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
	22GH	A. BUILDING: _____ B. WING _____	10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA LIVING CENTER	1950 GRANDVIEW DRIVE GRENADA, MS 38901

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 10/2/23 through 10/5/23. During the survey, the SA determined the facility was not compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, State Licensure requirements for participation and cited regulatory deficiencies at M500 and M1570. The facility held a license for 90 beds and at the time of the survey the census was 77.	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	M 500		11/1/23

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M 500	Continued From page 1 nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical 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; 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; 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; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial	M 500		

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M 500	Continued From page 2	M 500		

transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;

7. is free from mental and physical abuse;
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;
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;

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;

11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;

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,

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M 500	Continued From page 3 and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 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); 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); 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 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. This Statute is not met as evidenced by: Level II Based on observation, resident and staff interview, record review, and facility policy review,	M 500	* On 10/6/23, the Director of Nursing assessed resident #6 with no negative findings noted. On 10/3/23, the Director of Nursing completed one-on-one education with the Treatment Nurse on policy titled	

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M 500	Continued From page 4 the facility failed to provide privacy during one (1) of seven (7) treatment observations during the survey. Resident #6. Findings include: A review of the facility policy titled, "Residents Rights", with a revision date of 11/17 revealed, "All residents in a long-term care facility have rights guaranteed to them under Federal and State law. Residents residing at this facility will be guaranteed a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. These rights include:.. # 5 Privacy and confidentiality ... #26 The resident has a right to personal privacy and confidentiality of his or her personal and medical records. a. Personal privacy includes accommodations, medical treatment, written and telephone communications. personal care, visits, and meeting of family and resident groups, but this does not require the facility to provide a private room for each resident..." An observation on 10/03/23 at 2:42 PM, of Resident #6 receiving a treatment to left heel revealed that the Treatment Nurse entered room to perform the treatment and did not provide privacy for Resident #6. The Treatment Nurse did not close the door to resident's room, pull the privacy curtain, and did not close blinds in the resident's room leading to the outside of the facility that faces the parking lot. Resident #6's roommate was in the room during treatment care. An interview on 10/04/23 at 12:34 PM, with the Treatment Nurse confirmed that she did not provide privacy before starting the treatment or during the treatment to the resident's left heel.	M 500	"Resident Rights" with revision date 11/17, that included providing privacy during treatments. * Thirty-Six of seventy five residents have treatments and have the potential to be affected by the deficient practice. * Beginning 10/05/23, Director of Nursing and Staff Development Nurse immediately initiated in-services with Registered Nurses and Licensed Practical Nurses on policy titled " Residents Rights" with a revision date of 11/17, that included providing privacy during treatments. In-services will be ongoing until all Registered Nurses and Licensed Practical Nurses have been in-serviced. The facility Quality Assurance Committee meeting was held 10/13/23, with the committee consisting of the Administrator, Director of Nursing, Medical Director, Social Service, Maintenance Supervisor and Infection Preventionist with policy titled " Resident Rights" with revision date of 11/17, with no changes made. * Beginning 10/09/23, The Director of Nursing and/or Staff Development Nurse will monitor by observation on form titled "Privacy with treatments" to ensure privacy provided during treatments on five residents weekly for four weeks then monthly for three months. The Quality Assurance Committee will address concerns identified from the review monthly for four month and make recommendations or changes as needed. The Quality Assurance committee will meet 10/27/23, and then monthly	

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M 500	Continued From page 5 The Treatment Nurse confirmed Resident #6's roommate was in the room and that privacy should have been provided to keep others from seeing Resident #6 receiving treatment. An interview on 10/04/23 at 12:42 PM, with the Director of Nursing (DON) confirmed that the Treatment Nurse should have closed the door, pulled the privacy curtain, and closed the blinds to Resident #6's room while providing care for the resident. A review of the facility Face Sheet for Resident #6 revealed the resident admitted to the facility on 11-16-22 with diagnoses of Peripheral Vascular Disease, Hypertension and Gastro-esophageal Reflux Disease. A review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08-16-23 revealed a Brief Interview for Mental Status (BIMS) score of 13 which indicated Resident #6 was cognitively intact.	M 500	thereafter for four months to review monitoring of procedures and policies to ensure compliance achieved until resolved.	
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 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	M1570		11/1/23

