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	62SC	A. BUILDING: _____ B. WING _____	10/17/2024

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MS CARE CENTER OF MORTON	96 OLD HIGHWAY 80 EAST MORTON, MS 39117

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 10/15/24 through 10/17/24. 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 M500, M655, M855, and M1570.	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 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	M 500		11/27/24

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M 500	Continued From page 1 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 facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;	M 500		

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M 500	Continued From page 2 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 unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical	M 500		

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M 500	Continued From page 3 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, interviews, record review and facility policy review, the facility failed to honor residents' rights for self-determination by not allowing residents to go outside together for two (2) of 22 sampled residents. Residents #13 and #14.	M 500	M500 Resident□s Rights 1. Administrator, Director of Nursing, Assistant Director of Nursing, Social Services, and Activities Director met with Resident #13 and #14 on October 31, 2024, to discuss Resident□s rights and assure them they are able to sit on the front porch together when they choose to. Residents were instructed to come to the	

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M 500	Continued From page 4 Findings Include: A review of the facility's policy titled "Resident Rights Policy," revised 09/2022, revealed: " ...Facility will ensure that the resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. The facility will treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of their quality of life, recognizing each resident's individuality..." Resident #13: A record review of Resident #13's "Admission Record" revealed the facility admitted the resident on 10/18/21. The resident had diagnoses that included Paranoid Schizophrenia and Neuroleptic Induced Parkinsonism. A record review of Resident #13's "Annual Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of 09/24/24 revealed a Brief Interview for Mental Status (BIMS) Summary Score of 14, which indicated the resident was cognitively intact. Section F indicated that it is very important to Resident #13 to engage in his favorite activities and to go outside for fresh air when the weather is favorable. Section GG revealed no impairment in range of motion for upper or lower extremities and that Resident #13 is independent or requires supervision for Activities of Daily Living (ADLs). Resident #14: A record review of Resident #14's "Admission Record" revealed the facility admitted the resident	M 500	Administrator, Social Services, or Activities personnel if they had any additional issues. Resident #13 was educated by Director of Nursing on October 31, 2024 if Resident #14 needs assistance with positioning he can ask the staff for assistance for both resident□s safety. Resident #13 verbalized understanding. 2. All Residents had the potential to be affected. 3. Self-Determination Audit and In-Service a. Self Determination In-service with staff on Resident□s Rights given by the Administrator and Social Services Director on October 29, 2024 and November 4, 2024 b. Self-Determination In-Service scheduled with Ombudsman on November 14, 2024. 4. Self Determination Audit asking Resident #13 and #14 if they would like to sit on the porch together and ensuring follow through if they choose, to be conducted by Activities Personnel starting on November 1, 2024, to be conducted once daily for one month, then once weekly for one month, then once monthly for three months, for a total of five months. The audit findings will be reported monthly for five months to the Quality Assurance committee to ensure continued compliance beginning November 26, 2024.	

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M 500	Continued From page 5 on 09/20/21. The resident had diagnoses that included End Stage Renal Disease and Dependence on Renal Dialysis. A record review of Resident #14's "Annual MDS" with an ARD of 02/27/24 revealed a BIMS summary score of 15, which indicated the resident was cognitively intact. Section F indicated that it is very important to Resident #14 to engage in favorite activities and to go outside for fresh air when the weather is good. A record review of Resident #14's "Quarterly MDS" with an ARD of 08/13/24, Section GG, revealed that Resident #14 had no impairment in range of motion for upper or lower extremities, used a wheelchair, and was dependent on staff for transfers. During an observation and interview on 10/15/24 at 11:07 AM, Resident #13 and Resident #14 reported that they wished to go outside together, but were not allowed to do so because Resident #13 had previously tried to assist his wife, Resident #14. As a result, they were no longer permitted to be outside together alone. Resident #13 explained that he was trying to prevent his wife from falling. Resident #14 stated that while they could go outside for activities, they wished to be allowed outside at other times as well. She added that she attends dialysis three (3) times a week, and her husband, Resident #13, attends outpatient therapy three (3) times a week, meaning they are not together daily. Both residents reported that they have asked staff, both during the week and on weekends, to be allowed to go outside together but were consistently told that they could not. Both residents expressed that it is very important to them to spend time together outside and enjoy	M 500		

