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
	46MH	A. BUILDING: _____ B. WING _____	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MYRTLES NURSING CENTER, LLC	1018 ALBERTA AVENUE COLUMBIA, MS 39429

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey and Complaint Investigation (CI), MS #26596, at the facility from 09/30/24 through 10/03/24. The SA investigated CI MS #26596 related to unlicensed staff, death, quality of treatment, and neglect. There were no citations related to the complaint investigation. During the annual recertification 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 M1570.	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	M1570		10/24/24

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M1570	Continued From page 1 and communicable diseases, including the use of standard precautions. 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 infection control measures were followed to prevent the possible spread of infection as evidenced by, not following enhanced barrier precautions, improper hand hygiene and glove changes and allowing a urinary catheter bag to touch the floor for three (3) of (19) sampled residents. (Resident #9, Resident #36, and Resident #68) Findings Include: A review of the facility's policy titled "Infection Control," revised on 04/21, revealed "The facility will maintain an Infection Control Program, designed to provide a safe, sanitary, and comfortable environment where residents reside with minimal exposure to the development and transmission of disease and infection ... Handwashing is the most to effective means of infection prevention ..." A review of the facility's policy titled, "Hand Hygiene," revised on 01/24, revealed, "Purpose: To cleanse hands to prevent transmission of infection or other condition... To provide clean, health environment for residents, staff and visitors ...Indications for Hand Washing ... 3. Before and after procedures. 4. Before and after applying gloves ..." A review of the facility's policy titled "Enhanced Barrier Precautions," revised on 03/24, revealed,	M1570	By submitting the enclosed materials, we are not admitting to the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceeding and submit these responses pursuant to our regulatory obligations. On October 3, 2024 Resident # 9, Resident #36, and Resident # 68 were assessed by the Director of Nursing with no adverse reactions noted. All Residents with catheters, receiving wound care, and are on Enhanced Barrier Precautions have the potential to be affected by this deficient practice. On October 3, 2024 the Director of Nursing and Infection Control Licensed Practical Nurse initiated in-servicing for all nursing staff on Peri-Care, Catheter Care, Hand Hygiene, and Enhanced Barrier Precautions Policies as well as checks offs with return demonstration. No staff will be allowed to work until in- servicing and check offs are completed. On October 3, 2024 the Director of Nursing and Infection Control LPN began observations of catheter care and peri-care on at least three Residents weekly for four weeks, and then then two Residents weekly for four weeks, and then one Resident weekly for four weeks. On	

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M1570	Continued From page 2 "Enhanced Barrier Precautions are an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices ..." A review of the facility's policy titled "Urinary Catheter," revised 01/24, revealed, ..."25. Clip drainage tubing to edge of mattress. Position drainage bag lower than bladder by attaching to fixed part of bed frame. Do not attach to side rails of bed ..." Resident #9 On 10/2/24 at 2:50 PM, during an observation of catheter care and a suprapubic catheter flush for Resident #9, Certified Nurse Aide (CNA) #1 and CNA #2, as well as Licensed Practical Nurse (LPN) #2 placed the catheter drainage bag on the floor a total of seven (7) times. During an interview of 10/2/24 at 3:15 PM, CNA #1, confirmed that putting the resident's urinary drainage bag on the floor could possibly lead to a urinary tract infection for the resident and could also lead to possible spreading by infection through cross contamination. During an interview on 10/2/24 at 3:20 PM, CNA #2 confirmed that by placing the urinary drainage bag on Resident #9's floor, it could cause infection. During an interview with LPN #2 on 10/3/24 at	M1570	October 3, 2024 the Director of Nursing and Infection Control LPN began monitoring Residents that are on Enhanced Barrier Precautions to ensure that PPE is being worn. This monitoring will continue with at least three Residents weekly for four weeks, and then then two Residents weekly for four weeks, and then one Resident weekly for four weeks. On October 3, 2024 the Director of Nursing began observations of the Wound Care Registered Nurse performing wound care in regards to Hand Hygiene and Enhanced Barrier Precautions on at least three Residents weekly for four weeks, and then then two Residents weekly for four weeks, and then one Resident weekly for four weeks. Findings from monitoring and observations will be discussed by the Quality Assurance and Improvement Committee on October 24, 2024 and thereafter monthly for three months.	

