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
	38EM	A. BUILDING: _____ B. WING _____	05/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGINALD P WHITE NURSING FACILITY	1451 NORTH LAKELAND DRIVE MERIDIAN, MS 39307

(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 5/27/25 through 5/29/25. 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 requirement and cited M 1570.	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 Pattern	M1570	"Address how corrective action(s) will be	7/11/25

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M1570	Continued From page 1 Based on observation, interview, record review, and facility policy review, the facility failed to ensure staff followed appropriate infection prevention and control practices for two (2) of 18 sampled residents, Resident #13 and Resident #45. Specifically, the facility failed to ensure Registered Nurse (RN) #2 performed hand hygiene and donned appropriate personal protective equipment (PPE) while administering medications through a Percutaneous Endoscopic Gastrostomy (PEG) tube for Resident #13 who required enhanced barrier precautions (EBP) and failed to ensure Licensed Practical Nurse (LPN) # 1 followed EBP and glove-changing protocols during wound care for Resident #45. Findings included: A review of the facility's "Enhanced Barrier Precautions Protocol" (undated), revealed, "1. Enhanced Barrier Precautions (EBP) are required for certain resident categories ...3. For residents for whom EBP is indicated, EBP is employed when performing the following high-contact resident care activities ...Device care or use ...feeding tube ...Wound care: any skin opening requiring a dressing ..." A review of the facility's policy, "Hand Hygiene," revised 9/23, revealed: "It is the policy ...that employees will use proper hand hygiene techniques to prevent the spread of infectious diseases... Procedure ...C. Employees must always wash hands ...(4) Before performing invasive procedures ...(7) Before and after touching wounds. (8) After removing gloves ..." Resident #13 On 5/29/25 at 9:23 AM, during an observation of	M1570	accomplished for those residents found to have been affected by the deficient practice. On 6/2/25 Director of Nursing (DON) conducted a 1:1 in service with Registered Nurse (RN) #2 on the proper infection control practices relating to performing hand hygiene, glove changing protocol, and donning/doffing appropriate Personal Protective Equipment (PPE) on residents who require Enhanced Barrier Precautions (EBP0 while administering medications through a Percutaneous Endoscopic Gastrostomy (PEG) tube. On 6/2/25, Director of Nursing (DON) conducted a 1:1 in service with Licensed Nurse (LPN) #1 on the proper infection control practices relating to performing hand hygiene, glove changing protocol, and donning/doffing appropriate PPE on residents who require EBP during wound care. On 5/29/25 Resident # 13, and Resident #45 were assessed by the Acting Director of Nursing (DON). No harm was noted. Address how the facility will identify other residents having the potential to be affected by the same deficient practice; All residents have the potential to be affected by the deficient practice of failing to perform proper infection control practices relating to hand hygiene and donning/doffing appropriate PPE while performing wound care and administering medication via PEG tube to residents who require enhanced barrier precautions. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur; and,	

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M1570	Continued From page 2 a medication pass for Resident #13, RN #2 administered medications via a PEG tube. RN #2 wiped down the bedside table with an antibacterial wipe while wearing gloves, then removed her gloves without performing hand hygiene. She applied a new set of gloves, placed a barrier on the bedside table, removed her gloves again, and applied a second clean pair without hand hygiene. She failed to don a gown at any point during the procedure, despite the resident requiring EBP. On 5/29/25 at 10:40 AM, during an interview, RN #2 stated she should have performed hand hygiene initially and between glove changes. She also stated she should have worn a gown to protect the resident from potential contamination. She acknowledged these failures put the resident at risk for infection and noted she had received prior training on hand hygiene and EBP but forgot to follow protocol. On 5/29/25 at 11:05 AM, during an interview, RN #3, the Infection Preventionist stated nurses are expected to perform hand hygiene before starting care and between glove changes. She stated that gowns should be worn before initiating care under EBP protocols and confirmed that failure to do so could lead to infection. She stated staff received recent training on hand hygiene and EBP. On 5/29/25 at 1:40 PM, during an interview, the Acting Director of Nursing (DON) confirmed that RN #2 should have worn a gown before starting care and performed hand hygiene between glove changes. She stated the nurse could have used hand sanitizer or washed her hands, and that failing to do so risked transmitting germs or bacteria to the resident.	M1570	On 6/5/25, all licensed nurses were in serviced by the Nurse educator on the proper infection control practices relating to performing hand hygiene, glove changing protocol, and donning/doffing appropriate PPE while administering medications through a PEG tube and on residents who require EBP during wound care Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system. On 6/9/25, a quality assurance meeting was held to discuss the deficient practice of licensed nurses not following the proper infection control practices relating to performing hand hygiene, glove changing protocol, and donning/doffing appropriate PPE while administering medications through a PEG tube and performing wound care on residents who require EBP. Beginning 6/16/25, The nurse supervisors will perform weekly observations of licensed nurses for the proper use of hand hygiene and EBP protocols to ensure proper infection control practices are followed. If a deficiency is noted during any observation, corrective action will be achieved by retraining immediately on the proper protocol. Beginning 6/25/25, the Quality Assurance Infection Preventionist Nurse will perform	

