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
	70TH	A. BUILDING: _____ B. WING _____	01/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIPPAH COUNTY NURSING HOME	1005 CITY AVENUE NORTH RIPLEY, MS 38663

(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 re-certification survey at the facility from 1/23/24 through 1/25/24. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements and cited M1570. The census at the time of the survey was 29 and the facility is licensed for 40.	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	M1570		3/4/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	70TH	A. BUILDING: _____ B. WING _____	01/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIPPAH COUNTY NURSING HOME	1005 CITY AVENUE NORTH RIPLEY, MS 38663

(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 1 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 appropriately clean and disinfect a blood glucose meter between resident use for three (3) of nine (9) residents who require blood glucose finger sticks. Findings Include: Record review of the facility policy titled, "Glucose Checks" with a revision date of 6/07/16 revealed, "...Procedure: ... 8. Clean glucometer after use for a wet time of 2 minutes using purple top sani-wipe..." An observation of Registered Nurse (RN) #1 on 1/23/24 at 11:02 AM, revealed after she completed a blood glucose check for Resident # 3 using a multi-use glucometer, she used a Sani-cloth (purple top) disinfecting wipe to briskly wipe down the glucometer machine for approximately five (5) seconds and placed the machine on a napkin barrier to air dry. RN #1 then performed blood glucose checks for Resident #183 and Resident # 12 and followed the same process for disinfecting the blood glucose monitor after resident use. An interview with Registered Nurse (RN) #1 on 1/23/24 at 11: 45 AM revealed that she usually wipes the glucometer down front and back and allows it to air dry according to the recommendation on the disinfecting wipes. She revealed she was unsure of the recommended wet time, but after reading the label on the wipes,	M1570	1. Glucometer was appropriately cleaned by Director of Nursing (DON) on 1/23/2024 with a Sani-Cloth (purple top) disinfecting wipe for appropriate 2 minute wet time. On 1/23/2024, RN#1 was verbally counseled by DON and Administrator of the requirement to properly disinfect glucometer with Sani-Cloth (purple top) disinfecting wipe with a 2 minute wet time after each use. 2. 9 residents have the potential to be affected by this deficient practice. 3. On 2/12/2024, 2/14/2024, and 2/15/2024, nurses were in-serviced during Staff Meeting by Administrator and DON on how to properly disinfect glucometer with a Sani-Cloth (purple top) disinfecting wipe with a 2 minute wet time. Current Medication Administration Policy was given to nurses by DON and Administrator during Staff Meeting on 2/12/2024, 2/14/2024, and 2/15/2024 for educational purposes to ensure that this is done correctly in the future. Medication Pass Observation Check Off Sheet was created by Clinical Development	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	70TH	A. BUILDING: _____ B. WING _____	01/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIPPAH COUNTY NURSING HOME	1005 CITY AVENUE NORTH RIPLEY, MS 38663

(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 2 she verified to the Survey Agent that the wet time was two (2) minutes. She revealed that she did not know that the wet time meant the blood glucose machine should remain wet (in contact with the disinfecting wipe) for a total of 2 minutes. She confirmed that she did not disinfect the machine properly and this was an infection control concern. An interview with the Director of Nursing (DON) on 1/24/24 at 9:02 AM revealed the facility used Sani-cloth germicidal disposable wipes and the glucometers were to be cleaned between resident use. She revealed the nurses were to wipe the glucometers good and allow it to sit inside the wipe for 2 minutes. She confirmed improper disinfecting of the blood glucose monitor could spread infection. She revealed that all nurses had been recently in-serviced on the proper cleaning and disinfection of the multi-use glucometer. Record review of the Staff Meeting conducted December 2023 revealed, "... cleaning equipment, including glucometers, with 2 min wet time for purple wipes." Registered Nurse (RN) #1 was in attendance. Record review of the Staff Meeting conducted for January 2024 revealed under, " ... cleaning equipment, including glucometers, with 2 min wet time for purple wipes." Registered Nurse (RN) #1 was in attendance.	M1570	Nurse on 1/24/2024. These were given to nurses by DON and Administrator during Staff Meeting on 2/12/2024, 2/14/2024, and 2/15/2024 for educational purposes to ensure that this is done correctly in the future. Medication Pass observation check off was completed on RN#1 on cleaning glucometer correctly by DON on 2/16/2024. Beginning 2/16/2024, Medication Pass Observation Check Offs were initiated by the DON and Clinical Development Nurse. 4. The Administrator developed a Quality Improvement Monitor on 2/9/2024 to be monitored daily times 22 days beginning 2/12/2024, then weekly times 4, then monthly times 1 year. Administrator will monitor that DON and Clinical Development Nurse are completing check offs on nurses doing medication administration weekly times 4, then monthly times 1 year to ensure that nurses are completing correctly and are cleaning glucometers correctly. Administrator added to facility Quality scorecard on 2/15/2024. The Quality Assurance Committee will review the monthly results beginning	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	70TH	A. BUILDING: _____ B. WING _____	01/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIPPAH COUNTY NURSING HOME	1005 CITY AVENUE NORTH RIPLEY, MS 38663

(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 3	M1570	3/4/2024 and make recommendations as needed based on those monthly results. This will be reported to Quality Assurance Committee for 1 year.	