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
	25WC	A. BUILDING: _____ B. WING _____	11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	49 WILLOW CREEK LANE BYRAM, MS 39272

(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 at the facility from 11/4/24 through 11/7/24. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M635 and M1570.	M 000		
M 635	45.21.7 Gastric feeding Gastric feeding. Residents who are eating alone or with assistance are not fed by a gastric tube unless their clinical condition indicates that the use of a gastric feeding tube is unavoidable. The residents who are fed by a gastric tube receive the treatment and services to prevent complications or to restore if possible, normal eating skills. This Statute is not met as evidenced by: Level II Based on observations, interviews, record reviews, and facility policy review, the facility failed to ensure the physician orders were followed related to the care of a resident with a Percutaneous Endoscopic Gastrostomy (PEG) tube for one (1) of (19) sampled residents. Resident #30. Findings Include: A review of the facility's policy titled, "Dressing Change," policy (undated) revealed, "A dressing change will be done to promote wound healing, prevent infection and to provide an opportunity for wound assessment." On 11/06/24 at 1:25 PM, during an observation of	M 635	On 11/6/2024 Resident #30 head was immediately elevated, and percutaneous endoscopic gastronomy (PEG) site dressing reapplied according to facility policy and procedure and Physician□s Order by Director of Nursing (DON). A Review and in-service of Physician□s Order and facility policy titled Dressing Change elevating bed / cleaning peg site was reviewed with Licensed Practical Nurse (LPN) #1 by Consulting Registered Nurse (RN) on 11/6/2024. An audit of 78 residents on 11/6/2024 determined only 1 resident (Resident #30) to have a peg tube and to be affected. On 11/11/2024, Contracted RN consultant will conduct an in-service for all nursing	12/4/24

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M 635	Continued From page 1 PEG tube site care, Licensed Practical Nurse (LPN) #1 lowered the head of the bed to a flat position while Resident #30's feeding pump was infusing Glucerna 1.2 at 50 cubic centimeters (cc) per hour. LPN #1 then proceeded to clean the PEG site with gauze in a circular motion without drying the site afterward. On 11/06/24 at 1:35 PM, during an interview with LPN #1 , she admitted she forgot to place the feeding pump on hold before positioning the bed flat to conduct care. She acknowledged that she should have dried the site before applying a split gauze. During an interview on 11/07/24 at 12:48 PM, the Director of Nursing (DON), stated that LPN #1 should have stopped the pump. She explained that Resident #30 could aspirate if the pump continues infusing while the bed is flat. She also noted that failing to dry the site could increase the risk of infection. A record review of the "Admission Record" revealed the facility admitted Resident #30 on 03/22/19. The resident had diagnoses that included Dysphagia, Oropharyngeal Phase and Encounter for Attention to Gastrostomy. A record review of the "Order Summary Report," revealed Resident #30 had active orders as of 11/07/24 that included an order dated 1/13/24 to keep the head of the bed elevated 30-90 degrees while tube feeding was infusing and an order dated 1/31/24 to clean the PEG site with normal saline, and pat dry with gauze before applying a split gauze to the PEG site daily for skin protection. A record review of Resident #30's Minimum Data	M 635	staff on importance of following Physician□s Order and Facility Policy and Procedure pertaining to PEG site care - Dressing Change and elevating bed / cleaning peg site. Staff Development Nurse will continue to in-service all newly hired nurses on following physician orders and facility policy and procedure regarding PEG sit care and Elevating head of bed during Nutritional Intake. Quality Assurance Performance Improvement (QAPI) Team consisting of Medical Director, Administrator, Director of Nursing, Infection Preventionists, Social Services, Business Office Manager, Minimum Data Set Nurse, Activity Director, Maintenance Director and Dietary Manager met on 11/11/2024 to review Resident #30 Physician□s Order and Policy and Procedure for Cleaning / Care of PEG site and Elevating Head of Bed during Fluid/Nutritional Intake and did not determine any changes to be made. QAPI Team assigned DON and Infection Preventionist to conduct 2 audits per week beginning 11/11/24 for 12 weeks for determine, comprehend, and follow physician's order and facility policy and procedure for properly cleaning PEG site dressing and properly stopping intake and lowering head of bed during dressing change using a tailored competency checkoff. Results of these audits will be recorded and reported weekly at High Risk beginning on 11/14/2024. Any findings will be corrected and immediately reported to QAPI Team. Director of Nursing will report monthly audit results of weekly audits during monthly QAPI Meeting for six	

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M 635	Continued From page 2 Set (MDS) with an Assessment Reference Date (ARD) of 7/16/24 revealed a Brief Interview for Mental Status (BIMS) score of (99), indicating severely impaired cognition. Section K was coded for PEG tube use.	M 635	months to monitor continued compliance beginning 12/4/2024	
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 observations, interviews, record	M1570	On 11/6/24 Director of Nursing (DON) performed a proper sanitation to Resident #14 right elbow and properly disposed of	12/4/24

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M1570	Continued From page 3	M1570		

reviews, and facility policy review, the facility failed to ensure proper infection control practices were implemented during Percutaneous Endoscopic Gastrostomy (PEG) tube site care and wound care for two (2) of (19) sampled residents. Residents
#14 and #30

Findings Include:

A review of the facility's policy titled "Hand Hygiene," dated 06/12/22 revealed, "All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors ... If your task requires gloves, perform hand hygiene prior to donning gloves, and sanitize or wash hands after removing gloves ..."

