STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255118	A. BUILDING _____ B. WING _____	12/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF MERIDIAN	4728 HIGHWAY 39 NORTH MERIDIAN, MS 39301

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual survey from 11/30/21 through 12/03/21. During the survey the SA determined the facility was not in compliance with the Medicare and Medicaid requirements for participation. The SA cited deficiencies at F-550, F-656, F-690, and F-880. The facility was licensed for 120 beds and had a census of 92 at the time of survey.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her	F 550		1/19/22

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

Electronically Signed | 12/23/2021

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F 550	Continued From page 1 rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, record review and facility procedural guidelines, the facility failed to ensure that residents were treated with respect and dignity while providing personal care for one (1) of six (6) residents reviewed for incontinent/catheter care observations. Resident #1. Findings Include: Record review of the facility's "Performance Checklist Procedural Guideline: Perineal Care" revealed, "...3. Assembled supplies... 5. Performed perineal care for a female: ... c. Draped patient appropriately with bath blanket. d. Folded outer corners of blanket around patient's thighs, lifted lower tip of blanket to expose perineum..." Record review of the facility's policy titled "Residents' Rights Summary" dated May 1, 2012 revealed, "1. Exercise of Rights: The resident has the right to exercise his/her rights as a	F 550	1. Resident #1 was covered up to provide privacy and dignity upon completion of care on 11/30/2021. Certified Nursing Assistant (CNA) #2 and CNA #3 were in-serviced on 12/1/2021 by the Infection Control Preventionist (ICP), who is a Registered Nurse (RN) on providing proper dignity to a resident during resident care. 2. The center identified that each resident in the Center requiring incontinent/catheter care has the potential to be affected by the same deficient practice. 3. The ICP RN will in-service all nursing staff by 12/31/2021 on how to provide proper dignity to a resident during incontinence/catheter care. Each CNA will be successfully complete a competency evaluation by 12/31/2021.	

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F 550	Continued From page 2 resident of the facility ... and to be free from interference, coercion, discrimination ... Examples of Violations: ... 4. Allowing a resident's body to be exposed. " Resident #1 On 11/30/21 at 11:10 AM, the State Survey Agency (SSA) observed Resident #1 being cleaned, washed, and receiving perineal care. The SSA observed Certified Nursing Assistant (CNA) #2 as she removed the resident's gown, washed the resident, and performed incontinent care for Resident #1. Throughout the procedure, CNA #2 did not drape the resident with a blanket to provide privacy. During the procedure, CNA #2 left the room to get supplies and continued to leave the resident uncovered and exposed, wearing only a brief. CNA #3 assisted CNA #2 with the procedure and stayed with the resident. Although the resident complained of being cold, CNA #3 did not cover the resident for comfort or dignity. CNA #2 returned and completed the care. The resident was left exposed for the duration of the procedure which lasted twenty minutes. At 11:30 AM on 11/30/21, during an interview with CNA #2, she stated she was nervous and couldn't remember. The SSA asked CNA #2 about the resident's dignity, she said she did not cover the resident while providing care and left the resident with just her brief on for an extended amount of time. She confirmed she left the room during care to gather supplies and had left the resident uncovered. On 11/30/21 at 11:55 AM, during an interview with CNA #3, she confirmed CNA #2 did leave the	F 550	4. In order to monitor the center□s performance to assure our performance is sustained, the ICP RN, Assistant Director of Nursing Services (ADNS), and Unit Manager (RN) will all observe and audit one (1) peri-care procedure daily, Monday through Friday, for four (4) weeks and then one (1) peri-care procedure weekly for eight (8) weeks to ensure proper dignity is used while providing care for a resident beginning 12/27/2021. The Director of Nursing Services (DNS), who is a RN, will bring the results of the Peri-Care Procedure Dignity Audit to the monthly Quality Assurance Performance Improvement (QAPI) Committee for three months for review and/or revision and to make recommendations as needed from the Peri-Care Procedure Dignity audit results. The QAPI Committee will consist of the following as a minimum; Medical Director, DNS, Nursing Home Administrator (NHA), and three (3) additional departmental managers or staff. The first QAPI meeting will be held 1/18/2022.	

