review and recommendation and ongoing indefinitely therafter.	

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M 225	Continued From page 4 but three (3) CNAs left because they were not happy with their assignments, which left two (2) CNA's working. LPN #2 confirmed the facility did not have a backup plan to replace the three CNA's that night. LPN #2 also confirmed several staff have worked 15 to 24 hour shifts to provide care for the residents and she did not think it was safe for the residents when the staff worked like that. In an interview with the Director of Nursing (DON) on 9/29/23 at 1:30 PM, she confirmed the facility had attempted to hire staff through staffing agencies and by offering sign-on bonuses, but none of those measures had drawn staff to the facility. The DON said she thought the problem was the facility's location. The DON confirmed the facility had two (2) CNAs working on the 11-7 shift on 9/28/23 because three (3) CNAs had left because of their assignments. The DON explained that several staff members were picking up extra shifts and had worked 15 to 24 hour shifts,and that it was "not safe for the residents." In an interview with the Administrator on 9/29/23 at 1:45 PM, he confirmed he was aware of the shortage of staff. He explained he was working with the DON and Staff Development Nurse to resolve the staffing problem by offering sign-on bonuses and utilizing contract staff. The Administrator said he was not aware that staff had been working 15 to 24 hour shifts.	M 225		
M 640	45.21.8 Accidents Accidents. The facility shall ensure that the residents ' environment remains as free of accident hazards as possible, and adequate	M 640		10/19/23

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M 640	Continued From page 5 supervision shall be provided to prevent accidents. If an unexplained accident occurs, this injury must be investigated and reported to appropriate state agencies. This Statute is not met as evidenced by: Level III Based on observation, interviews, record review, and facility policy review, the facility failed to adequately supervise and implement interventions for dependent residents to prevent one (1) resident from ending up on the floor with a major head injury and one (1) resident from dry shaving herself in her room with the door closed for two (2) of four (4) residents reviewed for accidents. Residents #38 and #55 Findings include: Review of the facility's policy titled, "Accidents and Incidents," revealed "It is the policy of this facility that the resident environment remains as free of accidents and hazards as possible and those residents receive supervision and assistance devices to prevent accidents whenever possible. This is accomplished through the identification and evaluation of environmental hazards and individual risk factors, implementing interventions to reduce hazards and risks that are identified, and monitoring for the effectiveness of the interventions ...Environmental risk may be identified through ...routine inspection of the physical plant ...These interventions may include repair, replacement ..." Resident # 38 A record review of the "Progress Note," dated 9/13/23, revealed the Nurse Practitioner (NP)	M 640	Resident #38 had a fall on 9/8/2023 at 7:35 PM and was assessed by the Licensed Practical Nurse (LPN)#1 then sent to the hospital for further evaluation and treatment per doctor's order. Resident #38 returned from the hospital on 9/12/2023 at 7:18 PM and was placed in an electric bed, lowered to the floor to prevent further injuries, assessed by the Nurse on duty and was found to be at standard baseline with no negative outcomes. The facility reported the incident to the SA on 10/19/2023 at 12:38 PM by the Administrator. Resident #55 razor was removed by the Assistant Director of Nursing (ADON) and the resident was educated on the risk of shaving without assistance on 9/25/2023. The ADON made rounds on 9/25/2023 to ensure that no other razors were in the possession of residents that were not deemed safe to use them with no negative outcome from the search. All residents have the potential to be affected by the deficient practice. Licensed Practical Nurse (LPN) #1, the Director of Nursing (DON) and the Administrator were in-serviced on 9/27/2023 by the Regional Nurse Consultant (RNC) on proper reporting guidelines and investigation. All nursing staff were in serviced on fall policy and	