Resident #14

On 11/06/24 at 1:08 PM, during an observation of wound care, Licensed Practical Nurse (LPN) #1/Wound Care Nurse, performed a dressing change on Resident #14's right elbow. After removing the soiled dressing from the resident's arm, she placed it on the resident's bedside table without using a barrier and did not use a red biohazard bag for disposal. LPN #1 then proceeded to apply a new dressing without removing her soiled gloves.

On 11/06/24 at 1:10 PM, LPN #1 admitted that she did not use a barrier or a red biohazard bag for the soiled dressing, acknowledging failure to do so could lead to infection.

During an interview with the Infection Preventionist on 11/07/24 at 9:55 AM, she stated that all staff are expected to follow infection

previous dressing in red biohazard bag. Upon sanitizing hands properly, a new dressing was applied to Resident #14 right elbow. On 11/6/2024 DON entered Resident #30 room following proper sanitation of hands. DON confirmed Head of Bed to be at proper elevation for Nutritional Intake. Upon stopping intake properly, resident head of bed was lowered. DON provided proper removal of previous dressing, cleaning of percutaneous endoscopic gastronomy (PEG) site and application of new dressing according to facility infection control guidelines and cleaning / care of PEG site. On 11/6/2024, Infection Preventionist in-serviced Licensed Practical Nurse (LPN) #1 on facility policy for Infection Control/Prevention pertaining to Care/Cleaning of PEG site, Wound Care, Hand Hygiene, Disposal of Soiled Supplies.

A Review of 78 Residents was conducted on 11/6/2024 by Infection Preventionist and determined only 2 residents to be affected.

On 11/11/2024, Contracted RN consultant will conduct an in-service for all nursing staff and certified nursing assistants on the importance of following Facility Policy and Procedure for Infection Control/Prevention pertaining to Care/Cleaning of PEG site, Wound Care, Hand Hygiene, Disposal of Soiled Supplies. Staff Development Nurse will continue to in-service all newly hired nurses and Certified Nursing Assistants on Infection Control/Prevention pertaining to

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M1570	Continued From page 4 control guidelines, including using appropriate containers for disposing of soiled dressings to prevent the spread of infection. During an interview on 11/07/24 at 10:00 AM, the Director of Nursing (DON) emphasized her expectation that staff adhere to infection prevention protocols when performing wound care. She stated that failure to change gloves or using clean surfaces for soiled dressing could increase the risk of the spread of infection. A record review of Resident #14's "Admission Record" revealed the facility admitted the resident on 07/16/24. The resident had diagnoses that included Dementia, and Pressure Ulcer of Right elbow, Stage 3. Resident #30 On 11/06/24 at 1:25 PM, during an observation of LPN #1 providing PEG tube site care for Resident #30 revealed LPN #1 entered the room without washing her hands or using hand sanitizer. She held one pair of clear gloves upon entry and did not perform hand hygiene before donning the gloves. After lowering the head of the bed with her bare hands, she applied gloves, removed the soiled split gauze from the PEG site, placed it in a red bag, and cleaned the site with gauze and normal saline and applied a new split gauze to the site. During the procedure, she did not wash her hands, use hand sanitizer, or change gloves. During an interview with LPN #1 at 1:35 PM on 11/06/24, she admitted that she failed to wash her hands or use hand sanitizer upon entering the room and acknowledged she should have performed hand hygiene and changed gloves at different stages of the care. She recognized that	M1570	Care/Cleaning of PEG site, Wound Care, Hand Hygiene, Disposal of Soiled Supplies.Quality Assurance Performance Improvement (QAPI) Team consisting of Medical Director, Administrator, Director of Nursing, Infection Preventionists, Social Services, Business Office Manager, Minimum Data Set Nurse, Activity Director, Maintenance Director and Dietary Manager met on 11/11/2024 to review Facility Policy and Procedure for Infection Control/Prevention pertaining to Care/Cleaning of PEG site, Wound Care, Hand Hygiene, Disposal of Soiled Supplies and did not determine any changes to be made. QAPI Team assigned Staff Development Nurse and Infection Preventionist to conduct 2 audits per week for 24 weeks beginning on 11/11/2024 using observation and competency checkoffs for ability to follow facility policy and procedure for Infection Control/Prevention pertaining to Care/Cleaning of PEG site, Wound Care, Hand Hygiene, Disposal of Soiled Supplies. Results of these audits will be recorded and reported weekly by Infection Preventionist at High Risk beginning on 11/14/2024. Any findings will be corrected and immediately reported to QAPI Team. Director of Nursing will report monthly audit results of weekly audits during monthly QAPI Meeting for six months to monitor continued compliance beginning 12/4/2024	

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M1570	Continued From page 5 her actions could lead to cross-contamination and infection. At 12:48 PM on 11/06/24, the DON confirmed that LPN #1 should have performed hand hygiene before and during the procedure. The DON noted that failure to follow these infection control protocols could lead to the spread of infection. A record review of the "Admission Record" revealed the facility admitted Resident #30 on 03/22/19. The resident had diagnoses that included Dysphagia, Oropharyngeal Phase and Encounter for Attention to Gastrostomy.	M1570		