

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>38EM</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/11/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>REGINALD P WHITE NURSING FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1451 NORTH LAKELAND DRIVE MERIDIAN, MS 39307</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	Initial Comments  The State Agency (SA) conducted an annual recertification survey at the facility from 1/08/24 through 1/11/24. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and deficiencies were cited at M500, M815, and M1570.	M 000		
M 500	45.17.2 Residents' Rights  Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility:  1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents;  2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate;  3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical	M 500		2/20/24

Mississippi State Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

01/25/24

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M 500	<p>Continued From page 1</p> <p>treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action;</p> <p>4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record;</p> <p>5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;</p> <p>6. may manage his personal financial affairs , or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time</p>	M 500		

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M 500	<p>Continued From page 2</p> <p>in conformance with State law;</p> <p>7. is free from mental and physical abuse;</p> <p>8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint;</p> <p>9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract;</p> <p>10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;</p> <p>11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;</p> <p>12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse</p>	M 500		

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M 500	<p>Continued From page 3</p> <p>practitioner/physician assistant in his medical record);</p> <p>13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);</p> <p>14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);</p> <p>15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and</p> <p>16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights.</p> <p>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 a resident had a dignified dining experience for (1) one of seven (7) resident dining observations. (Resident #160)</p> <p>Findings include:</p>	M 500	<p>Address how corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>On 1/8/24, Certified Nurses Assistant Coordinator set up and served Resident #160 her meal tray. Resident #160</p>	

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M 500	<p>Continued From page 4</p> <p>Review of the facility's policy, "Rights and Responsibilities of Residents," revised October 2023, revealed, " ...It is the policy of (Proper Name) to protect and support the fundamental human, civil, and constitutional rights of each resident ...Procedure ... (10) Treated with respect and full recognition of their dignity and individuality ..."</p> <p>During an interview and observation on 1/8/24 at 12:05 PM, Resident #160 was in her room and had not received her meal tray. She stated that her roommate had received her meal tray and had already finished eating lunch. Resident #160 said that for the last week, her tray has been served about an hour later than her roommate, and she was unsure as to why this has occurred. She expressed that she did not believe it was right that she had to watch her roommate eat and had to wait for her food to be served.</p> <p>In an interview with Certified Nurse Aide (CNA) #2, on 1/8/24 at 12:10 PM, she revealed that a CNA had recognized that Resident #160's meal tray was not on the meal cart and was currently at the Dietary Department to get her meal tray. She confirmed that Resident #160's meal tray should have been on the meal cart that was delivered to the hall at 11:15 AM and the roommate should not have been served until both meal trays were available. CNA #2 also confirmed that it was possible that Resident #160 would be bothered by not having food to eat while watching her roommate enjoy her meal.</p> <p>During an observation and interview on 1/8/24 at 12:15 PM, CNA #1 delivered and set up the lunch meal tray for Resident #160. She confirmed that she had delivered the roommate's meal tray</p>	M 500	<p>reported happy feeling about receiving her meal. She complimented the taste of the food.</p> <p>On 1/8/24, resident # 160 was assessed by the Director of Nursing (RN). Resident was satisfied after receiving her meal.</p> <p>On 1/8/24, the Director of Nursing (RN) conferenced Certified Nursing Assistant # 1 on deficient practice of not serving residents who reside in the same room their meal tray at the same time.</p> <p>Address how the facility will identify other residents having the potential to be affected by the same deficient practice;</p> <p>All residents have the potential to be affected by the deficient practice of failure to ensure residents have their meals served at the same time as their roommate.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur; and,</p> <p>On 1/12/24, The Director of Nursing (RN) and Nursing Supervisors (RN) began training all Licensed Nurses and Certified Nurses Assistants on serving all resident their meals at the same time.</p> <p>On 1/22/24, the Director of Nursing (RN) trained all nurses on their responsibility of ensuring that all residents trays are accounted for on the tram before the</p>	