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F 550	Continued From page 3	F 550		

resident uncovered for a long period of time and the resident complained of being cold. CNA #3 stated she could have covered the resident but she just forgot.

On 12/01/21 at 04:05 PM, during an interview with Registered Nurse (RN) #1, she reported CNA #2 and CNA #3 should have covered the resident and by not covering her up, this was a dignity issue. She explained she completed orientation with CNA #2 upon hire and the CNA completed a performance checklist procedure for perineal care. She reported she also completed an in-service training months ago with all CNA's regarding providing care and dignity to residents.

On 12/01/21 at 04:53 PM, during an interview with the Director of Nursing (DON), she stated CNA #2 should have had all supplies available, covered the resident when providing care, and CNA #3 could have covered Resident #1. She explained not covering while providing care is an issue of dignity for Resident #1.

Record review of the facility's "Performance Checklist Procedural Guideline: Perineal Care" revealed CNA #2 completed the check off on 10/26/21 successfully with instructor RN #1, which indicated CNA #2 received training related to perineal care.

Record review of an in-service training completed on 09/15/21 and presented by RN #1 revealed the "Program Content" of the training as perineal care which included, "Resident dignity always comes first." CNA #3's signature was on the sign-in sheet which indicated she was present for the training.

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F 550	Continued From page 4 Record review of Resident #1's "Admission Record" revealed the facility admitted Resident #1 on 5/18/21, with diagnoses including Dementia without behavioral disturbances, Alzheimer's Disease, Cerebral Infarction, and Major Depressive Disorder. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/24/21, revealed Section C, staff assessment for Mental Status resident had Brief Interview for Mental Status (BIMS) of 99, which indicated Resident #1 could not complete the assessment and resident had short and long-term memory problems, did not know the current season, location of room, or staff names and faces but did understand she was in a nursing home but rarely understands others. Resident #1 had no behaviors noted in the seven days look back. Section G revealed that Resident #1 required total assistance for eating and toilet use and extensive assistance for dressing, bed mobility, and personal hygiene and was always incontinent of bowel and bladder.	F 550		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -	F 656		1/19/22

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F 656	Continued From page 5 (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review, and facility policy review the facility failed to follow the comprehensive care plan for two (2) of (19) care plans reviewed. Resident #1 and Resident #87. Findings Include:	F 656	1. Resident #1 had proper incontinence care performed by another Certified Nursing Assistant (CNA) on 11/30/2021, to include cleaning the groin and perineal area. Resident #87 had proper foley catheter insertion technique performed on the following in/out catheter procedure, to include proper cleaning during the	

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F 656	Continued From page 6 Review of the facility's policy "Care Plans" with an effective date of October 2021, revealed "Policy...Care plans are developed by the interdisciplinary team and revised as needed according to resident and status or change." Resident #1 On 11/30/21 at 11:00 AM, SA observed incontinent care provided by Certified Nurse Assistant (CNA) #2. The State Agency (SA) noted Resident #1 had an incontinent episode and had a small bowel movement. During the procedure, the resident was lying on her left side and had her back toward the CNA. CNA #2 wiped the resident from behind and continued wiping from front to back until no more bowel movement was noted on the resident. She then placed a clean brief on the resident. CNA #2 did not reposition Resident #1 onto her back so that care could be provided to the groin and perineal areas. CNA #3 was assisting CNA #2 during care. On 11/30/21 at 11:30 AM, during an interview with CNA #2 confirmed she did not clean the groin and perineal area. On 11/30/21 at 11:55 AM, during an interview with CNA #3 confirmed CNA #2 only cleaned Resident #1 from the back and didn't clean the groin or front perineal area. On 12/01/21 at 04:53 PM during an interview with Director of Nursing (DON), she confirmed that CNA #2 provided improper incontinent care and did not follow the plan of care for cleaning the perineal area. Record review of "Admission Record" revealed	F 656	procedure, completed 12/1/2021. CNAs #2 and #3 were in-serviced by the Infection Control Preventionist (ICP) Registered Nurse (RN) on proper incontinence care and following the Care Plan on 12/1/2021 to include cleaning the groin and perineal area. RN #4 was in-serviced by the ICP RN on following the Care Plan and proper techniques for foley catheter insertion, to include proper cleaning during the procedure on 12/1/2021. 2. Each resident in the Center has the potential to be affected by the same deficient practice. 3. All nursing staff will be in-serviced by the ICP RN on proper incontinence care and following the Care Plan, to include cleaning the groin and perineal area beginning 12/4/2021. All nurses will be in-serviced by the ICP RN on following the Care Plan and proper techniques for foley catheter insertion, to include proper cleaning during the procedure beginning 12/4/2021. The ICP RN, Assistant Director of Nursing Services (ADNS), and/or Unit Manager (UM) will all observe and audit one (1) peri-care procedure daily, Monday through Friday, for four (4) weeks and then one (1) peri-care procedure weekly for eight (8) weeks to ensure proper incontinence care is performed per the policies and the care plan beginning 12/27/2021. The ADNS, RN UM, and/or ICP RN will observe one (1) catheter insertion per day, Monday through Friday, for four (4) weeks and	

