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
	39LC	A. BUILDING: _____ B. WING _____	02/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWRENCE CO NURSING CENTER	700 JEFFERSON STREET SOUTH MONTICELLO, MS 39654

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 01/29/2024 through 02/01/2024. 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 requirement and cited M815 and M1570.	M 000		
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: Level II Based on observation, interviews and facility policy review the facility failed to remove expired foods from the dry food storage area for one (1) of four (4) kitchen observations. This has a potential to affect all residents receiving meals prepared by the facility's dietary department. Findings include: Review of the facility's policy, "Food Storage Labeling", with a revision date of 10/23, revealed, "POLICY: The facility will ensure the safety and quality of foods by following good storage and labeling procedures. PROCEDURE: ... 8... iv. Foods stored in storage units will be surveyed routinely to identify and discard foods that have passed its manufacturers use-by date or expiration date. Suggested Time frames: 1. Dry Storage - Weekly ..."	M 815	It is the policy of this facility to procure, store, prepare and serve food in accordance with professional standards for food service safety. *Expired foods found during survey inspection on 1/29/24 were discarded. Inspection of stored food inventory on 2/2/2024 did not reveal any expired items or storage issues. *All residents have the potential to be affected by this deficient practice. Dietary Manager (DM) will inspect dietary department food storage weekly to check for expired or improperly stored food items in accordance with facility policy. *Dietary staff were inserviced by the Registered Dietician Consultant on 2/21/24 to observe food storage guidelines and to inspect the inventory weekly,	3/14/24

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M 815	Continued From page 1 On 01/29/24 at 9:50 AM, during the initial tour of the kitchen with the Dietary Manager (DM), observation of the dry goods storage area revealed the following: a. (1)- 10-ounce bottle of A-1 Original Steak Sauce® with an expiration date of 1/2/21, without an open date. b. (1) quart Classic Imitation Vanilla Flavor, with an open date of 12/2021 and no expiration date c. Two (2)- 16 ounce bottles of yellow food color, without open or expiration or open dates d. (2)- 24 ounce bottles of Hershey's Syrup®, with an expiration date of 4/20 e. 4.5 pounds of Minors Sweet and Sour Sauce® ready to use sauce, with an expiration date of 12/21/17, without an open date. On 01/29/24 at 10:25 AM, during an interview, the DM revealed expired foods should be removed from the storage room on the date of expiration. She stated expired foods are not safe for residents to eat, as they could get sick from eating expired foods. The DM confirmed it is her responsibility to discard expired food. On 02/01/24 at 11:09 AM, in an interview with the Administrator, he stated that he expects the dietary staff to promptly remove expired foods and to follow food storage protocol.	M 815	checking for proper storage of food items including checking and disposing of expired food items. *The DM, starting 2/2/24, will check the dietary inventory weekly and notate findings on the Expired Foods inspection log for 4 months at which time the duty can be delegated to other dietary staff. The Quality Assessment and Assurance (QAA) Committee met 2/21/24 to review and approve the plan of correction Tag M815. The Administrator, beginning 2/16/24 will check the Dietary Department weekly for 3 months, then monthly for 3 months to assure compliance and report findings to the QAA Committee at its special called March 2024 meeting to be held no later than March 13, 2024 and to its quarterly meeting in April and July 2024.	
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and	M1570		3/14/24

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M1570	Continued From page 2 communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by: Level II Based on observation, interviews, record review, and facility policy review, the facility failed to ensure infection control measures were consistently implemented to prevent the development and/or transmission of infection, while providing care for one (1) of 15 sampled residents and two (2) unsampled residents. Resident #1 and Unsampled Residents #20 and #46 Findings include: Review of facility policy, "Infection Prevention and Control Program", dated 06/14, revealed, "This facility has developed and maintains an infection prevention and control program that provides a safe, sanitary, and comfortable environment to	M1570	It is the policy of this facility to establish and maintain in infection prevention and control program to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. *Resident #20 and #46 were examined 2/5/24 by the Infection Preventionist Nurse (IPN) and resident #1 was examined 2/9/24 by the IPN and found to be free of any ill effects of improper hand hygiene. *All residents have the potential to be affected by inadequate infection prevention and control. *Nursing staff have been inserviced 2/05/24 by the IPN, on proper hand	

