STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255340	A. BUILDING _____ B. WING _____	01/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH POINTE HEALTH & REHABILITATION	211 WINDMILL DRIVE MERIDIAN, MS 39305

(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) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey at the facility from 01/08/2024 through 01/10/2024. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F689. The facility had a census of 51 and was licensed for 60 beds.	F 000		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, Safety Data Sheet review, and facility policy review, the facility failed to ensure a hazardous cleaning agent was not left unattended on the hallway that was accessible to any resident for one (1) of four (4) facility hallways. This deficient practice had the potential to affect any of the 51 residents who reside in the facility, who may be confused and wander around the facility as documented on the Resident Census and Resident Matrix (The Centers for Medicare and Medicaid Services (CMS) 802 form. Findings include:	F 689	On 1/10/2024 the Director of Nursing removed all Sani-Cloth Germicidal Disposable Wipes from vital sign machines and placed in locked storage area. Rounds were completed by the Administrator and Director of Nursing to ensure that no Sani-Cloth Wipes were in any other area accessible to residents. On 1/10/2024 the Administrator and Director of Nursing determined that no residents were found to have Sani-Cloth wipes in their possession. The facility identified that any resident that is cognitively impaired could have been	2/7/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 01/26/2024

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F 689	Continued From page 1 Review of the facility's policy, "Hazardous Chemical Storage", dated 01/2017, revealed, " ...Environmental services shall maintain all hazardous chemicals in a safe, clean, and locked location when not in use. All hazardous chemicals shall be in control of facility personnel while being used ..." Record review of the Super Sani-Cloth Germicidal Wipes "Safety Data Sheet", revised 6/3/2020, revealed, " ...Hazard(s) identifications ...serious eye damage/eye irritation ...Specific target organ toxicity (single exposure) ...Flammable liquids ... Precautionary Statements - Storage Store locked up ..." An observation on 01/08/24 at 11:11 AM, revealed a container of Super Sani-Cloth Germicidal Disposable Wipes (Purple Top) was stored on the vital sign equipment on the 100 Hall in a walk-through area that was accessible to the residents. An observation on 01/08/24 at 11:15 AM, revealed another container of Sani-Cloth Wipes on an end table located on the 100 hallway outside of a resident's room which was accessible to the residents. During an observation and interview on 01/10/24 at 11:15 AM, the Regional Consultant observed the container of the Sani-Cloth Wipes on the 100 Hall on an end table located outside a resident's room. The Regional Consultant stated that the wipes should not have been left unattended. In an interview with the Administrator on 01/10/24 at 11:20 AM, she stated the Sani Cloth Wipes	F 689	potentially affected by the deficient practice. The Quality Assurance (QA) committee determined that Sani-Cloth wipes will be maintained in locked areas, either medical supply storage or nurses medicine carts. Beginning 1/10/2024, staff will be issued wipes while obtaining vital signs to disinfect vital sign machine between residents. After vital signs are obtained, Sani-Cloth wipes will be returned to locked storage. On 1/10/2024 the Assistant Director of Nursing began to in-service all employees on the policy "Hazardous Chemical Storage". All staff was in-serviced prior to working, and the in-service was completed on 1/13/2024. Beginning 1/10/2024, the Administrator, Director of Nursing, Assistant Director of Nursing and Infection Preventionist will conduct daily rounds for three months then biweekly rounds for three month to ensure that all chemicals are being maintained in locked storage area. The QAPI committee approved this plan on 1/15/2024. Beginning 1/17/2024, the Director of Nursing will bring findings of rounds to the Quality Assurance Performance Improvement (QAPI) committee weekly for three months to ensure the facility is in compliance. The Director of Nursing will bring findings of rounds to the Quality Assurance (QA) committee meeting on 2/7/2024 to discuss findings and ensure the facility is in compliance.	

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F 689	Continued From page 2 were stored in areas that were considered high contact and required frequent cleaning with the cloths. She confirmed that the facility's policy stated that hazardous chemicals would be maintained in a locked storage area.	F 689		