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
	02AC	A. BUILDING: _____ B. WING _____	09/21/2023

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MS CARE CENTER OF ALCORN COUNTY, INC-SNF	3701 JOANNE DRIVE CORINTH, MS 38834

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 9/18/23 through 9/21/23. During the survey the SA determined that the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M500, M610 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 treatment, to not be limited in his/her choice of a	M 500		11/3/23

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M 500	Continued From page 1 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 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;	M 500		

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M 500	Continued From page 2 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, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical	M 500		

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M 500	Continued From page 3 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 resident and staff interviews, record review, and facility policy review, the facility failed to honor a resident's preference to get up and attend morning activities for one (1) of 24 residents sampled. Resident #40 Findings Include:	M 500	M500 1) On 09/22/23, the Director of Nursing (DON) visited with resident #40 to ensure her preference to get out of bed at 9:00AM was met. The Resident Care Management System was updated to reflect Resident #40 wishes to be gotten up at 9:00AM daily to attend morning	

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M 500	Continued From page 4 Review of the facility policy titled, "Resident Rights" undated, revealed "Policy: Facility will ensure the resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. Facility will treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of their quality of life, recognizing each resident's individuality. The facility will protect and promote the rights of each resident ..." An interview on 09/18/23 at 3:21 PM, with Resident # 40 revealed that she sometimes missed morning activity due to the assigned aide being too busy to get her up in time. The resident revealed that this is something that she likes to do and did not want to miss activities. An interview on 9/19/23 at 4:15 PM, with the Activity Director, revealed Resident # 40 has missed several morning activities due to the staff not getting her up in time. She revealed that she has addressed the issue with the charge nurse on the floor and so far, there has not been a resolution. She stated, "It's only in the morning that she doesn't always get to come." An interview with the Director of Nursing (DON) on 9/19/23 at 4:25 PM, confirmed she was aware that Resident # 40 had missed some morning activities due to staff not getting her up. She revealed the aides do get the resident up as soon as they can, but it's not always before morning activity. An interview on 9/20/23 at 8:30 AM with Resident # 40 revealed she prefers to get up after	M 500	Activities. Resident #40 was offered a room on a different hall. Resident #40 choose to move to a different room of her choice. On 10/05/23, the Quality Assurance Performance Improvement Licensed Practical Nurse completed an audit via questionnaire of residents preferred time of getting out of bed. On 10/05/23 the Facility Nurse Unit Managers completed updates to Resident Care Management System to reflect the Residents preferred time to be gotten up. Resident preferences related to the time they want to be gotten out of bed will be assessed and updated during admission and upon request to ensure residents are getting out of bed when desired. 2) Residents who require assistance getting out of bed, and have a preferred time of getting out of bed each morning have the potential to be affected. 3) On 09/25/23 the Staff Development Coordinator Licensed Practical Nurse completed education with facility direct care nursing staff on honoring Resident Rights related to the time the Resident is gotten out of bed. On 10/05/23 the Staff Development Coordinator completed education with current facility direct care nursing staff on the Right to Dignified Existence and Resident's right to determine the time they get up in the morning. 4) Beginning 10/16/2023 the Facility Nurse Unit Managers will monitor five (5) residents for preferred time of getting out	

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M 500	Continued From page 5 breakfast. An interview with the Director of Nursing (DON) on 9/21/23 at 9:20 AM, revealed she felt like the facility did not honor Resident # 40's preference to get up after breakfast and attend activities, but that they tried to the best of their ability. Record review of the "Face Sheet" for Resident #40 revealed the resident was admitted to the facility on 3/08/22 with medical diagnoses that included Chronic Kidney Disease, Major Depressive Disorder, Type 2 Diabetes Mellitus and Essential (Primary) Hypertension. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/05/23 revealed, under "section C," a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #40 is cognitively intact. Also revealed under "section F," an interview for Activity Preferences indicated that it is "very important" for the resident to do her favorite activities.	M 500	of bed weekly for four (4) weeks then, monthly for four (4) months, then Quarterly ongoing. Facility Nurse Unit Managers will relay results of monitoring to the Director of Nursing. The Director of Nursing will present the results of monitoring to the Quality Assurance Performance Improvement Committee monthly starting 11/01/23, and changes to the plan will be made as necessary to maintain compliance with resident rights to self-determination. The Quality Assurance Performance Improvement Licensed Practical Nurse is responsible for ensuring compliance. Completion Date: 11/03/23	
M 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting.	M 610		11/3/23

