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
	42GA	A. BUILDING: _____ B. WING _____	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN AGE NURSING HOME	2901 HIGHWAY 82 EAST GREENWOOD, MS 38930

(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 from 11/18/24 to 11/21/24 and determined that the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm with deficiencies cited at M 645 and M 1570. Census at the time of the survey was 81 and the facility is licensed for 95 residents.	M 000		
M 645	45.21.9 Nutrition Nutrition. Residents shall maintain acceptable parameters of nutritional status, such as body weight and protein levels, unless residents ' clinical condition indicates that this is unavoidable. All residents shall receive diets as orders by their physician or nurse practitioner/physician assistant. Residents identified with significant nutritional problems shall receive appropriate medical nutrition therapy based on current professional standards. This Statute is not met as evidenced by: Level II Based on staff interviews and record reviews, the facility failed to implement interventions to maintain nutritional status for one (1) of eight (8) residents reviewed for nutritional status. Resident # 20. Findings include: A typed statement on company letter head dated 11/20/24 and signed by the Director of Nursing (DON) revealed that the facility did not have a	M 645	Resident #20□s Registered Dietitian recommendation was reviewed by Director of Nursing and Nurse Practitioner on 11/20/24 but was no longer applicable as her wounds had healed. A complete audit of November 2024 Dietary recommendations was reviewed by DON and the missing recommendations were discussed with Nurse Practitioner and those still applicable were implemented on 11/20/24. The facility determined that all residents have the potential to be affected.	12/30/24

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M 645	Continued From page 1 policy related to following the Registered Dietitian's (RD) recommendations. A record review of the "Registered Dietitian Assessment Summary" for Resident #20, dated 10/16/24, revealed a weight loss of -2.4 percent (%) in 30 days and -6.5% over 180 days, with weight documented below normal limits for the resident's height. The nutrition diagnosis noted "Increased needs related to skin breakdown." The recommended interventions included: Zinc 220 milligrams (mg) once daily for 14 days, Vitamin C 500 mg once daily, and Pro-Stat Advanced Wound Care 30 milliliters (ml) once daily. The goals indicated were to achieve weight stability and meet nutritional needs for wound healing. The recommendations were signed and approved by the Nurse Practitioner (NP) on 10/18/24. A record review of the "Order Summary" with active orders as of 10/1/2024, for Resident #20 revealed no new orders reflecting the RD recommendations dated 10/16/24. A record review of the "Monthly Weight Report" for Resident #20 revealed: 5/2024 weight 116.0 pounds (Lbs.), 6/2024 weight 114.0 Lbs., 7/2024 weight 114.6 Lbs., 8/2024 weight 112.5 Lbs. , 9/2024 weight 109.2 Lbs., 10/2024 weight 106.6 Lbs., and 11/2024 weight 103.0 Lbs. During an interview with the DON on 11/19/24 at 12:45 PM, she confirmed that she had received the RD's recommendations and forwarded them to the NP for review. She stated that the NP typically indicates approval on the form, which is then sent to the floor nurse to initiate the orders. She retains a copy to follow up and ensure the recommendations are implemented. However, the DON acknowledged that the RD	M 645	An in-service education program was initiated on 11/22/2024 by the Director of Nursing and Unit Managers with all nurses addressing entering Registered Dietitian (RD) recommendations once received. Director of Nursing will give monthly RD recommendations to Provider for review once received from Registered Dietitian. Provider will review recommendations and return to Unit Managers for orders to be entered. Director of Nursing will conduct an audit of all Registered Dietitian recommendations monthly beginning with December contingent on date of Registered Dietitian visit ensuring all orders are entered correctly monthly for three months. The audit of December dietary recommendation will be reviewed at the QA meeting 12/30/24 and monthly for three months until such time consistent substantial compliance has been achieved as determined by the committee.	