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M1570	Continued From page 6 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 observations, staff interviews, record review, and facility policy review, the facility failed to prevent the possibility of the spread of infection as evidenced by not performing hand hygiene during wound care and medication administration (Residents #6, #36, and #39), failure to use a clean barrier during medication pass (Resident #78) and failure to properly sanitize a glucometer after use (Resident #36) for two (2) of four (4) days of survey. Findings Include: Review of the facility policy titled, "General Infection Prevention and Control Nursing Policies" with an origination date of 06/14 and a review date of 08/21 revealed "It is the policy of this facility that all nursing activities will be performed in a manner to minimize the potential for infection in residents, staff, and visitors. Some of the specific guidelines include: All items used for resident care will be cleaned and disinfected	M1570	* On 10/06/23, the Director of Nursing assessed resident #6 with no negative findings, resident # 39 was a hospice resident that was actively dying and expired on 10/04/23. On 10/03/23, The Director of Nursing completed one-on-one education with the Treatment Nurse on policy titled "General Infection Prevention and Control Nursing Policies" with a revision date of 08/21,and "Glove Usage" with a revision date of 05/11, and "Hand Hygiene" with a revision date of 08/21, that included washing hands and/or sanitizing with alcohol gel between glove changes and changing gloves between different resident tasks. On 10/06/23, the Director of Nursing assessed resident #36 with no negative findings noted. On 10/03/23, the Director of Nursing completed on on one education with Licensed Practice nurse #3 on policy titled "General Infection Prevention and Control Nursing Policies" with a revision date of 08/21, Hand Hygiene" with a revision date of 08/21, that included hand hygiene with donning and	

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M1570	Continued From page 7 between uses or will be designated for that resident's use only...other common-use items will be cleansed and disinfected according to the manufacturer's recommendations". Review of the facility policy titled, "Hand Hygiene" with a revision date of 10/17 revealed under "Purpose: To cleanse hands to prevent transmissions of infection or other conditions and to provide clean health environment for residents, staff and visitors". This review revealed under "Procedure ...#4. Before and after applying gloves; #9. Wearing gloves does not replace the need to perform hand hygiene". Review of the facility policy titled, "Glove Usage" with a revision date of 5/11 revealed under, "When to use gloves: #2. After touching a resident's excretions, secretions, blood, body fluids or contaminated items, gloves must be changed if care of that resident has not been completed". Review of the facility policy titled "Blood Glucose Quality Control" with a revision date of 9/23 revealed, under, "Maintenance of Blood Glucose Monitoring Systems: Always clean the meter after each use. Gently wipe and clean surface of the meter with a disinfectant wipe per facility policy ..." Resident #6 An observation on 10/03/23 at 2:42 PM, of Resident #6 receiving a treatment to the left heel revealed that the Licensed Practical Nurse (LPN)/Treatment Nurse entered the room, used hand sanitizer, put on gloves, cleaned the left heel, changed her gloves, and failed to use hand sanitizer or wash her hands before donning the	M1570	doffing gloves and how to properly sanitize the geometer. On 10/6/23, the Director of Nursing assessed resident #78 with no negative findings noted. On 10/5/23, the Director of Nursing completed one-on-one education with Licensed Practical Nurse #2 on policy titled "General Infection Prevention and Control Nursing Policies" with a revision date of 08/21, that included using a barrier when placing medicines on surfaces. * All Seventy-Five residents have the potential to be affected by the deficient practice. * Beginning 10/3/23, the Director of Nursing and/or the Staff Development Nurse immediately initiated in-services with Registered Nurses and License Practical Nurses on policy titled "General Infection Prevention and Control Nursing Policies" with a revision date of 08/21, "Glove Usage" with a revision date of 05/11, "Blood Glucose Quality Control" with a revision date of 09/23, and policy titled "hand Hygiene" with a revision date of 08/21, that included washing hands and/or sanitizing with alcohol gel between glove changes and changing gloves between different resident tasks, hand hygiene while donning and doffing gloves and how to properly sanitize the Glucometer, and using a barrier when placing medicines on surfaces. In-services will be on going until all Registered Nurses and Licensed Practical Nurses have been in-serviced. The facility Quality Assurance committee meeting was held on 10/13/23, with the committee consisting of the	