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M 500	<p>Continued From page 5</p> <p>earlier and that Resident #160 did not get a tray when the roommate's tray was delivered. CNA #1 explained that she did not check the cart for Resident #160's meal tray after serving the roommate because she passed the trays in the order they were set up on the cart. CNA #1 did not respond when asked how this practice affected Resident #160.</p> <p>An interview with the Director of Nursing (DON) on 1/08/24 at 12:50 PM, she revealed Resident #160 should not have had to wait an hour for her meal tray, confirming the staff that delivered the roommates tray should have delivered Resident #160's tray next and if it was not on the cart the staff should have gone to dietary and requested it then. The DON also confirmed that Resident #160 could have been bothered by having to watch her roommate eat.</p> <p>An interview with Dietary Manager #1 and Dietary Account Manager #2 on 1/09/24 at 2:33 PM, they both revealed they were not aware that Resident #160 had been receiving her meal trays late and confirmed Resident #160 should not have had to wait for an hour for her meal tray to be served, stating "if staff would have come to dietary sooner the dietary staff would have fixed the resident a tray."</p> <p>Record review of the "Face Sheet" revealed the facility admitted Resident #160 to the facility on 10/27/23 with diagnoses of Chronic Obstructive Pulmonary Disease and Anxiety.</p> <p>Record review of the Admission Minimum Data Set (MDS) Section C with an Assessment Reference Date (ARD) of 11/2/23, revealed that Resident #160 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated that</p>	M 500	<p>Certified Nurses Assistants begin serving the trays as well as immediately notifying and obtaining residents meal trays that were not placed on the tram from Dietary Manager (DM) and/or Dietary worker.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system.</p> <p>On 1/17/24 a Quality Assurance meeting was held to discuss the deficient practice of Certified Nurses Assistants not serving resident meals at the same time. Beginning on 1/23/24, Nursing Supervisors (RNs) implemented monitoring 10% of residents during meals to ensure that Certified Nurses Assistants and Licensed nurses are serving the resident their meals at the same time during breakfast lunch and dinner.</p> <p>The monitoring will be done twice a week for four weeks for 100% compliance. Thereafter, observations will be twice a month for three months for 100% compliance</p> <p>This observation will continue until 100% compliance is met for three consecutive months.</p> <p>These monitoring observations completed</p>	

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M 500	Continued From page 6  she was cognitively intact.	M 500	by the Nursing Supervisor (RN) will be forwarded to the Quality Assurance Nurse for review. The Quality Assurance Nurse will discuss all findings in the monthly Quality Assurance Meeting beginning 2/13/24.  The Quality Assurance committee will continue reviewing the monitoring observations in the Monthly Quality Assurance Meeting for three months or until 100% compliance is met for three consecutive months.	
M 815	45.29.1 Safe Food Handling Procedures  Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations.  This Statute is not met as evidenced by: Based on observation, staff interview, record review, and facility policy review, the facility failed to record daily temperatures for refrigerators and a freezer for the last six (6) days prior to survey entrance on 01/08/24 and failed to date and label stored food in facility refrigerator for one (1) of two (2) kitchen observations. The deficient practice had the potential to affect 50 of 59 residents in the facility.  Findings include:  A Review of the facility's policy, "Food and Nutrition Services", dated January 2023, revealed, " ...The purpose of this policy is to provide guidelines for the creation and	M 815	Address how corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;  On 1/8/24, Dietary Manager (DM) assessed the items in the front room refrigerator of the kitchen. She reported that none of the food/beverages were spoiled.  On 1/12/24, all food/beverages were moved from refrigerator in the front room of the kitchen to the refrigerator in the back of the kitchen by the Dietary manager (DM).	2/20/24