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M1570	Continued From page 3 A record review of the "Face Sheet" revealed the facility admitted Resident #13 on 8/5/24. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/2/25 revealed Resident #13 had a Brief Interview for Mental Status (BIMS) score of 11, which indicated her cognition was moderately impaired. A record review of the "Physician Order Report" for 5/1/25 through 5/31/25 revealed Resident #13 had diagnoses including Gastrostomy status and had medications required to be administered via a PEG tube. Resident #45 On 5/28/25 at 12:58 PM, LPN #1 was observed performing wound care for Resident #45. Prior to initiating care, she failed to don a gown, despite the resident being on EBP. During the procedure, she cleansed a dirty wound bed and then applied a new dressing without removing or changing her gloves, thereby applying the clean dressing with contaminated gloves. On 5/28/25 at 1:35 PM, during an interview, LPN #1 acknowledged that she should have worn a gown and changed gloves during the wound care procedure to prevent infection. She confirmed that the resident was on EBP, and her actions did not follow protocol. On 5/28/25 at 1:38 PM, during an interview, the DON confirmed that LPN #1 should have worn a gown before entering the room and should have changed gloves during the procedure. She stated gowns were available in the room and that failure to change gloves risked spreading infection.	M1570	weekly observations of 30% of licensed nurses for the proper use of hand hygiene and EBP protocols to ensure proper infection control practices are followed. If a deficiency is noted during any observation, corrective action will be achieved by retraining immediately on the proper protocol. The monitoring will be done weekly for four weeks until 100% compliance. Thereafter, observations will be monthly or until 100% compliance is met for 3 consecutive months. These monitoring observations completed by the Nursing Supervisor will be forwarded to the Quality Assurance Infection Preventionist Nurse for review. The Quality Assurance Infection Preventionist Nurse will discuss all findings in the monthly Quality Assurance meeting beginning 7/11/2025 The findings will be reported in the June 2025 monthly Quality Assurance meeting and in each monthly QA meeting thereafter. The QA Committee will determine if substantial compliance is obtained.	

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M1570	Continued From page 4 A record review of the "Nurse Competency Skill Assessment for Wound Care" revealed that gloves should be removed, and clean gloves donned four times during wound care-specifically after cleansing a dirty wound and before applying a new dressing, in accordance with physician orders and manufacturer instructions. On 5/29/25 at 1:08 PM, during an interview, the facility's Infection Preventionist (IP Nurse) stated that LPN #1 should have worn a gown and changed gloves prior to applying the new dressing. She stated failure to do so contaminated the dressing and placed the resident at risk of infection. A record review of the "Face Sheet" revealed the facility admitted Resident #45 on 12/21/22. A record review of the "Physician Order Report" revealed Resident #45 had diagnoses including Venous Insufficiency and had a treatment with a start date of 4/25/25 to " ...Venous wound left anterior superior lower leg: Clean with normal saline, pat dry, apply Xeroform gauze and cover with dry dressing daily and PRN (as needed) ..." A record review of the Quarterly MDS with an ARD of 4/11/25 revealed Resident #45 had a BIMS score of three (3), which indicated his cognition was severely impaired.	M1570		