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
	44AA	A. BUILDING: _____ B. WING _____	04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AURORA HEALTH AND REHABILITATION	310 EMERALD DRIVE COLUMBUS, MS 39702

(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 recertification survey along with a complaint investigation (CI) MS#24074 at the facility on 04/01/24 through 04/04/24. The SA determined that the facility was not in compliance with the Minimum Standards for Institutions for the Aged and Infirm, state licensure requirements and cited M1570 related to infection control. The SA found that the facility was in compliance with the CI MS#24074 related to resident rights. The census at the time of the survey was 82 with a license for 120 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	M1570		5/6/24

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M1570	Continued From page 1 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 interview, record review and facility policy review the facility failed to prevent the possibility of an infection as evidence by a suction connecting tubing not being replaced after making contact with a trash can during respiratory care for one (1) of seven (7) residents direct care observations. Resident #47 Findings Include Review of the facility policy titled, "Infection Control" with a revision date of 5/2023 revealed under "Standard Explanation and Compliance Guidelines #11. Equipment Protocol: e. All contaminated disposable items shall be discarded in a waste receptacle lined with a RED plastic bag". An observation and interview on 4/3/24 at 8:12 AM, revealed the Respiratory Therapist (RT) performed suctioning and trachea care on Resident #47. After the RT suctioned the resident's tracheostomy, she removed the suction connecting tubing that was placed inside the resident's trachea and placed it in the trash, allowing the suction tubing to fall and lay on the side of the resident's trash can that was full of trash. The RT went to the restroom, washed her hands, returned, placed gloves on and poured sterile water into a cup, picked up the suction tubing from the side of the trash can, suctioned some of the sterile water through the tubing and then wrapped the tubing around the suction canister and covered it in plastic. This	M1570	On 4/3/2024, the Respiratory Therapist (RT) removed, discarded and replaced the contaminated suction tubing and tubing connector for resident #47. All residents that require respiratory care for suctioning have the potential to be affected. 6 residents that require respiratory care for suctioning have the potential to be affected. On 4/8/2024 the RT, removed, discarded and replaced suction tubing and tubing connector for 6 out 6 residents. All residents with a physician order for respiratory care for suctioning have the potential to be affected. On 4/5/2024, the Quality Assurance Committee reviewed the facility policy titled Infection Control- Equipment Protocol and Supplies Protocol with no recommended changes to the policy. On 4/10/2024, the Nurse Educator (NE) in-serviced 3 of 6 Respiratory Therapist and 14 of 23 Registered Nurses. All other Respiratory Therapist and Registered Nurses will be in-serviced prior to resident care assignment. The NE will observe respiratory care for suctioning, monitoring for proper infection control on 3 residents 2 times a week for 4 weeks, then 1 time a week for 4 weeks or until the stated deficient practice has been resolved and/or until 100% compliance is achieved. Observations began on	

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M1570	Continued From page 2 observation revealed the suction canister was labeled and dated 4/1/24. An interview with the RT revealed she covered it to be used for the next suctioning. She stated the suction tubing and canister get changed weekly and is due to be changed on 4/8/24. She confirmed that the end of the suction tubing that would have connected to the suction connector had touched the trash can and could have caused an infection. She revealed the tubing should have been changed, instead of wrapping it up for it to be used the next time. An interview on 4/3/24 at 9:30 AM, with the Infection Preventionist confirmed the suction tubing touching the trash can in the resident's room should have been changed, because that would have been a break in infection control. She stated it was dirty and could have caused a problem. An interview on 4/3/24 at 12:05 PM, with Director of Nurses (DON) confirmed that the suction tubing used to connect to the suction connector should have been changed after the tip of the suction tubing touched the resident's trash can because that could have caused an infection. Record review of Resident #47's "Order Summary Report" revealed a physician's order dated 9/30/21 to ensure proper storage, stocking and covering of respiratory therapy equipment in residents' room every shift. Record review of Resident #47's "Admission Record" revealed the resident was admitted to the facility on 8/25/21 with medical diagnoses that included Cerebral Infarction and Tracheostomy Status.	M1570	4/15/2024. Negative findings will be addressed immediately. Beginning on 5/6/2024 and for the next 2 months, the Quality Assurance Committee will review the data obtained from the NE quality assurance audits, analyzing for patterns/trends. The Quality Assurance/Performance Improvement Committee will make recommendations as needed. 5/6/2024	