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F 656	Continued From page 7 the facility admitted Resident #1 on 05/18/21 with diagnoses of Dementia without behavioral disturbances, Alzheimer's Disease, and Cerebral Infarction. Record review of Quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 11/24/21, revealed Section C, Resident #1 had a Brief Interview of Mental Status (BIMS) score of 99, which indicated Resident #1 could not complete the assessment and the staff assessment for mental status revealed Resident #1 had short- and long-term memory problems. Section G revealed Resident #1 required total assistance for eating and toilet use and extensive assistance for dressing, bed mobility, and personal hygiene. Section H revealed Resident #1 was always incontinent of bowel and bladder. Record review of the Comprehensive Care Plan revealed a care plan initiated on 08/05/21 for Resident #1 with focus area "(Formal Name) has bowel and bladder incontinence, diarrhea r/t (related to) Dementia, history of Urinary Tract Infection (UTI), and Impaired Mobility ...Interventions ...Clean peri-area with each incontinence episode ...INCONTINENT: Check every two (2) hours and as required for incontinence. Wash, rinse, and dry perineum..." Resident #87 On 11/30/21 at 01:35 PM, the SA observed RN #4 performing an in/out catheter procedure for Resident #87. During the observation, RN #4 used one (1) of the three (3) betadine swabs to clean the perineal area. She used only the one swab to clean the meatus, and then inserted the catheter. RN #4 failed to use the other two (2)	F 656	then 1 catheter insertion per week for eight (8) weeks to ensure the foley insertion policies and care plans are being adhered to, beginning 12/27/2021. 4. The Director of Nursing Services (DNS), who is a RN, will bring the results of the Peri-Care Procedure and Catheter Insertion Procedure audits to the monthly Quality Assurance Performance Improvement (QAPI) Committee for three months for review and/or revision and to make recommendations as needed from the Peri-Care Procedure audit and the Foley Catheter Insertion Procedure audit results. The QAPI Committee will consist of the following as a minimum; Medical Director, DNS, Nursing Home Administrator (NHA), and three (3) additional departmental managers or staff, the first QAPI meeting will be held 1/18/2022.	

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F 656	Continued From page 8	F 656		

swabs to clean each side of the labia before inserting the catheter.

At 1:38 PM on 11/30/21, during an interview with RN #4, she explained she just got nervous and should have used all three (3) betadine swabs and cleaned the labia and meatus.

On 12/01/21 at 4:30 PM, during an interview with the DON, she confirmed the catheter insertion was not completed properly and RN #4 did not follow the plan of care.

Record review of Admission Record revealed the facility admitted Resident #87 on 05/31/2017 with the diagnoses of Paranoid Schizophrenia, Epilepsy, Retention of urine, and Neuromuscular dysfunction of bladder.