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M 815	<p>Continued From page 7</p> <p>maintenance of an environment that is physically and bacteriologically safe for the storage, preparation, serving, and disposal of food ...B. Food Handling and Storage (1) Food will be held at the appropriate temperature to maintain quality and prevent the growth of harmful bacteria (2) Refrigerator and freezer thermometers will be monitored once daily and documented on the Refrigerator Temperature Record Form ...and the Freezer Temperature Record Form ...(7) Opened containers will be labeled with the date the item was opened and the date of expiration ..."</p> <p>An observation and interview, on 01/08/24 at 11:15 AM, revealed a refrigerator in the front room of the kitchen was registering at 54 degrees on the thermometer located outside of the refrigerator, which was more than 40 degrees. The rubber gasket around the refrigerator door did not properly seal the refrigerator door when closed. Dietary Aide (DA) #3 confirmed that the gasket has not sealed in a long time and maintenance was aware.</p> <p>Record review of the "Freezer Temperature Log" for Jan (January) 2024 revealed there were no temperatures recorded on the 5th, 6th, or 7th.</p> <p>Record review of the "Refrigerator Temperature Log" for Jan 2024, for the refrigerator located on the "Front" revealed there were no temperatures recorded for the 3rd, 4th, 5th, 6th, or 7th.</p> <p>Record review of the "Refrigerator Temperature Log" for Jan 2024, for the refrigerator located on the "Back" revealed there were no temperatures recorded for the 5th, 6th, or 7th.</p> <p>On 1/8/24 at 11:18 AM, in an interview with DA #3, she confirmed that freezer and refrigerator</p>	M 815	<p>On 1/8/24 Dietary Manager (DM) assessed the food in the freezer. She reported that the food was frozen. The thermostat indicated that the freezer temperature was zero.</p> <p>On 1/12/24 Dietary Manager (DM) placed an out of order sign on the front room refrigerator.</p> <p>On 1/8/24, Dietary Manager (DM) assessed the food/beverages in the refrigerator located in the back room. She reported that the thermostat read 32 degrees.</p> <p>On 1/8/24, Dietary Manager (DM) placed a temperature log on the refrigerator located in the back room.</p> <p>On 1/9/24, the Dietary Manager (DM)conferenced Dietary worker # 3 on deficient practice of not maintaining a refrigerator and freezer temperature sheet.</p> <p>On 1/8/24, Dietary Manager discarded the bacon and toast that was wrapped in aluminum foil.</p> <p>On 1/8/24, Dietary Manager discarded the Gatorade drink and straw located on the top shelf of the refrigerator.</p> <p>On 1/8/24, Dietary Manager discarded the prepared bowls of soup that did not have an identifying label or dated.</p> <p>Address how the facility will identify other</p>	

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M 815	<p>Continued From page 8</p> <p>temperature should be logged daily and if the food was not stored at a certain temperature, it could make the residents sick.</p> <p>An observation on 1/08/24 at 11:18 AM, revealed the food warmer in the front room in the kitchen contained bacon and toast that was wrapped in aluminum foil. There was no identifying label or date on the container.</p> <p>Upon observation of the back there was a an eight (8) ounce Gatorade drink with a straw inside it on the top shelf of the refrigerator, with no label indicating the date it was opened. There was a serving tray with individual prepared bowls of soup that did not have an identifying label and was not dated.</p> <p>An Interview, on 01/08/24 at 2:00 PM, with the Dietary Account Manager confirmed that the refrigerator and freezer temperatures logs had omissions and should be documented daily to ensure food items remain at the correct temperature and does not make anyone sick.</p> <p>An interview on 01/09/24 at 09:30 AM, with the Maintenance Director confirmed that he was aware of the gasket not sealing on the refrigerator in the kitchen and that one had been ordered but not received at this time. The Maintenance Director confirmed that without the proper gasket in the refrigerator the temperature would not be 40 degrees or below and that food could be ruined.</p> <p>An interview on 01/11/23 at 08:30 AM, with Dietary Account Manager confirmed that she was aware of the issue with the gasket not working properly on the refrigerator and that it would not remain at a temperature of 40 degrees or below.</p>	M 815	<p>residents having the potential to be affected by the same deficient practice;</p> <p>All residents have the potential to be affected by the deficient practice of failing to record daily temps on the refrigerator and freezer.</p> <p>All residents have the potential to be affected by the deficient practice of failing to label and date open food.</p> <p>All residents have the potential to be affected by the deficient practice of failing to notify the Administrative Assistant to do a work order on broken items in the kitchen.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur; and,</p> <p>On 1/9/24, Temp logs with instructions were placed on the outside of the freezer and refrigerator. by Dietary Manager.</p> <p>On 1/9/24, The Dietary Manager (DM) began training all Dietary staff on completing the daily temperature sheet for the refrigerator and freezer.</p> <p>On 1/9/24, the Dietary manager began training all dietary staff on labeling/dating/timing all open food/beverage containers.</p> <p>On 1/22/24, the dietary manager began training all dietary staff to verbally report as well as email the administrative</p>	
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M 815	<p>Continued From page 9</p> <p>The Dietary Account Manager confirmed that food could ruin and make someone sick if the refrigerator did not remain at the correct temperature. She stated that food must be labeled and dated and no personal food or drinks should be in the refrigerator.</p>	M 815	<p>assistant to inform when equipment is broken in the kitchen so a work order can be produced for the maintenance department.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system.</p> <p>On 1/17/24, a Quality Assurance meeting was held to discuss the deficient practice of Dietary Department not maintaining an accurate refrigerator/freezer temperature sheet; labeling open food/beverages with date and times; reporting broken equipment to the administrative assistant.</p> <p>Beginning on 1/9/24, Dietary Manager (DM) implemented monitoring of the refrigerator/freezer temperature sheet to ensure that Dietary workers are completing the temperature log daily.</p> <p>Beginning on 1/9/24, Dietary Manager (DM) implemented monitoring of the open food/beverage items to ensure that they are labeled and dated.</p> <p>Beginning 1/22/24, Dietary manager (DM) implemented monitoring of the maintenance log of broken equipment in the kitchen to ensure that a work order</p>	