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M 610	Continued From page 6 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 perform nail care for a resident dependent on staff for one (1) of 24 residents sampled. Resident #54 Findings Include: Record review of the facility policy titled "Fingernails/Toenails, Care of" undated revealed "Purpose: The purposes of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infection ...General Guidelines 1. Nail care includes daily cleaning and regular trimming..." An observation on 9/19/23 at 3:20 PM, of Resident # 54 revealed a dark brown substance underneath all the fingernails on her left hand. An observation and interview on 9/19/23 at 3:25 PM, with Certified Nurse Aide (CNA) # 1 confirmed Resident # 54 had a brown substance underneath the nails on the left hand. She stated, "They need cleaning," and revealed the aides were responsible for cleaning the residents' nails while bathing and when needed. An observation and interview on 9/19/23 at 3:35 PM, with Licensed Practical Nurse (LPN) # 1 confirmed a brown substance under Resident #53's nails on the left hand. She revealed the aides were responsible for cleaning the residents' nails anytime they were dirty. An interview with the Director of Nursing (DON)	M 610	M610 1) Nail Care was provided to Resident #54 on the 09/19/2023 by the Treatment Licensed Practical Nurse to remove the brown substance underneath all nails on the left hand, and ensure nails on the right hand were clean. Nail Care PRN was added to Resident #54 Care Plan on 10/09/2023 by the Minimum Data Set Registered Nurse. A nail care audit was completed on all residents in the facility on 09/19/2023 by the Facility Admissions Registered Nurse. 2) Residents that reside in the facility and require the staff to provide nail care have the potential to be affected by this alleged deficient practice. 3) Nursing Staff was in-serviced on 10/01/2023 by the Quality Assurance Performance Improvement Licensed Practical Nurse related to Activities of Daily Living which included providing nail care to Residents when giving baths and as needed. Nursing Staff received additional in-service by the Quality Assurance Performance Improvement Licensed Practical Nurse related to nail care on 10/05/2023. 4) Beginning 10/16/2023 A Nail Care Audit will be completed on all Residents by the Quality Assurance Performance Improvement Licensed Practical Nurse weekly for four (4) weeks then, monthly for four (4) months, then quarterly ongoing.	

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M 610	Continued From page 7 on 9/19/23 at 4:05 PM, confirmed the aides were responsible for cleaning Resident # 54's nails while bathing and anytime they are dirty and revealed dirty nails could lead to an infection. Record review of the "Face Sheet" revealed Resident # 54 was admitted to the facility on 10/18/22 with medical diagnoses that included Unspecified Dementia and Bipolar Disorder. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/22/23 revealed, under "section C," that the "Cognitive Skills for Daily Decision-Making" are severely impaired. Also revealed under "section G," Activities of Daily Living (ADL) Assistance, the resident required extensive assistance with personal hygiene.	M 610	The Quality Assurance Performance Improvement Licensed Practical Nurse will present the results of monitoring to the Director of Nursing as audits are completed. The Director of Nursing will make report to the Quality Assurance Performance Improvement Committee monthly meeting starting 11/01/2023, and changes to the plan will be made as necessary to maintain compliance.	
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 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	M1570		11/3/23