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M1570	Continued From page 8 clean gloves and completing the treatment. An interview on 10/04/23 at 12:34 PM, with the LPN/Treatment Nurse confirmed that she did not sanitize or wash her hands between changing gloves during the treatment. She confirmed she should have sanitized between changing gloves to prevent the spread of infection. An interview on 10/04/23 at 12:42 PM, with the Director of Nursing (DON), confirmed that the policy on wound care states to sanitize in between changing gloves and that it is done to prevent the spread of infection. A review of Resident #6's Physician Orders revealed an order dated 9/05/23, "Stage 2 to left heel cleanse with NS (normal saline), pat dry, paint with betadine and leave open to air daily until healed." A review of the Face Sheet for Resident #6 revealed the resident was admitted to the facility on 11/16/22 with a diagnosis of Peripheral Vascular Disease, Hypertension and Gastro-esophageal Reflux Disease. A review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/16/23 revealed a Brief Interview for Mental Status (BIMS) score of 13 which indicated Resident #6 was cognitively intact. Resident #39 An observation and interview on 10/3/23 at 9:48 AM, with LPN/Treatment Nurse and Nurse Practitioner (NP) revealed that LPN/Treatment Nurse put gloves on when she entered Resident	M1570	Administrator, Director of Nursing, Medical Director, Social Service Director, Maintenance Supervisor and Infection Preventionist with policies titled " "General Infection Prevention and Control Nursing Policies" with revisions 08/21, and "Glove Usage" with revision date 05/11, "Hand Hygiene" with revision date 08/21, and "Blood Glucose Quality Control with revision date 09/23 with no changes made to the policies. * Beginning 10/09/23, the Director of Nursing and/or Staff Development Nurse will monitor by observation on form titled "Med pass/treatment technique infection control" med pass and/or treatment technique provided by nurses to ensure infection control adhered with glove changes, hand hygiene, glucometer use, and use of barriers as required on eight resident weekly for four weeks then monthly for three months. The Quality Assurance committee will address concerns identified from the reviews monthly for four months and make recommendation or changes as needed. the Quality Assurance committee will meet 10/27/23 and then monthly thereafter for four months to review monitoring of procedures and policies to ensure compliance achieved until resolved.	

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M1570	Continued From page 9	M1570		

#39's room, assisted the NP in turning the resident, suctioned the resident, removed the old dressing from the wound on the left buttock, performed the wound care and applied the new dressing without removing the dirty gloves or performing hand hygiene. An interview with LPN/Treatment Nurse after leaving the resident's room revealed that she should have removed her dirty gloves after removing the dressing, performed hand hygiene, and put on clean gloves before performing the wound care. She stated that not removing the old gloves and performing hand hygiene was an infection control issue and could have caused an infection.

An interview on 10/4/23 at 12:15 PM, with LPN/Infection Control Nurse confirmed that gloves should be changed, and hand hygiene performed between a dirty site to a clean site to prevent the spread of infections. She stated that the LPN/Treatment Nurse had received in-services regarding this.

An interview on 10/4/23 at 12:45 PM, with the Director of Nurses (DON) confirmed that the LPN/Treatment Nurse should have removed her gloves and performed hand hygiene after removing the old wound dressing and before cleaning the wound. She confirmed that this needed to be done in order to prevent the spread of infection.

Record review revealed that LPN/Treatment Nurse attended in-services regarding infection control and hand hygiene on 6/13/23, 8/18/23 and 8/21/23.

Record review of Resident #39's "Wound Assessment Report" dated 10/2/23 revealed the resident had a Stage 2 pressure ulcer to her left

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M1570	Continued From page 10	M1570		

buttock that was identified on 10/2/23 with treatment indicated as; Cleanse with normal saline (NS), pat dry, apply hydrogel, and cover with foam dressing daily until healed.

Record review of Resident #39's "Face Sheet" revealed the resident was admitted to the facility on 7/19/19 with admitting diagnoses that included Acute embolism and thrombus unspecified deep veins of lower extremities.

Record review of Resident #39's MDS with an ARD of 7/18/23 revealed in Section C a BIMS score of 04, which indicates the resident is severely cognitively impaired.

Resident # 36

An observation of blood glucose finger stick for Resident #36 on 10/03/23 at 11:00 AM, revealed Licensed Practical Nurse (LPN) #3 performed the glucose check, removed her gloves, and did not perform hand hygiene. She walked to the medication room to get insulin, returned to the medication cart, prepared the ordered insulin, and applied a new pair of gloves, neglecting to perform hand hygiene. She entered the resident's room and administered five (5) units of NovoLog per sliding scale to the residents' left upper arm. LPN #3 removed her gloves, exited the room, and performed the required documentation in the computer, but did not perform hand hygiene. LPN #3 applied new gloves and cleaned the glucometer with a Sani-Cloth, wiping the exterior of the machine for approximately 15 seconds. She removed her gloves and did not perform hand hygiene. During an interview at this time she revealed she normally wrapped the machine in a Sani-Cloth and allowed it to sit for two (2) or three (3) minutes, but confirmed she did not do

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M1570	Continued From page 11	M1570		

that this time. The SA (State Agency) and LPN #3 verified the wet (contact) time on the back of the Sani-Cloth wipes was 2 minutes. LPN #3 confirmed that she did not allow the disinfecting wipe to stay in contact with the machine for 2 minutes and that this could lead to cross contamination and infection. She also confirmed that she did not perform hand hygiene after changing gloves during glucose check and insulin administration. She stated, "I've got hand sanitizer right here but forgot to use it." She revealed handwashing was important to prevent cross contamination between rooms and the spread of infection.