Record review of the Comprehensive Care Plan revealed a person centered care plan for Resident #87 initiated 2/26/14, "Focus: (Formal Name) has potential for Urinary Tract Infections related to in and out Foley catheterization secondary to Neuromuscular Dysfunction of Bladder, unspecified..., with goal will be free from signs and symptoms of urinary tract infection,...Interventions: Intermittent cath (catheter) (in and out cath) TID (three times a day) every shift..."

Record review of Order Summary Report for Resident #87 revealed an order dated 11/22/21 orders for intermittent catheter (in and out) three times a day, in and out catheter every eight (8) hours as needed.

Record review of Quarterly MDS with an ARD of 11/23/21, revealed Resident #87 had a BIMS

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F 656	Continued From page 9 score of 15, which indicated cognitively intact. On 12/01/21 at 3:50 PM ,during an interview with Minimum Data Set (MDS) nurse Registered Nurse (RN) #3, she explained she completes the MDS and care plan for the residents. She explained when a care plan is initiated, she expects staff to follow the care plan.	F 656		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.	F 690		1/19/22

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F 690	Continued From page 10 §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record review and performance checklist review, the facility failed to provide appropriate incontinent and catheter care for two (2) of six (6) residents observed for incontinent/catheter care. Resident #1 and Resident #87. Findings Include: Resident #1 Record review of the PERFORMANCE CHECKLIST PROCEDURAL GUIDELINE 18.1 PERINEAL CARE revealed "PROCEDURAL STEPS ...5. Performed perineal care for a female: ...e. Washed and dried patient's upper thighs. f. Washed labia majora ...g. Separated labia, washed urethral meatus and vaginal orifice front to back ...h. Rinsed and dried area thoroughly ..." On 11/30/21 at 11:00 AM, the State Agency (SA) observed incontinent care provided by Certified Nurse Assistant (CNA) #2 with assistance of CNA #3. The SA noted Resident #1 had an incontinent episode and had a small bowel movement. During the procedure, the resident was lying on her left side and had her back toward the CNA. CNA #2 wiped the resident from behind and continued wiping from front to back until no more	F 690	1. Resident #1 had proper incontinence care performed by another Certified Nursing Assistant (CNA) on 11/30/2021, to include cleaning the groin and perineal area. Resident #87 had proper foley catheter insertion technique performed on the following in/out catheter procedure, to include proper cleaning during the procedure as of 12/1/2021. CNAs #2 and #3 were in-serviced by the Infection Control Preventionist (ICP) Registered Nurse (RN) on proper incontinence care and following the Care Plan on 12/1/2021 to include cleaning the groin and perineal area. RN #4 was in-serviced by the ICP RN on following the Care Plan and proper techniques for foley catheter insertion, to include proper cleaning during the procedure. 2. Each resident in the Center has the potential to be affected by the same deficient practice. 3. All nursing staff will be in-serviced by the ICP RN on proper incontinence care and following the Care Plan beginning 12/4/2021 to include cleaning the groin and perineal area. All nurses will be in-serviced by the ICP RN on following the	