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M 500	Continued From page 6 fresh air. During an observation on 10/16/24 at 9:20 AM, Resident #13 was not in his room, while Resident #14 was observed still in bed. Resident #13 explained that her husband was away for outpatient services and would return later that day. During an interview on 10/16/24 at 10:00 AM, Certified Nursing Aide (CNA) #2 in training explained that she had never seen Residents #13 and #14 go outside together. She had been working at the facility since August and had seen Resident #13 go outside by himself but had never seen the two together. During an interview on 10/16/24 at 11:04 AM, Licensed Practical Nurse (LPN) #4 stated that she was aware that Resident #13 and Resident #14 were not allowed to go outside together. She mentioned that she had been informed by staff that Resident #13 had previously attempted to assist Resident #14 when she almost fell, leading to the restriction. During an interview on 10/17/24 at 11:26 AM, Social Services #1 explained that she was unaware of the residents' complaints or that staff were not allowing Resident #13 and Resident #14 to go outside together. She recalled a past incident where Resident #13 tried to help his wife into a van but was not aware of staff preventing the couple from going outside by themselves. She mentioned that the facility employs agency staff and has different personnel on weekends, which might impact consistency. She emphasized that it is the residents' right to go outside when they choose, and she expects all staff to respect residents' rights at all times.	M 500		

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M 500	Continued From page 7 During an interview on 10/17/24 at 12:05 PM, the Administrator stated that she was not aware that Resident #13 and Resident #14 were being prevented from going outside together. She emphasized her expectation that staff respect residents' rights at all times. During an interview on 10/17/24 at 2:00 PM, the Director of Nursing (DON) confirmed that she expects all staff to respect and honor residents' rights at all times.	M 500		
M 655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This Statute is not met as evidenced by: Level II Based on observations, interviews, record reviews, and facility policy review, the facility failed to follow standards of practice for respiratory care regarding dating and changing oxygen tubing weekly and storing it in a plastic bag when not in use for one (1) of two (2) residents observed for respiratory care. Resident #76. Findings Include: A review of the facility's policy titled "Oxygen	M 655	M655 Special Needs 1. Resident #76 oxygen tubing was changed and dated on 10/16/2024 and tubing placed in plastic storage when not in use by Staff Development. 2. All residents who have orders for O2 or respiratory care had the potential to be affected. 3. Respiratory/Tracheostomy Care and Suctioning a. Oxygen Tubing/Nebulizer & Tubing Audit by Infection Prevention Nurse and Director of Nursing on October 22, 2024 and October 23, 2024.	11/27/24

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M 655	Continued From page 8 Policy," (undated) revealed, "... It is the policy of this facility that oxygen will be utilized as follows: ... With the specific physician orders... Date the tubing ..." A record review of Resident #76's "Admission Record" revealed that the facility admitted the resident on 01/18/23. The resident had diagnoses that included Chronic Diastolic (Congestive) Heart Failure and Chronic Obstructive Pulmonary Disease (COPD) with (Acute) Exacerbation. A record review of Resident #76's "Quarterly Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of 08/20/24 revealed a Brief Interview for Mental Status (BIMS) Summary Score of 11, which indicated that the resident's cognition was moderately impaired. Section O of the MDS indicated that Resident #76 received oxygen therapy. A record review of Resident #76's 10/16/24 "Medication Review Report," revealed physician orders, dated 8/27/24, to change the oxygen (O2) tubing and wash the filter every week on Fridays. During an observation on 10/15/24 at 12:08 PM, Resident #76 was observed receiving oxygen via nasal cannula at 2 liters per minute. The oxygen tubing was not dated. The resident reported that she must wear oxygen at all times. During an observation on 10/15/24 at 3:00 PM, Resident #76 was observed lying in bed wearing oxygen via nasal cannula. The oxygen tubing was still not dated. During an observation on 10/16/24 at 9:35 AM, Resident #76 was not in her room, and the nasal cannula was observed lying on top of the oxygen	M 655	b. Director of Nursing and Assistant Director of Nursing In-serviced Nurses on November 4, 2024 and November 5, 2024 ensuring tubing is marked with a white label and dated when it is changed and when tubing is not in use it is to be stored in assigned storage bag. 4. Oxygen Tubing/Nebulizer & Tubing Audit will be performed to ensure tubing is labeled, dated, and bagged if not in use by charge nurse once weekly for 3 months starting on November 1, 2024. All Residents with oxygen tubing will be included in the audit. Oxygen Tubing and Nebulizer & Tubing Audit findings will be reported to the Quality Assurance Committee by the Director of Nursing and Assistant Director of Nursing Monthly for 3 months starting on November 26, 2024.	