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M 640	Continued From page 6 documented the hospital return of Resident #38 from a local Acute Care Hospital from 9/9/23 through 9/12/23, following hospitalization and treatment for an Intracerebral Hemorrhage. During an interview on 9/25/23 at 10:00 AM with the NP, she confirmed the resident had a major injury to the head after a fall at the facility. The NP revealed she didn't know how the resident got on the floor, as she has never seen the resident make any attempts to get out of the bed without assistance. A record review of Resident # 38's, "Fall Assessments" dated 9/8/23 revealed no history of falls within the last six (6) months. Record review of the facility's, "Incident Report" dated 9/8/23 at 7:35 PM by Licensed Practical Nurse (LPN) #1, revealed Resident #14 came out of her room, stating her roommate, Resident #38 was on the floor. The nurse also documented the resident was unable to give a description of the incident, however, a body audit revealed that the resident had a hematoma to the back of her head. Further review LPN #1's documentation of the incident revealed that possible predisposing factors was the furniture, recent illness, and a room change. There was also documentation that no witnesses were found. During an interview on 9/25/23 at 2:00 PM, with LPN #1, she confirmed she observed Resident #38 on the floor on 9/8/23 at 7:35 PM. LPN #1 said Resident #14 came out into the hall and said Resident #38 was on the floor. LPN #1 confirmed she did not ask Resident #14, the residents' roommate, how the resident ended up on the floor. The nurse explained Resident #14 was upset about having a roommate and having to	M 640	procedures, proper reporting guidelines and investigation on 9/27/2023 by the Director of Nursing (DON). On 9/28/2023 Licensed Practical Nurse (LPN) #1 and Registered Nurse (RN) #1 were in-serviced by the Director of Nursing (DON) on policy and procedure of following care plans and Activities of Daily Living (ADL). Beginning 9/29/2023 ending 10/19/2023 all nursing staff were in-serviced by the DON on policy and procedures related to following care plans and ADLS. The Quality Assurance Performance Improvement Team (QAPI) met on 9/29/2023 and discussed policy and procedure related to following care plans and ADLS with no revisions needed. Effective 10/1/2023 the Administrator or DON will be notified immediately of any incidents, and it will be reported to the correct authorities directed by the federal regulation. Effective 10/2/2023 and ongoing indefinitely, all incidents will be reviewed in the daily stand-up meetings by the DON or Administrator; discussed with the Interdisciplinary Team and reviewed in the weekly Persons at Risk meeting to ensure proper procedures are followed. Effective 10/1/2023 the DON or ADON will perform room rounds twice weekly for four weeks, then two rooms per week will be checked as an ongoing effort to maintain a secure environment, these efforts will continue indefinitely. Any findings will be removed from the residents' area and discussed in the daily stand-up meeting with the Interdisciplinary Team (IDT). The CarePlan will be reviewed by the Minimum	

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M 640	Continued From page 7 stay in the room because they both had COVID-19. LPN #1 explained that Resident #38 was moved into the room with Resident # 14 because she had COVID-19. LPN #1 also explained that CNA #2 reported to her that Resident #38's bed would not go down in low position after the resident had fallen. The nurse stated she put information about the problem with the resident's bed in the maintenance book. In an interview on 9/26/23 at 10:00 AM, with maintenance staff, he confirmed there had been a work order on his maintenance book on 9/9/23, revealing a problem with Resident #38's bed not being able to be lowered to the lowest position. The maintenance man stated he replaced that bed with a new electric bed and mattress, as the bed was an old crank bed and needed to be discarded. On 9/28/23 at 10:00 AM, in an interview, with the Director of Nurses (DON), she confirmed Resident #38 was observed on the floor in her room on 9/8/23. The DON also confirmed she did not know how the resident ended up on the floor, as she had never seen the resident make any attempt to get out of her bed. The DON revealed they had moved the resident to another room and had sent the resident to the hospital for an evaluation. During an interview on 9/28/23 at 10:15 AM, with Resident #14, she refused to discuss Resident #38's fall. Resident #14 said all she knows is the resident was on the floor and she was not discussing that situation anymore. During an interview on 9/29/23 at 2:30 PM with CNA #2, she said she was the CNA on 9/8/23, the night Resident #38 fell. CNA #2 said the nurse	M 640	Data Set Nurse to ensure person-center interventions are in place during daily-stand-up meetings. Any adverse findings will be addressed immediately and discussed in the QAPI committee meeting for review and recommendation this will be ongoing and indefinitely.	

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M 640	Continued From page 8	M 640		

had called her for assistance to get Resident #38 off the floor. CNA #2 revealed the resident's bed was in high position and would not go down. CNA#2 said she told LPN #1 and they put the information in the maintenance book. CNA #2 also stated that the dayshift CNA reported to her that Resident 38's bed wouldn't go down. CNA #2 revealed she had never seen Resident #38 attempt to get out the bed without assistance. CNA #2 also revealed that Resident #14 was upset and continued to stand by Resident #38's bed. CNA#2 said Resident #14 kept pressing Resident #38's call light. CNA #2 said she asked Resident #14 to leave Resident #38's call light alone and use her own call light if she needed assistance.

During an interview on 9/29/23 at 2:38 PM, with the Administrator, he confirmed he was aware of Resident #38's fall that occurred on 9/8/23. The Administrator said it was discussed in stand-up the next morning.

A record review of the "Admission Record" for Resident #38 revealed the facility admitted Resident #38 on 2/13/19 with diagnoses that included Cognitive Communication Deficit and Abnormalities of Gait and Mobility.

Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/7/23 revealed Resident # 38 had been unable to participate in a Brief Interview for Mental Status (BIMS) review, which indicated she was cognitively impaired. Review of section G also revealed Resident #38 needs extensive assistance with bed mobility.

Record review of the "Admission Record" revealed the facility admitted Resident #14 on

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8/20/17 with diagnoses that included Generalized Anxiety Disorder and Schizophrenia.

Record review of the Quarterly MDS, with an ARD of 7/5/23, revealed Resident #14 had a BIMS score of 15, which indicated she was cognitively intact. Section G indicated Resident #14 was independent with transfers and bed mobility.

Resident #55

On 9/25/23 at 11:01 AM, an observation of Resident #55, revealed the resident sitting in her wheelchair in her room with the door closed. Resident #55 was dry shaving her face with a blue razor using her left hand, without soap or shaving cream on her face. While being observed, Resident #55 attempted to put A&D ointment on her face to shave. Resident #55's speech was unclear; however, the resident could make simple needs known by pointing with her fingers and shaking her head yes and no answers. Resident #55 shook her head yes when asked if she shaved herself without staff present. The resident also shook her head yes when asked if the staff gave her the razor. No blood was noted on the resident's face and the hair over the resident's lip had been removed. Thick hair was noted under the resident's chin and neck. The Assistant Director of Nursing (ADON) entered the resident's room and asked the resident for the razor and finished shaving the resident.

During an interview on 09/25/23 at 03:16 PM, with the ADON, she confirmed Resident #55 "should not" have a razor shaving herself without supervision. The ADON also confirmed Resident #55 could have cut herself with the razor, which could have been a problem, as the resident is on

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M 640	Continued From page 10 a blood thinner. During an interview on 09/25/23 at 03:22 PM, with CNA #1, she said she was told by the ADON that Resident #55 had a razor shaving herself in the room without supervision. CNA #1 said she didn't know the resident had the razor and explained the residents don't shave themselves at this facility. During an interview on 09/28/23 at 3:57 PM, with the DON, she said the resident should not have been using a razor "unsupervised." The DON confirmed the resident could have cut herself and could have bled out with no staff in the room. Record review of the "Admission Record" revealed the facility admitted Resident #55 on 6/11/20, with diagnoses that included Hemiplegia and Hemiparesis following Cerebral Infarction Affecting Right Dominate Side, Seizures, and Cerebral Infarction. Record review of the Quarterly MDS, with an ARD of 6/29/23, revealed Resident # 55 had a BIMS score of 02, which indicated she was severely cognitively impaired. Review of section G revealed Resident #55 needs extensive assistance with personal hygiene.	M 640		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 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	M1570		10/19/23

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M1570	Continued From page 11 communicable diseases. 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. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by: Level II Based on observation, interviews, record review, and facility policy review, the facility failed to ensure infection control measures were consistently implemented to prevent the development and/or transmission of infection for two (2) of 19 sampled residents. Residents #180 and 181 Findings include: A record review of the facility's policy titled," Handwashing/Hand Hygiene," revised 8/2009, revealed, "Purpose: The purpose of this procedure is to provide guidelines for effective hand washing and hygiene techniques that will aid in the prevention of transmission of infections. Objective To prevent and control the spread of	M1570	The facility failed to ensure proper infection control procedures were followed for residents #180 and #181. Residents #180 and #181 were assessed by the Director of Nursing on 9/28/2023 to determine if infection was transmitted during cross contamination of treatment; there was no negative outcome. All residents that require wound care or treatment have the potential to be affected by the deficient practice. The Infection Control Preventionist in-serviced Licensed Practical Nurse (LPN) #4 and Registered Nurse (RN) #2 on following infection control procedures related to hand hygiene and wound care procedures on 9/28/2023. The Infection	

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	25WP	A. BUILDING: _____ B. WING _____	09/29/2023