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M1570	Continued From page 8 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, staff interviews, record review, and facility policy review the facility failed to perform medication administration using proper hand hygiene, failed to ensure a multi-use glucometer was properly cleaned and disinfected, and failed to wear masks in the resident halls in the facility during a COVID-19 outbreak for two (2) of four (4) survey days. Findings Include: Review of the facility policy titled, "Infection Prevention and Control Program" with no revision date revealed "Policy: This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections..." Review of the facility policy titled, "Personal Protective Equipment" with no revision date revealed "Policy: This facility promotes appropriate use of personal protective equipment to prevent the transmission of pathogens to residents, visitors, and other staff ..." Review of the facility policy titled, "Glucometer Disinfection" undated, revealed "Policy: The	M1570	1) Licensed Practical Nurse #5 was in-serviced on 09/19/2023 by the Director of Nursing on the correct procedures to clean and disinfect glucometers after each use. All Licensed Nurses were in-serviced on 09/20/2023 by the Staff Development Nurse on the proper steps to clean and disinfect glucometers after each use, and proper hand hygiene. The Policy and Procedure to clean glucometers was updated on 10/04/2023 to wipe down the glucometer vigorously with a disinfect wipe, then cover the glucometer with a second disinfect wipe for two (2) minutes. Licensed Practical Nurse #4 and Certified Nursing Assistant #8 were in-serviced by the Infection Preventionist on 09/20/2023 on the requirement to wear face mask during a Covid-19 outbreak. LPN #6 was in-serviced by the Director of Nursing on 09/20/2023 on properly performing hand hygiene during medication administration. On 09/20/2023 all Staff was in-serviced on proper technique to perform hand hygiene. The step-by-step procedure to clean glucometers was added to the Licensed Nurses orientation packet and yearly Skills Check off for Licensed Nursing Staff on 10/04/2023 by the Staff Development	

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M1570	Continued From page 9 purpose of this procedure is to provide guidelines for the disinfection of capillary-blood sampling devices to prevent transmission of blood borne disease to residents and employees ... 3. The glucometers should be disinfected with a wipe pre-saturated with an EPA registered healthcare disinfectant that is effective against HIV (Human immunodeficiency viruses), Hepatitis C, and Hepatitis B virus. Surfaces are to remain wet for 2 minutes..." Review of the facility policy titled, "Hand Hygiene" undated, revealed "Policy: All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors..." Observation and interview on entry into the facility on 9/18/23 at 10:15 AM, signage indicated the facility was in a COVID-19 outbreak, with the need to wear a mask. Interview with the Director of Nurses (DON) at this time confirmed the facility was in a COVID-19 outbreak with four (4) positive residents and eight (8) staff members. An observation and interview on 09/19/23 at 4:45 PM, revealed LPN #5 performed an Accu-Check on a resident in room 107B using a multi-use glucometer. Upon her return to the medication cart, she obtained two disposable wipes from the purple top germicidal cleaner container, LPN #5 cleaned the glucometer with a wipe briskly on the front, back, and sides for approximately 30 seconds and then placed the glucometer in a clear plastic cup sitting on the medication cart, she then wiped the barrier tray and placed in the bottom drawer of her cart and disposed of the two wipes. Interview at that time about the proper cleaning and disinfecting time for the glucometer, LPN #5 revealed, "I think it's for about one (1)	M1570	Licensed Practical Nurse. 2) All Residents residing in the facility have the potential to be affected by this alleged deficient practice related to improper glucometer cleaning and improper hand hygiene. 3) All Licensed Nurses were in-serviced on 09/20/2023 by the Staff Development Nurse on the proper steps to clean and disinfect glucometers after each use. All Licensed Nursing staff was in-serviced on the updated policy and procedure related to cleaning glucometers on 10/04/2023. All staff were in-serviced on 09/20/2023 by the Staff Development Nurse on the requirement to wear face mask during Covid-19 outbreaks. 4) Beginning 10/16/2023 The Quality Assurance Performance Improvement Licensed Practical Nurse will audit four (4) facility Licensed Practical Nurses weekly for four (4) weeks, then monthly for four (4) months and quarterly ongoing related glucometer disinfecting and proper hand hygiene during medication administration. The Infection Preventionist Registered Nurse will monitor all employees for the use of face masks during Covid-19 outbreaks in the facility weekly for four (4) weeks, then monthly for four (4) months and quarterly ongoing. Findings will be turned in to the Director of Nursing for review weekly for four (4) weeks then, monthly for four (4) months and quarterly ongoing. The Quality Assurance	

