Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/05/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAR HILL REST HOME	**1201 GUNTER ROAD , FLORENCE, Mississippi, 39073**

(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) COMPLETION DATE
M0000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 11/3/2025 to 11/5/2025. 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 M1570. The facility is licensed for 60 beds with a census of 54.	M0000		
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 LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II	M1570		

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

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M1570	Continued from page 1 Based on observation, record review, and facility policy review, the facility failed to follow infection control protocol by staff not wearing a gown while administering catheter care to a resident on Enhanced Barrier Precautions and staff not following hand washing protocol while administering incontinent care for two (2) of 12 residents sampled. Residents #2 and #10. Findings Include: A review of the facility policy titled “Enhanced Barrier Precautions Policy” revealed: “It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms.” A review of the facility policy titled “Hand Hygiene” (review date 6/12/22) revealed: “All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel and residents. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves and immediately after removing gloves.” Resident #2 – Failure to Use Personal Protective Equipment Under Enhanced Barrier Precautions A review of the Admission Record revealed Resident #2 was admitted on 7/03/2025 with diagnoses including urinary retention. On 11/04/2025 at 10:45 AM, during an observation of Certified Nursing Assistant (CNA) #2 providing catheter care for Resident #2 revealed that CNA #2 did not wear a gown during the procedure. Enhanced Barrier Precautions signage was posted near the resident’s door. On 11/04/2025 during an interview at 11:10 AM, CNA #2 was shown the signage and acknowledged that she should have worn a gown while providing catheter care to prevent contamination. CNA #2 stated she understood that the signage indicated Enhanced Barrier Precautions were required. On 11/04/2025 at 11:20 AM, the Director of Nursing (DON), who also serves as the Infection Preventionist (IP), stated that all staff receive monthly in-service training that includes infection control and Enhanced Barrier Precautions. The DON confirmed that staff are expected to wear gowns during catheter care to prevent contamination and transmission of infection.	M1570		

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M1570	Continued from page 2 Resident #10 – Failure to Perform Hand Hygiene During Care On 11/4/2025 at 2:26 PM, CNA #1 was observed entering the room of Resident #10, who was on Clostridioides difficile (C. diff) precautions, and putting on a gown and gloves without performing hand hygiene. CNA #1 used the bed remote with gloved hands, then removed gloves and gown before exiting the room to gather supplies without performing hand hygiene. She later returned to the room wearing a gown and holding gloves, again failing to perform hand hygiene before donning gloves. She then provided perineal care, removed her gloves and gown, and exited the room without hand hygiene. On 11/4/2025 during an interview at 2:45 PM, CNA #1 confirmed that she did not wash her hands before or after glove use. She stated, “My actions could cause infection. It was a cross-contamination issue.” At 2:36 PM on 11/5/2025, an interview with Registered Nurse (RN) #1, the Infection Preventionist, confirmed CNA #1 should have washed hands before donning gloves, and again after removing them before leaving the room. The RN stated the CNA’s actions placed the resident at risk of infection transmission. At 2:56 PM on 11/5/2025, the DON stated CNA #1 should have washed or sanitized hands before starting care and after completing care. The DON confirmed that failure to follow infection control procedures could result in germs being spread to other residents, violating facility expectations. A record review of Resident #10’s Admission Record revealed an admission date of 8/18/2025 with diagnoses including Cognitive Communication Defect and Other Symbolic Dysfunctions. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/24/25 revealed a Brief Interview of Mental Status (BIMS) score of 4, indicating severe cognitive impairment, and that the resident was dependent for toileting.	M1570		