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M1570	Continued From page 3 help prevent the development and transmission of infection. This program will ... Develop specific policies and procedures governing such activities as aseptic technique ..." Review of the facility's policy, "Hand Hygiene," with a revision date of 01/24, revealed, "Purpose ... To cleanse hands to prevent transmission of infection or other conditions. To provide a clean, health environment for residents, staff, and visitors ...INDICATIONS FOR HAND WASHING...2. Hand hygiene should be performed between all contact with residents or when entering and exiting a resident's room ...4. Before and after applying gloves ..." An observation on 1/29/24 at 10:55 AM, revealed Certified Nurse Aide (CNA) #3 and CNA #4 entered the room of Resident #1 to provide perineal care and applied clean gloves without performing hand hygiene. During the procedure, when the gloves of CNA #3 became visibly soiled with feces, CNA #3 removed her gloves and applied clean gloves without performing hand hygiene. When additional gloves were needed, CNA #4 removed her gloves and exited the room without performing hand hygiene, nor did she perform hand hygiene when she returned to the room prior to applying clean gloves. When Resident #1's care was completed, CNA #3 removed her gloves and exited the room without performing hand hygiene. CNA #4 removed her gloves, exited the resident's room, and performed hand hygiene in the hallway. On 1/29/24 at 11:30 AM, an observation of lunch being served in the dining room revealed CNA #1 cutting a sandwich in half for Unsampled Resident #20 and CNA #2 cutting a sandwich in half for Unsampled Resident #46. Both CNAs	M1570	hygiene between all contact with residents or when entering and exiting a resident□s room and before and after applying gloves. Staff were also inserviced on 2/5/24 by the IPN on proper hand hygiene protocol involving food and feeding residents. Inservice training on proper perineal care skills provided to Certified Nursing Assistants (CNA) beginning on 2/5/24 by the IPN and will continue until all CNAs are reviewed. The Quality Assessment and Assurance (QAA) Committee met 2/21/24 to review and approve the plan of correction for M1570. *Effective 2/5/24, the nurse assigned to the dining room will daily observe for compliance as part of her permanent duties, to assure proper feeding and dietary service to residents. Starting 2/5/24, the IPN will observe performance of peri care and dining room or in-room dining performance by 3 CNAs each week for 4 weeks, then observe 2 CNAs per week for 2 months and report the findings to the QAA Committee at its special called March 2024 meeting to be held no later than March 13, 2024 and at its April and July quarterly meetings.	

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M1570	Continued From page 4	M1570		

were observed placing their bare hands on the sandwiches.

On 1/29/24 at 1:20 PM, in an interview with CNA #4, she stated she forgot to perform hand hygiene when assisting CNA #3 with providing perineal care for Resident #1. She confirmed she did not perform hand hygiene after removing gloves at any time, during the procedure. CNA #4 revealed she should have performed hand hygiene. CNA #4 stated without performing hand hygiene, there is a possibility of infection being spread to other residents.

On 1/29/24 at 1:30 PM, in an interview with CNA #3, she confirmed she should have performed hand hygiene before beginning care for Resident #1 and when changing gloves. She stated her actions could cause cross contamination and residents could get an infection.

On 01/29/24 at 1:37 PM, in an interview with CNA #1, she confirmed she touched the sandwich of Unsampled Resident #20 with her bare hands. She stated she should not have touched the sandwich with her hands, as her actions could result in cross contamination, causing the resident to get sick.

On 01/29/24 at 1:48 PM, in an interview with CNA #2, she confirmed she should not have touched the sandwich of Unsampled Resident #46 with her bare hands. She stated that it was unsanitary to touch a resident's food with her hands and she should have used a fork and knife to cut the sandwich. CNA #2 stated it could cause the resident to get sick.

On 02/01/24 at 10:12 AM, in an interview with License Practical Nurse/ Infection Preventionist

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M1570	Continued From page 5 (LPN/IP), she confirmed CNAs should never touch residents' food with their bare hands. She stated they should have used a fork and knife to cut the sandwich. The LPN/IP revealed their actions could cause the residents not to eat their food or get sick. She stated whatever is on the CNA's hands has been transferred onto the resident's food. She stated that CNA #3 and #4 should have performed hand hygiene each time they removed their soiled gloves while providing perineal care, as improper perineal care could cause residents to get urinary tract infections. The LPN/IP confirmed that by not performing hand hygiene upon completion of care could cause spread infections to other residents. On 02/01/24 at 11:12 AM, in an interview with the Administrator, he revealed he expects the staff to serve food in a sanitary manner. He also commented that he expects staff to follow protocol when providing all care. On 02/01/24 11:48 AM, in an interview with the Director of Nurses (DON), she stated the CNAs performing perineal care should have performed hand hygiene prior to beginning care and when changing gloves, as improper hand hygiene during perineal care could cause urinary tract infections. The DON confirmed the CNAs touching residents' food with their bare hands, as well as improper hand hygiene while providing resident care, was an infection control issue. Record review of the "Face Sheet," for Resident #1, revealed the facility admitted the resident to the facility on 4/25/13, with diagnoses that included Joint Derangement, Contractures, and Cerebral Palsy. Record review of the Minimum Data Set (MDS),	M1570		

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M1570	Continued From page 6 with Assessment Reference Date (ARD) 10/30/23, for Resident #1, revealed a Brief Interview for Mental Status (BIMS) score of 9, which indicated the resident had moderate cognitive impairment. Review of Section GG revealed Resident # 1 was dependent for all care.	M1570		