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M1570	Continued From page 10 minute. I didn't clean it for a minute, did I?" After further discussion and observation of the Germicidal cleaner labeling, LPN #5 revealed the proper time is two (2) minutes for disinfecting and confirmed she failed to clean for the proper time. She revealed the glucometer not being properly cleaned for the recommended amount of time could cause the glucometer to not be disinfected properly. An interview on 09/19/23 at 5:05 PM, the DON confirmed that the proper time for cleaning the glucometer is two minutes, and it is supposed to be cleaned and sanitized with the purple top cleaner wipe. She revealed a failure to properly clean could lead to cross-contamination of any blood-borne infections. The DON revealed the LPN is a new nurse but has been trained in the proper technique for cleaning the glucometers. An observation and interview on 9/20/23 at 6:00 AM, with the Infection Preventionist it was revealed that Licensed Practical Nurse (LPN) #4 was walking on the 300 hall with no mask. Interview with LPN #4 revealed, "Even though I'm vaccinated?" The Infection Preventionist informed LPN #4 that when she was walking in the hall, talking, or caring for a resident she needed to wear a mask to prevent the spread of infection. Continued observation at this time revealed Certified Nurse Assistant (CNA) #8 came out of the nurse's station on the 200 hall with no mask, went to the day room and walked back down the 200 hall. At this time, the Infection Preventionist informed CNA #8 to put a mask on. An interview at this time with CNA #8 confirmed she did not have a mask on. When asked if she had been in-serviced to wear a mask, she replied, "Someone may have mentioned it". CNA #8 confirmed she was aware the facility was in a	M1570	Performance Improvement Licensed Practical Nurse will present the results of monitoring to the Director of Nursing as audits are completed. The Director of Nursing will make report to the Quality Assurance Performance Improvement Committee monthly meeting starting 11/01/2023, and changes to the plan will be made as necessary to maintain compliance. The Quality Assurance Performance Improvement Licensed Practical Nurse is responsible for compliance.	

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M1570	Continued From page 11 COVID-19 outbreak, and replied "Yes," and stated that the purpose of wearing a mask was, "to prevent or decrease the spread of COVID-19". An interview on 9/20/23 at 7:00 AM, with the DON confirmed that staff members should be wearing a mask while in the facility since the facility is in a COVID-19 outbreak to prevent the spread of COVID-19. An observation on 09/20/23 at 8:15 AM, revealed LPN #6 failed to wash his hands or use hand sanitizer prior to preparing medications for a resident in room number 409A. LPN #6 entered room number 409A and set the tray barrier on the overbed table. LPN #6 did not wash his hands before giving the medications, he completed the medication administration and exited the room. LPN #6 failed to wash his hands or use hand sanitizer upon return to the medication cart. An interview on 09/20/23 at 8:35 AM, LPN #6 confirmed that he didn't wash or sanitize his hands prior to preparing medications and failed to perform hand hygiene before giving the medications and upon return to the medication cart. LPN #6 confirmed that by not utilizing proper hand hygiene that his hands could spread infections between residents, and he knew that hand washing was a very important thing to do. An interview on 09/20/23 at 8:45 AM, with the Assistant Director of Nurses (ADON) revealed it is our policy that staff properly wash their hands especially while passing medications. She confirmed that not washing hands could easily spread infection between residents. Record review and interview on 9/20/23 at 11:00 AM, the DON confirmed LPN #4 attended facility	M1570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	02AC	A. BUILDING: _____ B. WING _____	09/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS CARE CENTER OF ALCORN COUNTY, INC-SNF	3701 JOANNE DRIVE CORINTH, MS 38834

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M1570	Continued From page 12 inservices related to using Personal Protective Equipment (PPE) on 6/1/23 and Employee mask usage on 4/3/23 and CNA #8 attended inservices on Infection Control and Barrier Precautions on 6/30/23.	M1570		