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NAME OF PROVIDER OR SUPPLIER  <b>REGINALD P WHITE NURSING FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1451 NORTH LAKELAND DRIVE MERIDIAN, MS 39307</b>
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M 815	Continued From page 10	M 815	<p>was called into the administrative assistant.</p> <p>The monitoring will be done weekly times four weeks for 100% compliance. Thereafter, observations will be monthly times three months for 100% compliance</p> <p>This observation will continue until 100% compliance is met for three consecutive months.</p> <p>These monitoring observations completed by the Dietary Manager (DM) will be forwarded to the Quality Assurance Nurse for review. The Quality Assurance Nurse will discuss all findings in the monthly Quality Assurance Meeting beginning 2/13/24.</p> <p>The Quality Assurance committee will continue reviewing the monitoring observations in the Monthly Quality Assurance Meeting for three months or until 100% compliance is met for three consecutive months.</p>	
M1570	<p>48.58.1 Infection Control</p> <p>The following infection control standards shall be met:</p> <ol style="list-style-type: none"> <li>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.</li> <li>2. The facility must have an active surveillance</li> </ol>	M1570		2/20/24

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M1570	<p>Continued From page 11</p> <p>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 Based on observation, staff interviews, record review, and facility policy review, the facility failed to prevent the possibility of the spread of infection as evidenced by staff failing to correctly wear a face mask on one (1) of four (4) days of survey and failed to perform hand hygiene during wound care for one (1) of five (5) wounds observed. (Resident # 57)</p> <p>Findings include:</p> <p>A review of the facility's policy "Pandemic Influenza/Coronavirus Disease 2019- Infection Control Practices," revised September 2023, revealed " ...It is the policy of (Proper Name) to control and prevent pandemic influenza/coronavirus disease 2019 (COVID-19) in Individuals Receiving Services (IRS)/residents, employees, and visitors by providing guidelines for infection control practices." ...Procedure: A.) "The primary strategies for preventing COVID-19</p>	M1570	<p>Address how corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>On 1/8/24 Director of Nursing (RN) conducted a 1:1 in-service with Certified Nurses Assistant #1 on the proper infection control practices relating to correctly wearing a mask.</p> <p>On 1/8/24, Resident #57 was assessed by the Director of Nursing (RN). No harm was noted.</p> <p>Address how the facility will identify other residents having the potential to be affected by the same deficient practice;</p> <p>All residents have the potential to be affected by the deficient practice of failing to adhere to guidelines for infection control</p>	

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M1570	<p>Continued From page 12</p> <p>are: (2) Use of infection control measures to prevent transmission ..."</p> <p>An interview with the Director of Nursing (DON) upon entrance to the facility on 1/08/24 at 11:05 AM, she revealed the facility was in an active COVID-19 outbreak with one positive resident on the Dogwood Hall rooms 101-131 and all staff were using extra precautions and wearing masks.</p> <p>During an observation and interview on 1/08/24 at 12:15 PM, Certified Nurse Aide (CNA) #1 exited a resident's room on the Dogwood Hall and was wearing a face mask that did not cover her nose. CNA #1 revealed that there was one resident with COVID-19 on the hall and confirmed the staff working on that hall were required to wear face masks. She also confirmed her mask was not covering her nose because it made it hard for her to breathe. She stated that she was aware that the proper way to wear a face mask was to cover the mouth and the nose to prevent the spread of infection.</p> <p>An observation on 1/8/24 at 12:30 PM, revealed CNA #1 exited a resident's room, walking down the Dogwood Hall, and the top of the face mask was resting on her upper lip, only covering her mouth, leaving her nose exposed.</p> <p>During an observation and interview on 1/08/24 at 12:38 PM, CNA #1 exited another resident's room with her face mask covering her mouth, and her nose was not covered. CNA #1 confirmed she was not wearing her mask correctly and stated, "well it just keeps sliding down, I can't help it."</p> <p>An interview with the DON on 1/08/24 at 12:45 PM, she confirmed all staff should wear a face mask that covered the mouth and nose to reduce</p>	M1570	<p>practices relating to correctly wearing masks.</p> <p>All residents have the potential of being affected by the deficient practice of failing to wash hands after cleaning a wound.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur; and,</p> <p>On 1/12/24, all Licensed Nurses and Certified Nurses Assistants were in-serviced by the Director of Nursing (RN) and Nursing Supervisors (RN) on infection control practices relating to correctly wearing a mask.</p> <p>On 1/12/24, the Director of Nursing in-serviced all Nurses on immediately washing their hands after removing their gloves while performing wound care.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system.</p> <p>On 1/17/24 a Quality Assurance meeting was held to discuss the deficient practice of licensed nurses infection prevention practices and not having the correct supplies to provide wound care.</p>	

