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
	73UH	A. BUILDING: _____ B. WING _____	08/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNION CO HEALTH AND REHAB CENTER, INC	1111 BRATTON ROAD NEW ALBANY, MS 38652

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification at the facility from 8/05/24 through 8/08/24. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards for Institutions of the Aged or Infirm, state licensure requirements and deficiencies were cited at M500 and M1570. The facility held a license for 60 beds, with a census of 47.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his	M 500		9/20/24

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M 500	Continued From page 1	M 500		

medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action;

4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record;

5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;

6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the

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M 500	Continued From page 2 facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail	M 500		

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M 500	Continued From page 3 unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. 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 promote the dignity of a resident who was observed with a urinary catheter with no privacy	M 500	M500 * On 8/5/2024 Charge Nurse, Registered Nurse (RN) did place a privacy bag over resident #26"s urinary catheter bag to ensure resident #26 is cared for in a manner that promotes and enhances his	

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M 500	Continued From page 4 bag for (1) one of (5) five residents with catheters. (Resident #26) Findings include: A review of the facility policy titled, "Dignity," revealed "Policy Statement: Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction, with life, and feeling of self-worth and self-esteem." ... Policy Interpretation and Implementation: 12.) a. "Helping the resident to keep urinary catheter bags covered." ... An observation of Resident #26 from the open doorway of her room on 8/5/24 at 10:10 AM revealed the resident to have a urinary catheter with no privacy bag hanging on the side of the bed facing the doorway. An observation of Resident #26 on 8/05/24 at 12:00 PM revealed the door to the room to be open, a catheter bag and catheter drainage tube were observed to contain light yellow colored liquid with no privacy bag in use. An observation of Resident #26 on 8/05/24 at 12:02 PM with Certified Nurse Assistant (CNA) #2 she confirmed the urine in the catheter bag was visible from the resident's doorway and that there was no privacy bag in use for the catheter. She revealed that it was a dignity issue because the bag with urine was visible from the doorway and stated anyone walking by could see it. Review of the physician's orders for Resident #26 revealed an order for an indwelling catheter for Obstructive and Reflux Uropathy dated 8/02/24.	M 500	or her sense of well-being, level of satisfaction, with life, and feeling of self-worth and self-esteem. * All residents with a urinary catheter bag could be affected by this deficient practice of not covering resident urinary catheter bags when in use. * Unit one Charge Nurse (RN), License Practical Nurse (LPN) and Certified Nursing Assistant (CNA), which were assigned to provide care to resident #26 were given an in-service on resident rights and dignity concerns related to covering urinary catheter bag with a privacy bag to promote resident rights and dignity concerns by the Quality Assurance Nurse (QA) on 8/5/2024. Staff received in-service on resident rights on August 13, 2024 and August 14, 2024, conducted by QAPI Nurse. Resident #26 was monitored daily for negative signs and symptoms of psyco-social well being by the Quality Assurance Performance Improvement (QAPI) Nurse or Charge Nurse starting on 8/9/2024 and ending on 8/16/2024. No negative signs or symptoms have been noted. * All resident rooms in the Facility will be divided between ten (10) key staff, Minimum Data Set nurse (MDS), Admissions Nurse, Infection Control Nurse, Staff Development Nurse, Restorative Nurse, Quality Assurance Performance Improvement Nurse (QAPI), Medical Records Nurse, Activities Director, and Social Services Director. The Administrator, DON, or Business	

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M 500	Continued From page 5 In an interview with Licensed Practical Nurse (LPN) #2 on 8/06/24 at 9:27 AM, she revealed all residents with catheters should have a privacy bag in place to keep others from seeing the urine for the resident's dignity. In an interview with the Infection Preventionist on 8/06/24 at 9:33 AM, she confirmed that Resident #26 should have had a privacy bag covering her catheter bag to promote dignity. Review of the "Admission Record" revealed Resident #26 was admitted by the facility on 7/17/20 with diagnoses of Cerebral Infarction.	M 500	Office Manager (BOM) will substitute when there is an absence of one of the key staff. Each key staff member identified will inspect their assigned rooms per the facility room inspection form with focus on compliance on resident rights and dignity. Completed inspection sheets will be turned into the Administrator or DON daily, five times per week, for four weeks starting August 12, 2024 and then twice a week on starting September 9th, 2024, for four weeks. The Administrator or DON will review completed Facility room inspection sheets and assign corrective actions to appropriate department, i.e., Housekeeping, Maintenance and Nursing. Upon completion of corrective action, individual completing task will sign Facility inspection sheet and return to Administrator or DON. The Administrator and/or DON will spot check at least two resident rooms per week, starting August 12 ending Oct 1st, 2024 and record results on Facility room inspection form and assign corrective actions to appropriate personnel if needed and then verify completion. The Administrator and/or Director of Nurses (DON) will present findings of daily resident room round inspection sheets to the QA Committee for review monthly starting in August 30, 2024 thru November 2024, at which time Facility will resume Quarterly QA meeting to discuss effectiveness of QA programs and make recommendations to modify or change QA program as it relates to resident rights and Dignity. The QA Committee and Medical Director met on 8/9/2024 to discuss and implement this plan to correct.	