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M 655	Continued From page 9 concentrator, without any type of storage to prevent contamination of the tubing and nasal cannula. The oxygen tubing continued to be undated. During an observation and interview on 10/16/24 at 1:30 PM, Registered Nurse (RN) #4 observed that Resident #76's oxygen tubing was not dated, nor was there a plastic storage bag present. RN #4 confirmed that oxygen tubing is to be changed weekly, dated, and stored in a plastic bag when not in use. During an interview on 10/16/24 at 1:45 PM, Licensed Practical Nurse (LPN) #5 explained that Resident #76 is to wear her oxygen at all times, especially while in bed, but the resident removes it when attending activities. LPN #5 added that when oxygen is not in use, the tubing should be stored in a plastic storage bag and that all tubing should be changed and dated weekly, with the filter cleaned. She mentioned that either the cart nurse or the treatment nurse is responsible for changing the tubing and cleaning the filter. During an interview on 10/16/24 at 3:15 PM, RN #1 stated that all oxygen tubing should be stored in a plastic bag when not in use, and that the tubing and bag should be changed weekly to minimize infection risks for the resident. During an interview on 10/17/24 at 2:25 PM, the Director of Nursing (DON) stated that she expects all staff to adhere to the facility's policies and procedures and follow standards of practice for all residents receiving respiratory care. She confirmed that oxygen tubing should be changed and dated each Friday and stored in a plastic bag when not in use.	M 655		

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M 855	Continued From page 10	M 855		
M 855	45.30.7 Food Preparation Food Preparation. Foods shall be prepared by methods that conserve optimum nutritive value, flavor, and appearance. Also, the food shall be acceptable to the individuals served. A file of tested recipes shall be maintained to assure uniform quantity and quality of products. This Statute is not met as evidenced by: Level II Based on observation, interviews, record review, and facility policy review, the facility failed to ensure residents received meals that were palatable and served at an appetizing temperature for three (3) of ten (10) residents observed for dining. Resident #63, Resident #85, and Resident #90. Findings Include: A review of the facility's policy titled "Meal Service," dated 12/23, revealed: " ...Food will be delivered promptly to ensure safe, palatable, and high-quality food served at the appropriate temperature ...Procedure ...6. Food will be served at palatable temperatures (hot food hot and cold food cold) as discerned by the patients/residents and customary practice ..." Resident #63: During an interview on 10/15/24 at 11:42 AM, Resident #63 stated that he was not pleased with the meals, describing them as "hit or miss" and noting that only one (1) out of (10) meals were good. He explained that by the time food arrived at his room, it was cold, sometimes warm, but	M 855	M855 Food Preparation 1. Dietary Manager Spoke with Residents #63, #85, and #90 about meal service on October 22, 2024 to ensure food is palatable and served at an appetizing temperature to ensure them she will make sure their food will be palatable and at an appetizing temperature. 2. All residents who receive food from Dietary Department have the potential to be affected. 3. Nutritive Value/Appear, Palatable/Preferable Temp a. New Recipes were printed on November 5, 2024 from Nutrition Systems that go with the menus for seasoning instructions. The recipes will be kept in the menu books. b. Dietary Manager In-serviced all dietary staff on recipe location and the importance of following recipes on November 5, 2024. Cooks were trained on how to appropriately follow the recipes for seasoning. c. Nurses will help pass out trays to decrease serving time to residents beginning on November 5, 2024. 4. Sample Tray Audit started on	11/27/24

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M 855	Continued From page 11 often was not warm. During an interview on 10/16/24 at 9:03 AM, Resident #63 stated that his breakfast that morning, which included a biscuit, sausage, eggs, and grits, was lukewarm. He mentioned that the two (2) slices of pizza he had received were also lukewarm, although they tasted acceptable. During an interview on 10/16/24 at 3:10 PM, Resident #63 recalled his lunch, which consisted of chicken patties, greens, black-eyed peas, and cornbread. He stated that the food was lukewarm, noting that the black-eyed peas were bland and could benefit from added seasoning like ham. He shared that he mixed mayonnaise with his peas to improve the taste. A record review of the "Admission Record" revealed the facility admitted Resident #63 on 02/27/23 with diagnoses including Diabetes Mellitus. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/23/24 revealed Resident #63 had a Brief Interview for Mental Status (BIMS) score of 13, which indicated he was cognitively intact. Resident #85 During an interview on 10/15/24 at 11:10 AM, Resident #85 stated that the food was either too salty or had no taste. She emphasized that she preferred her food to have more flavor. During an interview on 10/15/24 at 12:20 PM, Resident #85 reported that she had not eaten her lunch because it lacked taste and seasoning.	M 855	November 4, 2024 and will be completed by the Dietary manager twice weekly for 1 month, once weekly for 1 month, and every other week for 1 month, totaling 3 months. Palatable/Preferable Temp Audit to ensure taste and temp is palatable for residents started on November 4, 2024 will be completed by Activities Director twice weekly for 1 month, once weekly for 1 month, and every other week for 1 month, totaling 3 months. Audit findings will be reviewed by Dietary Manager with Quality Assurance Committee monthly for three months beginning on November 26, 2024.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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 855	Continued From page 12 A record review of the "Admission Record" revealed the facility admitted Resident #85 on 11/03/23 with diagnoses including Hypertensive Heart Disease. A record review of the Comprehensive MDS with an ARD of 10/07/24 revealed Resident #85 had a BIMS score of nine (9), which indicated her cognition was moderately impaired. Resident #90 During an interview on 10/16/24 at 12:14 PM, Resident #90 stated that the food was bland, had no taste, and was cold. She reported that she did not eat her lunch and instead had her family bring her a meal. She mentioned that she had spoken with the previous Dietary Manager about the food quality, but no improvements were made. A record review of the "Admission Record" revealed the facility admitted Resident #90 on 08/19/22 with diagnoses including Hypertensive Heart Disease. A record review of the Annual MDS with an ARD of 09/11/24 revealed Resident #90 had a BIMS score of fifteen (15), which indicated she was cognitively intact. On 10/16/24 at 10:54 AM, during an observation of food temperature checks, Dietary #1 was observed taking food temperatures at the steam table: Chicken patties: 139° Fahrenheit (F), Black-eyed peas: 140°F, and Greens: 160°F. During an observation on 10/16/24, meal tray preparation began at 11:05 AM, with Cart #1 and the dining hall service began at 11:05 AM. The dietary staff began plating Cart #6, which was the	M 855		