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M1570	<p>Continued From page 13</p> <p>the possible transmission of infections.</p> <p>An interview with the Infection Preventionist (IP) on 1/09/24 at 2:11 PM, she confirmed the facility was in active outbreak status and staff are wearing masks. The IP revealed the purpose of adhering to infection control prevention measures such as masks is to protect residents and staff from infection and failing to wear a mask correctly could place residents and staff at risk of acquiring an infection.</p> <p>Resident #57</p> <p>A review of the facility's policy "Standard Precautions", revised September 2023, revealed "Policy ...Employees will utilize Standard Precautions on all residents...Procedure ...C. 1. Gloves ...(c) Gloves will... (iv) Be removed and hands will be washed immediately upon glove removal..."</p> <p>Record review of the "Face Sheet" for Resident #57 revealed he was admitted by the facility on 7/13/23 with a diagnosis of Diffuse Traumatic Brain Injury (TBI).</p> <p>A Record review the "Physician Orders" for the month of January 2024 revealed Resident #57 had a physician's order, dated 12/21/23 to "Clean wound to left heel pressure ulcer with normal saline, pat dry, paint with betadine, cover with kerlix change daily..."</p> <p>On 1/10/24 at 11:55 AM, during an observation of wound care by Licensed Practical Nurse (LPN) #1, she cleaned the wound on Resident #57's left</p>	M1570	<p>Beginning 1/23/24, Nursing Supervisors (RNs) implemented monitoring 10% of residents during wound care to ensure that Licensed nurses are wearing masks, washing hands, providing privacy and having the correct supplies while providing wound care.</p> <p>The monitoring will be done weekly times four weeks for 100% compliance. Thereafter, observations will be monthly times three months for 100% compliance.</p> <p>This observation will continue until 100% compliance is met for three consecutive months.</p> <p>These monitoring observations completed by the Nursing Supervisor (RN) will be forwarded to the Quality Assurance Nurse for review. The Quality Assurance Nurse will discuss all findings in the monthly Quality Assurance Meeting beginning 2/13/24.</p> <p>The Quality Assurance committee will continue reviewing the monitoring observations in the Monthly Quality Assurance Meeting for three months or until 100% compliance is met for three consecutive months.</p> <p>Beginning 1/23/24, Nursing Supervisors (RNs) implemented monitoring of all employees to ensure that they are wearing masks correctly to prevent the spread of infections.</p> <p>The monitoring will be done twice a week for four weeks for 100% compliance.</p>	

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M1570	<p>Continued From page 14</p> <p>heel. She then removed her gloves and applied clean gloves without washing or sanitizing her hands. LPN #1 swabbed the wound with a betadine swab and covered it with a gauze dressing.</p> <p>Upon interview with LPN #1 on 1/10/24 at 12:00 PM, she agreed that she should have sanitized her hands before applying clean gloves and continued with wound care. She stated failure to sanitize her hands could put the resident at risk of acquiring an infection.</p> <p>Upon interview with the Director of Nursing (DON) on 1/10/24 at 12:10 PM, she agreed that LPN #1 should have sanitized her hands prior to applying clean gloves. She verified that failure to sanitize hands could place the resident at risk for infection.</p>	M1570	<p>Thereafter, observations will be monthly times three months for 100% compliance.</p> <p>This observation will continue until 100% compliance is met for three consecutive months.</p> <p>These monitoring observations completed by the Nursing Supervisor (RN) will be forwarded to the Quality Assurance Nurse for review. The Quality Assurance Nurse will discuss all findings in the monthly Quality Assurance Meeting beginning 2/13/24.</p> <p>The Quality Assurance committee will continue reviewing the monitoring observations in the Monthly Quality Assurance Meeting for three months or until 100% compliance is met for three consecutive months.</p>	