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M1570	Continued From page 12 infectious diseases. General Guidelines 1 ... handwashing ... must be performed under the following conditions: a. Before and after direct contact with residents; ... d. After removing gloves; ... 3. The use of gloves does not replace handwashing ... 4. In most situations, the preferred method of hand hygiene is with an alcohol-based hand rub. If hands are not visibly soiled, use of alcohol-based hand rub for all the following situations: ... h. After handling used dressings, contaminated equipment, etc. i. After contact with inanimate objects (e.g., medical equipment) in the immediate vicinity of the resident; and/or j. After removing gloves ..." Resident #180 On 9/27/23 at 1:25 PM, an observation of Licensed Practical Nurse (LPN) #4 providing PEG (percutaneous endoscopic gastrostomy) tube care on Resident #180, revealed LPN #4 used her gloved hands to adjust the bed with the remote control and to place the feeding pump on hold. She did not change gloves or wash hands. The LPN then used her gloved hands to remove the bed linen, abdominal binder, and PEG tube dressing. At this time, the nurse removed her gloves, washed hands and returned to the bedside and cleaned the PEG site. After she cleaned the PEG site, LPN #4 removed her gloves and applied clean gloves, but did not wash her hands prior to applying the clean dressing. After she applied the new dressing to the PEG site, LPN #4 pulled scissors out of her pocket to cut the tape for PEG dressing. She then placed the scissors on the bedside table. LPN #4 then removed her gloves, applied clean gloves, and secured the dressing with the tape. Prior to leaving the room, LPN #4 picked up the scissors and put them back in her pocket, removed her	M1570	Control Preventionist performed a competency check off for all nurses beginning 10/1/2023 ending 10/19/2023 to include proper hand washing techniques and standard infection control procedures related to wound care. The Quality Assurance Performance Improvement Team (QAPI) met on 9/29/2023 and discussed policy and procedure related to infection control procedures and wound care with no revisions needed. Beginning 10/1/2023 ending 11/12/2023 the Infection Control Preventionist will perform two (2) competency check offs per week for six (6) weeks to ensure effective handwashing and wound care technique are being accomplished, then begining 12/1/2023 ending 6/30/2023 two (2) times per month the competency check offs will be completed. Any adverse findings will be addressed immediately and reviewed in the monthly QAPI committee meeting for review and recommendation begining 10/1/2023 and ending 6/30/2023.	

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M1570	Continued From page 13	M1570		

gloves and washed her hands.

On 9/27/23 at 3:23 PM, in an interview with LPN #4, she revealed she did not think she needed to wash her hands after touching the feeding pump and bed remote, however, she stated that maybe she should have. LPN #4 confirmed that she should have washed or sanitized her hands between glove changes, as not washing her hands when removing soiled gloves "may cause residents to get an infection."

On 9/27/23 at 4:10 PM, in an interview with Registered Nurse (RN) #1/ Infection Preventionist (IP), she confirmed the LPN #4 should have removed her gloves, washed, or sanitized her hands after touching the remote and feeding pump. She stated the feeding pump and bed remote are considered dirty. The IP stated LPN #4 should have washed her hands each time she changed her gloves, to prevent the spread of infection.

On 9/27/23 at 4:45 PM, in an interview with Director of Nursing (DON), she stated LPN#4 should have removed gloves after touching the remote and feeding pump and washed her hands. The DON confirmed that LPN #4 should washed or sanitized her hands each time she removed her gloves, as the LPN's actions could potentially cause the resident to develop an infection from cross contamination.

Record review of the Admission Record for Resident #180 revealed the facility admitted the resident on 9/22/23, with diagnoses that included Chronic Obstructive Pulmonary Disease, Dysphagia, Unspecified and Unspecified Severe Protein Calorie Malnutrition.

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M1570	Continued From page 14 Record review of the Order Summary Report revealed a Physician order to change the dressing to the PEG tube site dressing daily or as needed. Resident #181 On 9/27/23 at 3:05 PM, an observation of Resident #181's wound care performed by Registered Nurse (RN) #2/Wound Care Nurse, revealed that when the nurse removed the soiled dressing that was contaminated with feces and blood and did not perform hand hygiene after removing her soiled gloves and applying clean gloves. She then cleaned the wound with normal saline and applied SurePrep, removed her gloves and once again applied clean gloves without performing hand hygiene. After she applied the clean dressing, the nurse removed her gloves and washed hands. On 9/27/23 at 3:38 PM, in an interview with RN #2, she confirmed that she should have sanitized or washed her hands when changing her gloves. She stated her actions could cause the resident to get an infection and prolong wound healing. The RN stated she "knew better" but forgot to do it. On 9/27/23 at 4:25 PM, in an interview with the IP, she confirmed the RN should have washed or sanitized her hands between changing gloves. She stated RN increases the resident chances of getting an infection. She stated the resident could get septic and prolong wound healing time. On 9/27/23 at 5:08 PM, in an interview with the DON, she confirmed that RN #2 should have washed or sanitized her hands every time she removed her gloves. She stated the nurse's	M1570		

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M1570	Continued From page 15 action could possibly cause the resident to get infection and slow down wound healing. Record review of the Admission Record for Resident # 181 revealed the facility admitted the resident on 9/5/23, with diagnoses that included Dysphagia following unspecified Cerebrovascular Disease and Essential Hypertension. A record review of the Order Summary Report revealed Resident #181 revealed a Physician order to clean the stage 2 to the sacrum with normal saline, pat dry and apply SurePrep and cover with bordered gauze.	M1570		