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
	39LC	A. BUILDING: _____ B. WING _____	04/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWRENCE CO NURSING CENTER	700 JEFFERSON STREET SOUTH MONTICELLO, MS 39654

(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 3/30/2025 through 4/2/2025. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirmed, 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 and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by: Level II	M1570	a. On 4/3/2023, Resident #5 and Resident	4/28/25

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M1570	Continued From page 1 Based on observation, interview, record review, and policy review, the facility failed to follow proper infection control guidelines for two (2) out of three (3) care observations. Resident# 5 and Resident #44. Findings include: Record review of the facility policy Enhanced Barrier Precautions (EBP) last reviewed 03/24 revealed " ...Enhanced Barrier Precautions are indicated for residents with any of the following: wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with an MDRO (Multidrug Resistant Organisms) ..." Record review of the facility policy titled "Hand Hygiene" revised 08/14/24 revealed " ...2. Hand hygiene should be performed between all contact with residents, or when entering and exiting a resident ' s room ...4. before and after applying gloves, 5. when hands are visibly soiled ....9. Wearing gloves does not replace the need to perform hand hygiene ...." Resident #5 On 04/01/25 at 10:18 AM, Resident #5 was observed during wound care to the sacral area. At this time, Licensed Practical Nurse (LPN) #3 and Certified Nursing Assistant (CNA) #2 were present and performing the wound care. Neither staff member was wearing gowns. Prior to the wound care, the resident had soiled her brief with urine. CNA #2 notified the nurse. However, wound care was observed being provided and completed prior to staff changing the resident's brief. After changing the brief, staff did not	M1570	#44 were assessed by the Director of Nurses and found to be free of any ill effects of improper hand hygiene. b. All residents have the potential to be affected by this alleged deficient practice. No issues were identified. c. On 4/3/2025, the Director of Nurses began in-servicing nursing staff on Proper Hand Hygiene, Pericare, Infection Control, and Enhanced barrier Precaution Protocols. On 4/3/2025, the Infection Prevention Nurse began conducting check-offs with all nursing staff on Proper Hand Hygiene, Pericare, Infection Control, and Enhanced barrier Precaution Protocols. d. On 4/3/2025, The Infection Preventionist Nurse and Director of Nurses began monitoring hand hygiene during pericare and Enhanced Barrier Precaution Protocol adherence by nursing staff three (3) days per week for four (4) weeks and then once a week for eight (8) weeks. Any issues found will be taken by the Infection Preventionist Nurse and Director of Nurses to the quarterly Quality Assessment and Improvement Committee for review and follow up including any needed corrective actions or changes to current plan at least quarterly. Additional training and/or disciplinary action will be considered as warranted. A Quality Assessment and Assurance (QAA) Committee Meeting was held on 4/21/2025. The next QAA Committee meeting will convene on 5/22/2025.	

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M1570	Continued From page 2 perform perineal care. On 04/01/25 at 10:30 AM, LPN #3 verified during an interview, that she did not wear a gown. She stated the resident is on Enhanced Barrier Precautions, therefore a gown should have been worn by herself and CNA #2 during care. She also stated that perineal care should have been performed at the time the brief was changed and that the brief should have been changed before wound care was initiated to prevent infection. On 04/01/25 at 10:32 AM, CNA #2 stated that the resident's brief should have been changed prior to performing wound care and that she should have performed perineal care prior to leaving the room, rather than just changing the brief. She acknowledged that this was necessary to prevent infection due to the resident's incontinent episode of urine. She also stated she should have worn a gown before entering the room to provide care. Record review Admission record revealed Resident #5 was admitted on 07/22/22 with a diagnoses that included Schizoaffective disorder. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/8/25, revealed a Brief Interview for Mental Status (BIMS) score of 3, indicating severe cognitive impairment. Section M documented a Stage 2 pressure injury. Record review of Order Summary Report with active orders as of 4/1/25 revealed a physician order dated 3/7/25, "Cleanse Stage 2 pressure wound to the sacral area with wound cleanser, pat dry, apply Nystatin powder (around the peri-wound), apply Duoderm, and cover with foam dressing daily until healed."	M1570	By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings for allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit the responses pursuant to our regulatory obligations.	

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M1570	Continued From page 3 Resident #44 On 04/01/25 at 3:30 PM, Resident #44 was observed receiving perineal care. CNA #1 provided the care. During the process, she was observed cleaning stool from the resident using a brief. She had gloves on. She then wrapped the stool in the brief, placed it in a receptacle, and left the bedside wearing the same soiled gloves. She touched multiple surfaces, turned on the sink faucet, and applied soap to a new towel to clean the resident, all while still wearing the soiled gloves. On 04/02/25 at 9:25 AM, CNA #1 was interviewed and confirmed that she should have removed her soiled gloves prior to leaving the bedside to avoid possibly spreading contamination from stool to the sink and anything else she touched. On 04/02/25 at 10:11 AM, the Director of Nursing (DON) revealed that staff should remove gloves and perform hand hygiene prior to touching anything else in the room to avoid spreading infection. On 04/02/25 at 10:12 AM, the Infection Preventionist (LPN #1) revealed staff should remove gloves to prevent the spread of infection to other surfaces, especially when contaminated with stool. Record review of the Admission Record revealed Resident #44 was admitted on 09/22/23 with diagnoses that included Hypertensive heart disease without heart failure. Record review of the MDS with an ARD of 2/24/25, Section H, revealed that Resident #44 is	M1570		

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M1570	Continued From page 4 always incontinent of bowels.	M1570		