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	62SC	A. BUILDING: _____ B. WING _____	10/17/2024

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M 855	Continued From page 13 last meal cart, at 12:08 PM and it was completed at 12:18 PM. All meal carts used to deliver meal trays to residents on the hall were delivered on an open style cart. The cart was transported to the hall and the last tray was delivered as a test tray at 12:33 PM. Dietary #2 took the food temperatures of the test tray which revealed: Chicken patties: 99°F, Turnip greens: 100°F, and Black-eyed peas: 85°F. The test tray was sampled and the food was bland and at a lukewarm, non-appetizing temperature. During an interview on 10/16/24 at 12:45 PM, Dietary #2 confirmed that some of the food was bland and lukewarm. She explained that only salt and pepper were used for seasoning due to the loss of recipes from a previous roof leak. She noted that the open cart system and the time taken for food to reach residents' rooms contributed to the lukewarm temperatures. During an interview on 10/16/24 at 1:44 PM, Dietary #1 stated that she was still being trained to cook and had not been provided with recipes. She explained that she used only salt and pepper for seasoning, avoiding excess salt due to residents' complaints. She believed that the open carts contributed to the food cooling before reaching residents. During an interview on 10/16/24 at 2:23 PM, Dietary #3 stated that the kitchen staff were being retrained on meal preparation. She confirmed that Dietary #2 was not certified and that Dietary #1 was still learning cooking techniques. During an interview on 10/17/24 at 10:45 AM, the Director of Nursing (DON) confirmed that residents had complained about the food being too salty or lacking taste (bland) and that it was	M 855		

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M 855	Continued From page 14 often cold. The DON reported this to the Administrator, who was working with the kitchen to address the issues. During an interview on 10/17/24 at 1:26 PM, the Administrator acknowledged residents' complaints about the salty food but was unaware of complaints about the food's bland taste or temperature. She stated that the facility had contracted with an outside company to train the kitchen staff on proper cooking techniques and recipe use.	M 855		
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	M1570		11/27/24

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M1570	Continued From page 15 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 handle linens in a manner to prevent the possible spread of infection (Resident #12) and failed to wear appropriate Personal Protective Equipment (PPE) during administration of a bolus feeding for a resident that required Enhanced Barrier Precautions (EBP) (Resident #56) for two (2) of 22 sampled residents. Findings include: A review of the facility policy titled "Infection Control"," dated 09/2022, revealed: " ...The facility has established and will maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. The infection prevention and control program (IPCP) will include, at a minimum the following elements ...Linens. Personnel will handle, store, process, and transport linens so as to prevent the spread of infection ..." A review of the facility's policy "Enhanced Barrier Precautions" dated 03/13/24 revealed " ... Use of Enhanced Barrier Precautions can effectively reduce the spread of Multi-drug resistant Organism (MDRO), specifically those CDC (Center for Disease Control and Prevention) targeted organisms ... Definition: Enhanced Barrier Precautions: include use of gowns and gloves for those residents that would not already	M1570	M1570 Infection Control 1. Resident #12 linen was removed from floor. Resident #56 Licensed Practical Nurse (LPN) #4 was in-serviced by the Infection Prevention Nurse on October 30, 2024 on Facility Policy for Enhanced Barrier Precautions. 2. All residents have the potential to be affected 3. Infection Prevention and Control a. Hospice Certified Nursing Assistant responsible for putting linen on floor for resident #12 was in-serviced by Infection Prevention Nurse on November 1, 2024. b. Resident #56 Licensed Practical Nurse (LPN) #4 was in-serviced by the Infection Prevention Nurse on Enhanced Barrier Precautions and following our infection prevention plan for Enhanced Barrier Precautions by wearing the appropriate Personal Protective Equipment when conducting a bolus feeding. c. Enhanced Barrier Precautions instructional flyers were placed on doors of residents requiring Enhanced Barrier Precautions for care and at each nurse□s station for reference for all staff. d. Appropriate multi purpose bags were placed in each residents room to put dirty or soiled linen in. e. Infection Prevention Nurse in-serviced staff on 10/16/2024 on proper Enhanced Barrier Precautions and proper dirty or soiled linen handling. 4. Soiled Linen Audit put in place on	

