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
	53TC	A. BUILDING: _____ B. WING _____	02/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRINGTON, LLC D/B/A THE CARRINGTON	307 REED RD STARKVILLE, MS 39759

(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 survey at the facility from 2/6/24 through 2/8/24. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for Aged or Infirm,state licensure requirements. Deficiencies were cited at M1570. At the time of the survey, the facility had a census of 54 and held a license for beds.	M 000		
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 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.	M1570		4/1/24

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M1570	Continued From page 1 This Statute is not met as evidenced by: Level II Based on observation, staff interview, record review, and facility policy review the facility failed to prevent the possible spread of infection as evidenced by placing a pulse oximeter in a nurse's uniform pocket during a medication pass for one (1) of three (3) nebulizer treatments observed. Resident #31 Findings include: Record review of the facility policy titled, "Cleaning and Disinfection of Resident Care Equipment", undated, revealed "Policy: Resident care equipment can be a source of indirect transmission of pathogens. Reusable resident-care equipment will be cleaned and disinfected in accordance with current Centers for Disease Control and Prevention (CDC) recommendations in order to break the chain of infection..." An observation, during medication pass, on 2/7/24 at 8:40 AM, revealed Licensed Practical Nurse (LPN) #1 administered a nebulizer treatment to Resident #31. LPN #1 entered Resident #31's room with medications on a tray. She placed the tray on the over bed table and then removed a pulse oximeter from her uniform pocket and checked the resident's oxygen saturation level and pulse. She then removed the oximeter and placed it back in her uniform pocket. She removed the meter from her pocket and rechecked the oxygen saturation when the nebulizer treatment was complete. She put the pulse oximeter back in her pocket and continued with her medication pass. LPN #1 did not clean	M1570	M1570 I. Address how corrective actions will be accomplished for those residents found to have been affected by the deficient practice. On February 8, 2024, the Assistant Director of Nursing performed an inservice with nursing staff on infection control and the cleaning of equipment between residents. LPN #1 signed that she attended the inservice. On February 16, 2024, LPN #1 was given another 1:1 inservice on infection control and the importance of cleaning equipment between residents. Resident #31 was assessed by the Nursing Supervisor on February 8, 2024. There were no adverse outcomes identified by this alleged deficient practice. II. Steps taken to identify other residents having the potential to be affected by the same alleged deficient practice. The facility has determined that any residents, who receive pulse oximeter checks, have the potential to be affected. III. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? On February 8, 2024, the Assistant Director of Nursing performed an inservice with nursing staff on infection control and	

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M1570	Continued From page 2 the pulse oximeter before or after use on the resident. Upon return to the medication cart, LPN #1 cleaned the medication tray and placed it back in the cart but left the pulse oximeter in her pocket. A telephone interview on 02/08/24 at 8:50 AM, with LPN #1 confirmed the pulse oximeter was in her pocket. She stated that she keeps it in her pocket until she gets in the room. When asked by the surveyor if that could cause any problems, she stated it could if her pockets were dirty. She stated she remembered gloves should not be in your pockets, but she didn't think about the pulse oximeter. She stated that could pass germs to the resident. An interview, with LPN #2 on 02/08/24 at 08:56 AM, revealed that she cleans the pulse oximeter at the beginning of her shift and then cleans it between each resident. She stated that she never puts it in her pocket because they are dirty and would contaminate it. An interview, on 02/08/24 at 09:07 AM with the Director of Nursing (DON) stated the pulse oximeter should be cleaned and ready for use at the beginning of the shift and cleaned again when staff exit the resident's room after use and stored on the cart. It should not be in the staff's pocket at anytime. Record review of the Physician Orders List for Resident #31 revealed an order date of 2/1/14 under "Special Requirements with Brief Instructions: ... Document O2 (oxygen) Sat (saturation) before and after respiratory treatment..." Review of the In-service Form dated 11/06/23,	M1570	the cleaning of equipment between residents. LPN #1 signed that she attended the inservice. On February 16, 2024, LPN #1 was given another 1:1 inservice on infection control and the importance of cleaning equipment between residents. Beginning February 26, 2024, weekly observations of pulse oximeter checks will be done by the Director of Nursing, Assistant Director of Nursing or Registered Nurse Supervisor with three nurses and findings documented for twelve weeks. IV. Monitoring the corrective actions (Quality Assurance Program) to ensure that the alleged deficient practice does not recur. Beginning February 26, 2024, weekly observations of pulse oximeter checks will be done by the Director of Nursing, Assistant Director of Nursing or Registered Nurse Supervisor with three nurses and findings documented for twelve weeks. Any negative findings will be brought to the Quality Assurance Committee monthly beginning March 19, 2024, for three months.	

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M1570	Continued From page 3 titled "Weekly Infection Control-Nurses and CNA's" revealed "...Maintain clean and operable equipment and to prevent growth and spread of bacteria in our facility ..." Review of the list of attendees revealed LPN #1 attended the in-service. Review of the in-service form dated 11/06/23, titled "Weekly Infection Control-Nurses and CNA's" revealed it's purpose was to maintain clean and operable equipment and to prevent growth and spread of bacteria in the facility. Review of the list of attendees revealed LPN #1 attended the in-service. Review of the facility Face Sheet for Resident #31 revealed an admission date of 10/25/2019 with diagnoses that included Chronic Obstructive Pulmonary Disease. Review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/8/24 revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated Resident #31 was cognitively intact.	M1570		