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DIVERSICARE OF MERIDIAN	4728 HIGHWAY 39 NORTH MERIDIAN, MS 39301

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F 690	Continued From page 11 bowel movement was noted on the resident. She then placed a clean brief on the resident. CNA #2 did not reposition Resident #1 onto her back so that care could be provided to the groin and perineal areas. On 11/30/21 at 11:30 AM, during an interview with CNA #2, she confirmed she did not clean the groin and perineal area. On 11/30/21 at 11:55 AM, during an interview with CNA #3, she confirmed CNA #2 only cleaned Resident #1 from the back and didn't clean the groin or front perineal area. On 12/01/21 at 04:53 PM, during an interview with Director of Nursing (DON), she confirmed that CNA #2 provided improper incontinent care. Record review of Resident #1's "Admission Record" revealed the facility admitted Resident #1 on 5/18/21, with diagnoses including Dementia without behavioral disturbances, Alzheimer's Disease, Cerebral Infarction, and Major Depressive Disorder. Record review of Quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 11/24/21 revealed in Section C, Resident #1 had a Brief Interview for Mental Status (BIMS) score of 99, which indicated Resident #1 could not complete the assessment. Section G revealed Resident #1 required total assistance for eating and toilet use and extensive assistance for dressing, bed mobility, and personal hygiene. Section H revealed Resident #1 was always incontinent of bowel and bladder. Record review of orientation checklist packet for	F 690	Care Plan and proper techniques for foley catheter insertion, to include proper cleaning during the procedure beginning 12/4/2021. The ICP RN, Assistant Director of Nursing Services (ADNS), and/or Unit Manager (UM) will all observe and audit one (1) peri-care procedure daily, Monday through Friday, for four (4) weeks and then one (1) peri-care procedure weekly for eight (8) weeks to ensure proper incontinence care is performed per the policies and the care plan beginning 12/27/2021. The ADNS, RN UM, and/or ICP RN will observe one (1) catheter insertion per day, Monday through Friday, for four (4) weeks and then 1 catheter insertion per week for eight (8) weeks to ensure proper foley catheter insertion is being performed beginning 12/27/2021. 4. The Director of Nursing Services (DNS), who is a RN, will bring the results of the Peri-Care Procedure and Catheter Insertion Procedure audits to the monthly Quality Assurance Performance Improvement (QAPI) Committee for three months for review and/or revision and to make recommendations as needed from the Peri-Care Procedure Dignity audit results. The QAPI Committee will consist of the following as a minimum; Medical Director, DNS, Nursing Home Administrator (NHA), and three (3) additional departmental managers or staff, the first QAPI meeting to be held 1/18/2022.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255118	A. BUILDING _____ B. WING _____	12/03/2021

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F 690	Continued From page 12	F 690		

CNA #2 "Performance Checklist Procedural Guideline Perineal Care" was completed on 10/26/21 and the observed by RN #1, which indicated CNA #2 received training on perineal care.

Resident #87

Record review of the facility's "Performance Checklist Skill for Insertion of a straight or indwelling urinary catheter" revealed three (3) parts including Assessment, Planning, and Implementation. The section implementation revealed 1. Checked patient's plan of care for size and type of catheter, used smallest size possible ... 15. Cleansed urethral meatus: a. For female patient: (1) separated labia with fingers of nondominant hand. (2) Maintained position of nondominant hand throughout procedure. (3) Cleansed labia with one cotton ball using forceps, cleaned labia and urinary meatus appropriately.

On 11/30/21 at 01:35 PM, the SA observed RN #4 performing an in/out catheter procedure for Resident #87. During the observation, RN #4 used one (1) of the three (3) betadine swabs to clean the perineal area. She used only the one swab to clean the meatus, and then inserted the catheter. RN #4 failed to use the other two (2) swabs to clean each side of the labia before inserting the catheter.

At 1:38 PM on 11/30/21, during interview with RN #4, she explained she just got nervous and should have used all three (3) betadine swabs and cleaned the labia and meatus.

On 12/01/21 at 4:15 PM, during an interview with RN #1, Infection Preventionist, she confirmed that

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	255118	A. BUILDING _____ B. WING _____	12/03/2021

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F 690	Continued From page 13 if a nurse does not properly clean a resident prior to inserting an intermittent catheter, it could cause a urinary tract infection. On 12/01/21 at 4:30 PM, during an interview with the DON, she confirmed the catheter insertion was not completed properly. Record review of Admission Record revealed the facility admitted Resident #87 on 05/31/2017, with diagnoses of Paranoid Schizophrenia, Epilepsy, Retention of urine and Neuromuscular dysfunction of bladder. Record review of Order Summary Report for Resident #87 revealed an order dated 11/22/21 orders for intermittent catheter (in and out) three times a day, in and out catheter every eight (8) hours as needed. Record review of Quarterly MDS with an ARD of 11/23/21, revealed Resident #87 had a BIMS score of 15, which indicated cognitively intact. Record review of the facility's "Performance Checklist Skill: Insertion of a Straight or Indwelling Urinary Catheter" for RN #4 revealed the checklist was successfully completed on 10/12/21 with instruction by RN #1, which indicated RN #4 received training on catheter insertion.	F 690		
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	F 880		1/19/22