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M1570	Continued From page 16 be in Contact Precautions. It also could include eye covering if there is an anticipation of a splash ... Indwelling medical device: Devices such as central lines, PICC (Peripherally inserted central catheter) lines, urinary catheters, feeding tubes, tracheostomy/ventilator require EBP ..." Resident #12 During an observation and interview on 10/16/24 at 10:07 AM, Certified Nurse Aide (CNA) #1 had completed incontinence care on Resident #12. There were dirty linens and a soiled brief directly on the floor of the resident's room. She confirmed she had placed the dirty items on the floor and agreed they should not have been placed directly onto the floor. During an interview on 10/16/24 at 2:10 PM, Licensed Practical Nurse (LPN) #2, confirmed CNA #1 should not have placed the dirty linens and brief directly onto the floor. During an interview on 10/16/24 at 2:27 PM, Registered Nurse (RN) #1, the Infection Preventionist (IP), explained that dirty linens should not be on the floor because it could cause infection to be spread to the residents. During an interview on 10/16/24 at 2:48 PM, the Director of Nursing (DON) stated that dirty linens should not come in contact of the floor due to infection control concerns. A record review of Resident #12's "Admission Record" revealed that the facility admitted Resident #12 on 03/10/21 with diagnoses including Type 2 Diabetes Mellitus. Resident #56	M1570	November 5, 2024, for Charge nurse to ensure proper linen handling to be completed twice weekly for 1 month, then once weekly for 1 month, and then every other week for 1 month, for the total of 3 months. Enhanced Barrier Precautions Audit put in place on November 5, 2024, to monitor designated Enhanced Barrier Precaution rooms by Infection Prevention Nurse for proper donning and doffing of Enhanced Barrier Precautions twice weekly for 1 month, then once weekly for 1 month, and then every other week for one month for the total of 3 months. Audit findings will be reported to the Quality Assurance Committee by the Infection Prevention Nurse once a month for 3 months starting on November 26, 2024.	

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M1570	Continued From page 17 During an observation on 10/16/24 at 09:25 AM, Resident #56 was lying in bed and there was signage on the resident's room door that indicated he required EBP. On 10/16/24 at 11:00 AM, during an observation and interview, LPN #4 administered Resident #56's bolus feeding per a Percutaneous Endoscopic Gastrostomy (PEG) tube. LPN #4 wore gloves while administering the feeding and did not have a gown on. She stated that because there was no chance of being splashed, she was required to only wear gloves. She confirmed the signage on the resident's door indicated that gloves and gowns should be worn, but reiterated that she had been instructed that she only needed to wear gloves. On 10/16/24 at 03:30 PM, during an interview with RN #1, she confirmed a gown, and gloves were required to be worn when administering feedings or medication via a PEG tube. She also confirmed the facility's policy and the signage on the door indicated the correct PPE worn for EBP (gown and gloves). At 02:15 PM on 10/17/24, during an interview with the DON, she confirmed the staff should wear a gown and gloves for residents with peg tubes. She stated she expected all staff to follow the facility's policies and procedures regarding EBP. A record review of the "Admission Record" revealed the facility admitted Resident #56 on 04/15/24 with diagnoses including Encounter For Attention To Gastrostomy and Gastrostomy Status. A record review of the "Medication Review	M1570		

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M1570	Continued From page 18 Report" revealed Resident #56 on had a Physician's Order, dated 9/3/24, for " ...Enhanced Barrier Precautions D/T (due to) Feeding Tube ..." A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/12/24 revealed in Section K that Resident #56 had a feeding tube.	M1570		