STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255166	A. BUILDING _____ B. WING _____	03/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUEEN CITY NURSING CENTER	1201 28TH AVENUE MERIDIAN, MS 39301

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F 000	INITIAL COMMENTS The State Agency conducted an annual recertification along with two (2) complaint investigations (CI), CI #17481 and CI #17638 from 03/09/21 through 03/12/21. During the survey, the SA determined that the facility was not in compliance with the requirements of participation for Medicare and Medicaid. The SA did not substantiate MS #17481 for neglect, infection control and cold food, and CI #17638 for sexual abuse, with no citations related to the complaints. The SA also cited F755 and F880 during the survey. The census at the time of the survey was 55 and the facility held a license for 77 beds.	F 000		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all	F 755		4/8/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/07/2021

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F 755	Continued From page 1 aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, record reviews, and facility medication disposal memo, the facility failed to remove expired medications from the medication cart and medications storage room for one (1) of three (3) medication carts and one (1) medication storage room observed. Findings include: A review of the facility's statement in lieu of facility policy, signed by the Director of Nursing (DON) dated, 8/12/2019, to the 11:00 PM until 7:00 AM shift revealed nurses must dispose of the non-narcotics in the drawer in the nursing station. Medication Storage and Labeling Observation of medication cart #1 on 03/10/21 at 9:15 AM, with Licensed Practical Nurse (LPN) #2, revealed a bottle of Prenatal Vitamins Plus, 500 tablets, with an expiration date of 01/21. Interview on 03/10/21 at 9:20 AM, with LPN #2 revealed the Prenatal Vitamins Plus should have been pulled and removed from the medication cart. She stated giving an expired medication	F 755	1. On 3/10/2021, all three (3) medication carts were checked and expired medication were removed and placed in designated area for disposal. On 3/10/2021, medication room and medication carts were inspected by Director of Nursing (DON) and Quality Assurance Nurse (QA) and expired medications were removed and placed in disposal area for disposal. 2. All Residents have the potential to be affected by this deficient practice. 3. The Licensed Practical Nurse on cart two (2) was counseled 3/10/2021 by Director of Nursing (DON) and trained to check cart daily for expired medication. On 3/18/2021 the Quality Assurance Team, including Administrator, Medical director, Director of Nursing (DON), and Quality Assurance Nurse, RN, (QA Nurse) determined a new policy update was needed. Addendum was written and approved on 3/18/2021. Flow sheets were developed for daily cart checks. All	

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F 755	Continued From page 2 would be ineffective for the resident. She stated it could possibly be a problem for the resident. She stated she missed pulling it when she checked her cart. Observation and check of the medication storage room on 03/10/2021 at 9:40 AM, with LPN #2 revealed two (2) bottles of Geri Care Vitamin E Dietary supplement 400 international units (IU), 100 tablets with an expiration date of 11/20 were stored on thew shelf in the medication cabinet. One (1) bottle of Zinc Sulfate 220 milligrams (mg) 100 tablets had an expiration date of 10/20. Interview, on 03/10/2021 at 9:50 AM, with LPN #2, revealed all expired medication should have been pulled. She stated it is the nurse's responsibility to pull the expired medications. She stated that giving a resident an expired vitamin would not be effective. Interview, on 03/10/2021 at 2:50 PM, with Director of Nursing (DON) revealed we have agency nurses that work on the weekends and they do not know where to put the expired medications. The expired medications should have been pulled and put in the expired drawer. The DON stated that the expired medications are supposed to be pulled nightly. She stated the agency nurses work Friday, Saturday, and Sunday. She stated she went in the medication room and pulled all the expired medication after the State Agency left the medication room. She stated that the nurses know to check the dates. She stated the nurses on the medication carts are supposed to check their cart daily for expired medications. She stated the night the nurses are supposed to pull the expired medications and put them in the expired medication drawer.	F 755	nursing staff was trained on 3/31/2021 by Director of Nursing and Infection Preventionist on policy for disposal of expired medication. Pharmacist checked medication carts and medication room and provided training for nursing staff on 3/26/2021. Pharmacist will resume monthly facility visits as of 3/26/2021. Staff development Nurse started on 3/26/2021 on orientation of new employees and agency nurses on policy of Disposal of expired medications. On 3/31/2021, Director of Nursing and Infection Preventionist completed training of disposal of expired medication. 4. The Quality Assurance Nurse (QA, RN) started checking the Flow Sheets on 4/7/2021.The Quality Assurance Nurse will then check Flow Sheets for expired medication for five (5) times a week for two (2) weeks, two (2) times a week for two (2) weeks, one (1) time a week for one (1) month and one (1) time a month for five (5) months. The Quality Assurance Nurse will report her findings to the Quality Assurance team at the monthly meetings.	