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M1570	Continued From page 3 9:48 AM, she stated that she did not notice that the catheter drainage bag was allowed to touch the floor, however, she confirmed that allowing contact with the floor, it could cause complication for Resident #9 related to Urinary Tract Infections (UTI's) and other infections from contamination. During an interview with the Director of Nurses (DON) on 10/3/24 at 10:33 AM, the DON revealed that staff are in-serviced yearly and taught to avoid letting the urinary drainage bags touch the floor. The DON confirmed that allowing the urinary drainage bag to lay on the floor could increase the risk of complications related to increased urinary tract infections. A record review of the "Admission Record" revealed the facility admitted Resident #9 to the facility on 10/26/23. The resident had diagnoses that included Infection and Inflammatory Reaction due to Cystostomy Catheter, Paraplegia, and Extended Spectrum Beta-Lactamase (ESBL) Resistance. A record review of the Quarterly Minimum Data Set (MDS), with Assessment Reference Date of 7/17/24, revealed Resident #9 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident was cognitively intact. A record review of the "Order Summary Report" revealed an order for a Suprapubic Catheter 18 F (French) 30 cc (cubic centimeter), change as needed for malfunction, occlusion or leakage (urinary retention) every 24 hours as needed, dated 7/27/24. Resident #36	M1570		

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M1570	Continued From page 4 During an observation on 10/02/24 at 2:45 PM, during catheter care revealed CNA #3 did not put on a gown and wore only gloves, despite Enhanced Barrier signage requiring both gown and gloves. During care, CNA #3 failed to change gloves after cleaning the resident's bowel movement (BM) and continued to provide care with the same gloves. On 10/02/24 at 3:00 PM, CNA #3 confirmed she should have worn a gown and changed gloves between dirty and clean tasks. A record review of Resident #36's "Admission Record" revealed the facility admitted the resident on 02/17/21. The resident had diagnoses that included Retention of Urine, unspecified. A record review of Resident #36's "Order Summary Report," with active orders as of 10/3/24, revealed an order, dated 10/3/24, for an indwelling catheter; 16 FR (French) 10 cc (cubic centimeter). Change as needed for malfunction, occlusion or leakage (Urinary retention) every 24 hours as needed for Urinary Retention. A record review of Resident #36's Annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 07/11/24, revealed a Brief Interview for Mental Status (BIMS) score of 10, which indicated the resident had moderate cognitive impairment. Resident #68 On 10/02/24 at 2:04 PM, during an observation of Percutaneous Endoscopic Gastrostomy (PEG) tube care performed by Registered Nurse (RN) #3/Wound Care Nurse. During the procedure, the nurse did not wear a gown, despite Enhanced	M1570		

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M1570	Continued From page 5 Barrier Precaution signage on the door, requiring the use of gown and gloves during high-contact. RN #3 also failed to perform hand hygiene between glove changes. During the procedure, RN #3 applied a clean dressing without changing gloves or performing hand hygiene. At 4:24 PM on 10/02/24, RN #3 confirmed that she had not followed the facility's infection control protocols and acknowledged that her actions posed a risk of infection to the resident. A record review of Resident 68's "Admission Record" revealed the facility admitted the resident on 08/01/23. The resident had diagnoses that included Dysphagia Following Cerebral Infarction (stroke). A record review of the "Order Summary Report," with active orders as of 10/3/24, revealed an order dated 8/18/24 "Clean PEG TUBE SITE to ABDOMEN with normal saline. Apply SPLIT GAUZE DAILY ..." A record review of Resident #68's MDS with an ARD of 08/23/24 revealed a BIMS score of three (3), which indicated the resident had severe cognitive impairment. On 10/03/24 at 9:55 AM, the Director of Nursing (DON) confirmed that the facility had conducted training on Enhanced Barrier Precautions and that staff should wear Personal Protective Equipment (PPE), including gowns, when providing care for residents with wounds, catheters, or PEG tubes	M1570		