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F 880	Continued From page 14	F 880		

comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

§483.80(a) Infection prevention and control program.
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

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F 880	Continued From page 15 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 (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 observations, interviews, record reviews, and facility policy review, the facility failed to prevent the potential spread of infection for one (1) of four (4) days of survey. Resident #39 and Resident #8. Findings include: Record review of the facility policy titled, "Infection Control Guide", dated January 2021 revealed, "...Standard precautions are the recommended practice for the care of all patients and residents receiving care within our centers. When properly followed and adhered to, they reduce the risk of transmission of infectious agents between patient/resident and team member even when the	F 880	1. Registered Nurse (RN) #1 was in-serviced by the Director of Nursing Services (DNS) on proper Covid-19 Nasal Swab testing, to include ensuring gloves are not worn in the hallways, nasal swabs are not brought out of a resident□s room exposed, proper hand washing/sanitizing during the procedure are performed as of 12/1/2021. Certified Nursing Assistant (CNA) #1 was in-serviced by the Infection Control Preventionist (ICP) RN prior to returning to work on proper Infection Control procedures due care, to include changing gloves of bed remotes or any object is touched during the care process that could contaminate the gloves, the use	

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F 880	Continued From page 16 presence of an infectious agent is unknown or not apparent. Standard precautions apply whenever there is potential for contact with blood, body fluids, non-intact skin, mucous membranes, and secretions with the exception of perspiration. Standard precautions include: 1. Hand hygiene before and after patient/resident contact--including after gloves are removed. 2. The use of personal protective equipment (PPE)--i.e. (that is) gloves, gowns, and eye protection in situations where exposure is likely ...Transmission Based Precautions are used to help stop the spread of germs from one person to another. The goal is to protect residents, their families, visitors and healthcare workers - and stop germs from spreading across a Healthcare setting ...Transmission Based precautions protect against the spread of COVID-19 organisms ..." On 11/30/21 at 2:57 PM, the State Agency (SA) observed Registered Nurse (RN) #1, performing a COVID-19 nasal swab test in Resident #39's room. After the specimen was collected, RN #1 did not cover the exposed nasal swab and did not wash or sanitize her hands or remove her gloves. She walked into the hallway carrying the uncovered and exposed specimen and was wearing the same gloves that had been used to collect the nasal swab for the COVID-19 test. RN #1 continued down the hallway for approximately 20 feet to a cart in the hallway. She then placed the specimen inside of a COVID-19 card that is used for testing. While still in the hallway, she removed her gloves, placed the COVID-19 card inside of a biohazard bag, and applied Alcohol Based Hand Rub (ABHR) to her hands. On 11/30/21 at 3:20 PM, during an interview with RN #1, she confirmed she had walked out of the	F 880	of barriers while performing care, the use of Alcohol Based Hand Rubs (ABHR) or washing hands after removing gloves, and if the same wipe or wash cloth is used during care, it must be rotated, if not changed after each wipe--completed 12/1/2021. Residents # 39 and #8 have been monitored each shift for any changes or signs of infection by the medication nurse beginning 11/30/2021. 2. Each resident in the Center has the potential to be affected by the same deficient practice. 3. All staff will be in-serviced by an approved Center of Disease Control (CDC) Infection Prevention and Care on-line training course or Relias Courses as of 1/19/2022, overseen by the Assistant Director of Nursing Services (ADNS) who is also a ICP RN. All staff will have courses for Infection Prevention and Control, Standard Precautions and Blood Borne Precautions, Transmission based precautions, and Basics of hand hygiene. CNAs and Nurse will also have courses on Basics of Perineal Care. In addition to all of the listed courses, all nurses will have a course on Clean, intermittent, straight catherization--all to be completed by 1/19/2022. The Quality Assurance and Performance Improvement (QAPI) team will perform a Root Cause Analysis (RCA) to ensure to true cause of this deficient practice is identified by 12/31/2021. The ICP RN, Assistant Director of Nursing Services (ADNS), and/or Unit Manager (UM) will all	