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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. 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 the spread of infection as evidenced by a urinary catheter bag and drainage tubing laying on the floor for (Resident #26) and failure to perform hand hygiene after handling a urinary catheter bag during wound care for (Resident #38) for (2) two of (7) seven	M1570	M1570 * On 8/7/24 medication nurse removed catheter tubing from the floor and positioned it so as it did not touch the floor. License Practical Nurse #1 was administered a one on one in-service on proper hand hygiene by the Director of Nurses (DON) on 8/7/24. * All residents receiving personal care,	9/20/24

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M1570	Continued From page 7 care area observations. Findings include: A review of the facility policy titled, "Urinary Tract Infections (Catheter-Associated). Guidelines for Preventing," revised September 2017, revealed "Purpose: The purpose of this procedure is to guide guidelines for the prevention of catheter-associated urinary tract infections ...Steps in the Procedure ... 4. Always practice vigilant hand hygiene and standard precautions when handling catheter systems ...6. c. Do not place the drainage bag on the floor..." A review of the facility policy titled, "Changing a Dressing," undated, revealed Procedure Guideline for Changing a Dressing: 1. Perform hand hygiene ...14. Dispose of the gloves and soiled dressing ... Perform hand hygiene ... Apply clean gloves...16. Dispose of gloves and perform hand hygiene..." Resident #26 In an observation of Resident #26 on 8/5/34 at 10:10 AM, the resident was observed to have a urinary catheter hanging on the right side of the bed, with the bottom of the catheter bag and drainage tubing observed sitting on the floor beside the bed. An observation of Resident #26 on 8/05/24 at 12:00 PM revealed a catheter bag and catheter drainage tube to be sitting on the floor. An observation of Resident #26 on 8/05/24 12:02 PM with Certified Nurse Assistant (CNA) #2 confirmed the bag should not be hanging down touching the floor because it was an infection	M1570	wound care or having a catheter could be subject to negatives outcomes related to these deficient practices. * On 8/9/24 the DON and the Quality Assurance (QA) Nurse assessed resident #26 and #38 for possible signs and symptoms of negative outcomes related to the catheter tubing and or bag touching the floor or failure of LPN #1 to perform proper hand hygiene while executing wound care on resident #38. No negative outcome was noted during the assessment. LPN #1, LPN #2, and CNA #2 received an in-service on 8/9/24 by Facility QA Nurse on Infection control policies and procedures, possible negative infection control outcomes of failure to perform proper catheter care and hand hygiene when providing care to residents. Facility Direct Care Staff, Nurses, and CNA's received in-service on August 8/9/24 by the QA Nurse covering the requirements of Facility Infection control policy and procedure. * Key staff will observe for catheter bags or tubing touching the floor each day, five times weekly, for a period of six weeks starting 8/12/24 thru November 29th, 2024, then twice a week during routine Facility room round inspections through 12/31/24, documenting results on the facility room rounds sheet and turning the room round sheet into the Administrator or DON upon completion. The QA or infection control Nurse will observe wound care with focus on hand hygiene compliance once a day for five days weekly, beginning 8/12/24, for six weeks,	

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M1570	Continued From page 8 control concern. In an interview with Licensed Practical Nurse (LPN) #2 on 8/06/24 at 9:27 AM revealed that catheters should not be touching the floor because it increases the risk of the transmission of infection. In an interview with the Infection Preventionist on 8/06/24 at 9:33 AM, she confirmed that Resident #26 catheter bag should never be touching the floor because of what might be on the floor and increases the risk of transmission of infection. Review of the "Admission Record" revealed Resident #26 was admitted by the facility on 7/17/20 with diagnoses that included Cerebral Infarction. Resident #38 An observation of wound care for Resident #38 on 8/7/24 at 10:15 AM, with LPN #1 revealed she entered the room, sanitized her hands and applied gloves, she then picked up the resident's catheter bag and sat in on the side of the resident's bed. She then continued setting up the wound supplies on the bedside table on a clean barrier after handling the catheter bag that was laying on the floor. LPN #1 then cleansed Resident #38's wound bed to his sacrum and applied the clean dressing supplies with the same gloves that were placed on her hands when she initially entered the room. In an interview with LPN #1 on 8/7/24 at 10:30 AM, she confirmed she did not perform hand hygiene after handling the catheter bag and cleaning the sacral wound bed. She also confirmed she did not perform hand hygiene	M1570	ending 11/29/24, then resume QA/infection control observations on 11/30/24, through 12/31/24 once weekly, documented on Infection Control Audit sheet and reporting results to the Administrator or DON upon completion. The QA Committee will meet monthly for four months beginning in August 30, 2024 and ending in November 2024. The QA Committee will then resume the Quarterly meeting scheduled in December 2024. QA Committee may meet additional times if a special meeting is needed and called by any member of the QA Committee. The Administrator or DON will present results of the Catheter and infection control observations at each meeting of the QA Committee. Should it be necessary as QA Committee reviews observations, audits and infection control performance in the Facility, the QA Committee will recommend modifications or changes to Facility plan to correct deficient practices. The QA Committee met on 8/9/24 and discussed and recommended the above actions.	

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M1570	Continued From page 9 before applying the clean dressing to the sacral wound bed. She then revealed by failing to perform hand hygiene, she placed the resident at risk for the transfer of bacteria to the wound and increased the risk for a wound infection. In an interview with the Director of Nursing (DON) on 8/07/24 at 10:32 AM, she confirmed that hand hygiene should have been performed after handling the catheter bag and during wound care. She revealed by not performing proper hand hygiene that it placed the resident at increased risk for infection. Review of the "Admission Record" revealed Resident #38 was admitted by the facility on 9/29/23 with diagnoses of Pressure ulcer of unspecified buttock, unspecified stage and Neuromuscular dysfunction of bladder. Record review of Resident #38's the Minimum Data Set (MDS) with an Assessment Reference Date of 5/07/24, Section C , revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was severely cognitively impaired .... Section H0300: was coded Resident #38 had a catheter for last seven days.... Section M0300 : was coded Resident #38 had one Stage 3 pressure ulcer.	M1570		