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F 755	Continued From page 3 Interview, on 03/10/2021 at 3:50 PM, revealed LPN #3 stated that she disposes of the expired medications on the 11:00 PM through 7:00 AM shift. She stated she pulls them from the drawer and writes them in a book. She stated she did not check the shelves in the medication room. She stated she pulled the medications out of the expired drawer. She stated the nurses are supposed to put the expired medication in the drawer. Interview, on 03/11/2021 at 4:45 PM, with the DON revealed the DON stated we had a policy on expired medication. She stated she could not find the policy. She wrote a statement on facility letter head and signed it. Interview on 03/12/21 at 12:00 PM with the DON, revealed pharmacy has not been in the building due to COVID-19. She stated the pharmacist does telehealth with her. The DON stated she turned the responsibility over to the nurses, since the pharmacist could not come in to remove expired drugs.	F 755		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and 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. §483.80(a) Infection prevention and control program.	F 880		4/8/21

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F 880	Continued From page 4	F 880		

The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and

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F 880	Continued From page 5 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record reviews, and facility policy review, the facility failed to prevent the possible spread of infection as evidenced by the nurse entering an isolation room without donning Personal Protective Equipment (PPE) for one (1) of three (3) medication observations, Resident #17. Findings include: Review of the facility's policy, "Infection Prevention and Control Program", dated 7/27/2018, revealed, "It is a policy of this facility to establish and 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 infection." Medication Administration Observation of medication administration on 03/10/2021 at 8:37 AM, revealed Licensed	F 880	1. The Licensed Practical Nurse (LPN) was verbally counseled and in-serviced on 3/10/2021 by Director of Nursing (DON) for failure to wear appropriate Personal Protective Equipment for Dialysis Resident #17 per Queen City Nursing Center policy. 2. All Residents have the potential to be affected by this deficient practice. 3. The Staff was in-serviced by the Director of Nursing (DON) on 3-10-2021 to review the Policy regarding full Personal Protective Equipment for Dialysis Residents. The Director of Nursing (DON) and Infection Preventionist Nurse started training staff one to one and small huddles to inform and train for compliance of Personal Protective Equipment policy for Dialysis Residents on 3-10-2021 for 48 hours starting on	

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F 880	Continued From page 6 Practical Nurse (LPN) #1 prepared medication for Resident # 17. Observation revealed Resident #17 had a droplet precaution sign on the door. LPN #1 entered the resident's room without wearing full PPE to administer medication to Resident #17. Interview with LPN #1 on 03/10/21 at 8:55 AM, revealed Resident #17 was under reverse isolation. She stated that means she does not have to put on full PPE. She stated when a resident was under reverse isolation it is done to protect the resident. The staff must put on a mask and gloves before entering the resident room. Interview with Registered Nurse #1 (RN)/Infection Control Nurse on 03/10/2021 at 1:45 PM, revealed dialysis residents are placed on observation because they leave the facility three (3) times a week. She stated that staff should wear full PPE when entering all observation residents' rooms. She stated that staff can spread infection by not wearing full PPE. She stated full PPE is mask, gown, and gloves. Interview with LPN #1 on 03/10/2021 at 2:35 PM, revealed reverse isolation is when we try to keep residents from getting anything. We wear mask and gloves before entering the rooms. She stated they do not wear full PPE in reverse isolation rooms. She stated Resident #17 is not complaint. She stated he is allowed to come in the hallway as long as wears a mask. She stated that Resident #17 is not under observation only reverse isolation. Interview with the Director of Nursing (DON) on 03/10/2021 at 2:58 PM, revealed reverse isolation	F 880	3-10-2021 until 3-12-2021. The Isolation Policy related to Dialysis Residents was revised on 3-18-2021 to reflect Personal Protective Equipment requirements during Quality Assurance meeting with Medical Director, Director of Nursing (DON), Quality Assurance Nurse (QA Nurse) and Administrator. All staff were trained by Director of Nursing and designated Infection Preventionist on 4-5-2021 to reflect changes on Isolation policy. Starting 4/7/2021 New Hires and agency staff will be trained by designated Infection Preventionist and Social Services on Isolation Policy regarding PPE for all Dialysis Residents. 4.On 4/8/2021 Quality Assurance Nurse, Director of Nursing and designated Infection Preventionist Nurse will observe staff entering and exiting residents room for compliance of Infection Control policies regarding Personal Protective Equipment. The Quality Assurance Nurse (QA Nurse), Director of Nursing, and designated Infection Preventionus Nurse (IP) will observe staff entering and exiting residents room 5 times a week for two weeks, 2 times a week for 2 weeks, 1 times a week for a 1 month, and 1 times a month for 5 months. The Quality Assurance Nurse will bring her findings to the Quality Assurance team meetings monthly.	

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F 880	Continued From page 7	F 880		

is used when a resident has a white blood count below 3000. We do not have any residents on reverse isolation at this time. She stated new admits and residents that are on dialysis are monitored for 14 days. She stated the dialysis residents are put on observation because they are out in the community three (3) days a week. She stated that nurse LPN #1 does not understand even when residents are non-complaint, staff must always be complaint. She stated that LPN #1 should have put on mask, gloves and gown before entering Resident #17's room. She stated that if the resident had active COVID-19, she could have gotten it on her uniform and spread it to others and took it home to her child. She stated after she found out about LPN #1 entering resident #17's room she had a staff meeting . She stated LPN #1 breached the infection control policy and had a potential to spread infection.

Interview with RN #1/Infection Control Nurse on 03/10/21 at 3:20 PM, revealed we use reverse isolation when the residents white blood count is low. We do that to protect the residents from anything we might bring them. We do not have any resident s under reverse isolation at this time.

Interview with RN #2 /Staff Development Nurse on 03/10/21 at 4:18 PM, stated the last in-service on Infection Control and PPE was done January or February 2021. She stated she in-serviced all new hires when they start. She stated that LPN #1 had been in-serviced on PPE and Infection Control. She stated that LPN #1 was not a new hire.

Review of Resident #17's physician's orders revealed an order, dated 3/10/21, for dialysis on

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F 880	Continued From page 8 Tuesday, Thursday, and Saturday. Review of LPN #1's PPE Validation Competency which included Standard and Transmission Based Precautions, revealed she passed it on 12/14/20.	F 880		