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
	22CI	A. BUILDING: _____ B. WING _____	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA REHABILITATION AND HEALTHCARE CEN	1966 HILL DRIVE GRENADA, MS 38901

(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 and complaint investigation (CI) survey at the facility from 7/15/24 through 7/18/24. During the survey, the SA determined that the facility was not in compliance with the Minimum Standard for Institutions for the Aged or Infirm, state licensure requirements and cited M1570. CI MS #25383 and CI MS #25658 were investigated. No deficiencies were cited related to these complaints.	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		8/22/24

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M1570	Continued From page 1 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 prevent the possibility of the spread of infection, as evidenced by failing to ensure Enhanced Barrier Precautions (EBP) and proper hand hygiene during resident care treatment for one (1) of four (4) resident care treatments observed. Resident #53 Findings include: Record review of the facility policy titled, "Enhanced Barrier Precautions" dated 4/1/2024 revealed " ...Enhanced Barrier Precautions" (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employ targeted gown and glove used during high contact resident care activities." Record review of the facility policy titled, "Handwashing/Hand Hygiene" with a revision date of 3/1/2020 revealed, "Policy Statement: This facility considers hand hygiene the primary means to prevent the spread of infections. Policy Interpretation and Implementation: 1. All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections..." Record review of the facility policy titled, "Tracheostomy Care" with a revision date of March 2024 revealed " ...General Guidelines ... 3. Disposable gown must be worn as part of Enhanced Barrier Precautions...Preparation and	M1570	1.On 7/18/2024, Respiratory Therapist #1 was in-service on Enhanced Barrier Precautions by the Assistant Director or Nursing (ADON). 2.Thirty□five residents could have been affected. 3.Hand hygiene check off on all clinical staff starting 7/27/2024 with on ending date of 8/16/2024 by the Staff Development Nurse and the Infection Prevention Nurse. Nursing staff will be in-serviced on Enhanced Barrier Precautions by the Staff Development Nurse(SDN) and the Infection Control/Prevention (ICP) Nurse starting 7/27/2024. 4.Observation of staff donning Enhanced Barrier Precaution Personal Protective Equipment(PPE) prior to care; four times a week for 4 weeks and weekly for 4 weeks by the Director of Nursing(DON). This will be taken to Quality Assurance Program meeting on 8/20/2024 and monthly thereafter until compliance is met.	

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M1570	Continued From page 2 Assessment ... 9. Remove old dressings. Pull soiled glove over dressing and discard into appropriate receptacle. 10. Wash hands. ... Clean the Removable Inner Cannula. ...8. Put on sterile gloves...14. Remove and discard gloves into appropriate receptacle...15. Wash hands and put on fresh gloves. Observation of tracheostomy (trach) care for Resident #53 on 7/17/24 at 10:00 AM, revealed an Enhanced Barrier Precaution sign on the resident's outer door. Respiratory Therapist (RT) #1 washed her hands briefly with an antiseptic hand sanitizer, applied gloves, and entered the resident's room without applying a protective gown. The RT cleaned the overbed table and set up her barrier, discarded her gloves, and applied new gloves without washing her hands. She then proceeded to perform tracheostomy care. The RT removed sterile gloves from the suction catheter kit and applied the sterile gloves over her soiled gloves. The RT suctioned the resident and then removed her sterile gloves leaving her soiled gloves intact, failing to wash her hands. The RT opened the tracheostomy care tray with the soiled gloves, removed the sterile gloves, placed them over the non-sterile gloves, and continued tracheostomy care. The RT removed her gloves, packaged up the unclean trach supplies, and placed them in a red biohazard bag, she removed a soiled washcloth that was saturated with fluids that had been placed under Resident #53's trach for any excessive secretions and stated "I'm not supposed to put this on the floor, but I don't have anywhere to place it. There should be a container in here. RT #1 then placed the soiled washcloth on the floor and exited the room. She tucked the red biohazard bag under her arm and briskly applied antiseptic hand sanitizer from a bottle on the top of her treatment cart.	M1570		

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M1570	Continued From page 3 In an interview on 7/17/24 at 10:35 AM, Respiratory Therapist #1 revealed that she wasn't sure if Resident #53 was under enhanced barrier precautions or not and then stated, "No, I don't think he is he doesn't have an infection." The RT glanced at the resident's door and then stated, "Oh yes, he has one of those signs on the door, I was supposed to wear a gown into his room." She confirmed she had not worn the proper personal protective equipment into the room to render care to the resident. She revealed that she had not been trained in enhanced barrier precautions. RT #1 revealed that during her tracheostomy care, she was taught in school to keep her gloves on and put the sterile gloves over top of them and wasn't aware that she had to remove the soiled gloves and wash her hands during the dirty and clean process of rendering tracheostomy care. The RT revealed that she understood where it could be an infection control issue and confirmed that she had not used proper hand hygiene while performing tracheostomy care on Resident #53, and by not doing so, it's possible the resident could get an infection. An interview on 7/17/24 at 10:50 AM, the Director of Nurses (DON) confirmed that the respiratory therapist was supposed to wear a gown into the room as part of the enhanced barrier precautions and to change out her gloves and wash her hands between the dirty and clean trach care and revealed "that is our standards of practice for tracheostomy care." The DON confirmed the resident could get an infection from the lack of proper hand hygiene and lack of proper personal protective equipment (PPE) during his tracheostomy care. In an interview on 7/18/24 at 9:00 AM, the	M1570		

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M1570	Continued From page 4 Respiratory Director confirmed that the standard of tracheostomy care to possibly prevent infections is to wear a gown and perform appropriate hand hygiene. A record review of Resident #53's Admission Record revealed the resident was admitted to the facility on 05/29/2024 with diagnoses that included Pneumonitis due to inhalation of food and vomit, Cerebral infarction, and Encounter for attention to tracheostomy.	M1570		