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M 645	Continued From page 2 recommendations dated 10/16/24 for Resident #20 were not initiated, despite the NP's approval. She was unsure why the recommendations were not followed. The DON agreed that failure to implement the RD recommendations could result in further weight loss and delayed wound healing. Record review of the "Admission Record" revealed that the facility admitted Resident #20 on 10/17/19 with diagnoses that included Vitamin Deficiency and Benign Neoplasm of Meninges.	M 645		
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	M1570		12/30/24

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M1570	Continued From page 3 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 use enhanced barrier precautions (EBP) during wound care for one (1) of five (5) resident direct care opportunities during the survey. Resident #59 Findings Include: Review of the facility policy titled, "Enhanced Barrier Precautions" with a revision date of 5/24 revealed under, "Policy: It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. EBP refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities ...2. Initiation of Enhanced Barrier Precautions: An order for enhanced barrier precautions will be obtained for residents with any of the following: i. Wounds (e.g., chronic wounds such as pressure ulcers ..." Record review of Resident #59's "Wound Evaluation" dated 11/13/24 revealed, "Pressure -Stage 3 Sacrum" with measurements of 3 centimeters (cm) length, 1.95 centimeters (cm) width, and 0.2 centimeters (cm) deepest point. Record review of the November 2024 Treatment Administration Record (TAR), for Resident #59	M1570	Resident #59 was immediately placed on enhanced barrier precautions by the Infection Preventionist upon notification of requirement on 11/20/24. On 11/20/24 all residents with wounds were assessed by the Infection Preventionist and those with pressure wounds staged 2 or greater were placed on enhanced barrier precautions. An enhanced barrier precautions policy was written and implemented to include all pressure wounds stage 2 or greater as a chronic wound. The facility determined that all residents have the potential to be affected. On 11/20/24 an In-service education was conducted by the Director of Nursing with the Infection Preventionist and all nurses on enhanced barrier precautions being added for all pressure wounds of Stage 2 or greater deemed chronic wounds. The Director of Nursing will conduct an audit of all wounds weekly beginning 12/2/2024 for four weeks and three months thereafter to ensure enhanced barrier precautions are implemented for those wounds staged 2 or greater by the Skilled Wound Care Physician during weekly wound rounds. Audits will be reviewed at the quality assurance meeting 12/30/24 and monthly for three months until such time consistent substantial compliance has been achieved as determined by the committee.	

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M1570	Continued From page 4 revealed, an order dated 10/31/24, "Clean sacrum stage II pressure injury daily and PRN (as needed) with WW (wound wash) and pat dry. Apply collagen and cover with border gauze until resolved. One time a day related to pressure ulcer stage 3." An observation of wound care on 11/20/24 at 9:21 AM, with Registered Nurse (RN) #1 and Nurse Practitioner (NP) #1 revealed, they entered Resident #59's room and did not apply a gown for EBP. NP #1 assisted with wound care by turning the resident onto her side while RN #1 performed the wound care. Further observation revealed, there was not a sign posted to indicate the resident was on enhanced barrier precautions (EBP). An interview with RN #1 on 11/20/24 at 10:28 AM confirmed she did not apply a gown for Resident #59's wound care. RN #1 revealed she was familiar with EBP but did not practice it on wounds unless they were draining. She revealed the purpose of practicing EBP was to protect the residents from bacteria that they could be exposed to and explained that it made sense to wear a gown. An interview with NP #1 on 11/20/24 at 11:10 AM, revealed she had not been made aware they must use EBP with pressure wounds. An interview with the Director of Nursing (DON) on 11/20/24 at 1:43 PM, revealed they had not received any guidance on using EBP with wounds unless the wound was draining. She confirmed the purpose was to protect the residents from infection. Record review of the "Admission Record"	M1570		

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M1570	Continued From page 5 revealed the facility admitted Resident #59 on 1/10/24 with medical diagnoses that included Alzheimer's Disease and Pressure Ulcer of Other Site, Stage 3.	M1570		