An interview with the Director of Nursing (DON) on 10/03/23 at 1:25 PM, confirmed that the glucometer should be cleaned and remain wet according to the wet (contact) time on the disinfecting wipes to prevent the spread of infection. She revealed that hand hygiene should be done anytime gloves are removed to prevent the spread of infection.

An interview on 10/04/23 at 9:26 AM with the LPN/Infection Control Nurse revealed that staff should look at the disinfecting wipe bottle to determine the wet (contact) time and wrap the glucometer with the wipe for the time specified on the bottle. She revealed the purpose of performing hand hygiene and wiping the glucometer for the wet (contact) time was to prevent the spread of infection.

Record review of the "Inservice Training" revealed an in-service was conducted for "Infection Control" on 2/1/23 that included, "Hand hygiene". In-Service revealed, "Wash hands with soap and water for at least 20 seconds or use alcohol-based hand rub."

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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
M1570	Continued From page 12 Record review of the "Inservice Training" revealed an in-service was conducted for "Glucometer Cleaning" on 6/15/23 that included, "Always clean between uses. Sani-cloth wet time 2 mins (minutes). Glucometer must be wrapped in wet cloth for 2 mins. Clorox wet time -3 mins. Glucometer must be wrapped in wet cloth for 3 mins. Use tissue as barrier when sitting down in residents' room." Record review of the "Inservice Training" revealed an in-service was conducted for "Infection Control: glucose meter" on 8/14/23 that included, "Glucose meter must be disinfected between every use. Sani cloth -wet time 2 min-air dry: Clorox wipes wet times 3 min-air dry time on bottle ..." Record review of Resident #36's Electronic Medication Administration Record (EMAR) revealed an order dated 6/02/21," Blood Glucose Finger Sticks Before Meals & (and) Bedtime ..." Record review of Face Sheet revealed Resident # 36 was admitted to the facility on 10/09/20 with medical diagnoses that included Type 2 Diabetes Mellitus, Heart Failure, Unspecified Dementia, Malignant Neoplasm of Corpus Uteri and Parkinson's Disease. Record review of the MDS with an ARD of 7/12/23 revealed under section C, a BIMS score of 14, which indicates Resident # 36 is cognitively intact. Resident # 78 The facility provided documentation on letter head dated 10/04/23 that read, "The facility	M1570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	22GH	A. BUILDING: _____ B. WING _____	10/05/2023

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M1570	Continued From page 13	M1570		

medication administration policy covers adhering to infection control procedures however it does not specifically state that a barrier is to be used."

An observation and interview during medication pass on 10/04/23 at 8:40 AM, with LPN #2 revealed Resident #78 was to receive an Albuterol and a Trelegy inhaler. LPN #2 removed the inhalers from the medication cart and laid them both on the surface of the medication cart, while preparing the other oral medications. LPN #2 entered the resident's room, she laid both inhalers on the resident's bedside table. She administered Resident #78's medications and after completion laid both inhalers back down on the bedside table while preparing a nebulizer treatment. LPN #2 exited the room, laid both inhalers on the surface of the medication cart, picked them up and placed them back inside the medication cart. LPN #2 confirmed that she should have used a barrier when laying the inhalers down to prevent cross contamination.

An interview with the LPN/Infection Control Nurse on 10/04/23 at 9:35 AM, confirmed that a barrier must be used when carrying things into the resident's rooms. She revealed that this was an infection control issue and the staff have had in-services regarding use of a barrier during medication pass.

An interview with the Director of Nursing (DON) on 10/04/23 at 9:40 AM, revealed that staff know they should be using a barrier when taking anything inside a resident's room. She revealed that this should be done to prevent the spread of infection.

Record review of Resident #78's Electronic Medication Administration Record (EMAR)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M1570	Continued From page 14 revealed, an order dated 9/06/23, "Trelegy Ellipta 100 MCG (microgram)-62.5 MCG -25 MCG Powder For Inhalation-: 1 Puff By Mouth Daily". Record review of Resident #78's EMAR revealed an order dated, 9/06/23," Albuterol Sulfate HFA (Hydrofluoroalkane) 90 MCG/Actuation Aerosol Inhaler: 2 Puffs Via Inhalation by Mouth Daily". Record review of the Face Sheet for Resident #78 revealed the resident was admitted to the facility on 9/06/23 with medical diagnoses that included Chronic Obstructive Pulmonary Disease and Nicotine Dependence. Record review of the MDS with an ARD of 9/13/23 revealed under section C, a BIMS score of 15, indicating Resident # 78 is cognitively intact.	M1570		