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F 880	Continued From page 17 room and into the hallway while wearing the same gloves that were used to collect the specimen and carried an uncovered nasal swab to a cart. She stated that she didn't think of it as being a negative action. She confirmed after realizing what occurred, these actions could have caused spread of infection to other residents that may have been in the hallway. RN #1 revealed she may have caused other residents in the hallway to have gotten sick. On 11/30/21 at 3:34 PM, during an interview with the Director of Nursing (DON), she stated that RN #1's actions of wearing gloves that had been used to obtain a nasal specimen and carrying the uncovered specimen in the hallway would be an infection control issue. The DON confirmed it is not the policy of the facility for staff to be in the hallways wearing gloves. The DON stated RN #1 should have placed the specimen inside of the designated card and then placed the card into the bio-hazard bag prior to leaving the resident's room to prevent contamination in the hallway which could cause other residents to get sick. Review of the facility's policy, "Handwashing/Hand Hygiene" dated November 1, 2017 revealed, "POLICY This center considers hand hygiene the primary means to prevent the spread of infection...POLICY INTERPRETATION AND IMPLEMENTATION ...5. Use an alcohol-based hand rub or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: ... h. Before moving from a contaminated body site to a clean body site during resident care;...k. After removing gloves." Resident #8	F 880	observe and audit one (1) peri-care procedure daily, Monday through Friday, for four (4) weeks and then one (1) peri-care procedure weekly for eight (8) weeks to ensure proper infection control and incontinence care is performed per the policies and the care plan, beginning 12/27/2021. The Director of Nursing Services (DNS) and/or ADNS (ICP RN), will observe at least ten (10) nasal swab procedures weekly for four (4) weeks and then four (4) nasal swab procedures per week for eight (8) weeks to ensure proper Infection Control policies are performed while obtaining Covid-19 nasal swabs, starting 12/27/2021. 4. The DNS, who is a RN, will bring the results of the Peri-Care Procedure and Catheter Insertion Procedure audits to the monthly Quality Assurance Performance Improvement (QAPI) Committee for three months for review and/or revision and to make recommendations as needed from the Peri-Care Procedure audit and the Covid 19 Nasal Swab Infection Control Procedure audit results. The QAPI Committee will consist of the following as a minimum; Medical Director, DNS, Nursing Home Administrator (NHA), and three (3) additional departmental managers or staff, the first QAPI meeting to be held 1/18/2022.	

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F 880	Continued From page 18	F 880		

On 11/30/21 at 1:56 PM, SA observed peri care being provided by Certified Nursing Assistant #1 (CNA) for Resident #8. CNA #1 did not change her gloves after she touched the electric bed remote to adjust the bed for care. The SA observed peri wipes directly on the bedside table with no barrier. During the procedure, CNA #1 changed her gloves after cleaning the resident, but she did not wash her hands or use Alcohol Based Hand Rub (ABHR). The SA observed CNA #1 using a wipe to wipe the resident's buttocks from front to back, three times without rotating the wipe or changing wipes.

On 11/30/21 at 2:02 PM, in an interview with CNA #1, she stated she was supposed to have a barrier when placing supplies on the table and she usually places her supplies on a barrier. CNA #1 confirmed that she changed her gloves 2-3 times and she should have sanitized or washed her hands, but she really did not think about it. She stated she could have given the resident an infection.

On 12/01/21 at 4:05 PM, in an interview with Registered Nurse #1 (RN)/Infection Preventionist, she stated CNA #1 should have had a barrier in place for the supplies and she should have sanitized her hands before applying cleans gloves. RN #1 also confirmed CNA #1 should have gotten a new wipe instead of using the same wipe because this practice can cause the resident to get a Urinary Tract Infection (UTI) and that could lead to the resident becoming septic.

On 12/01/21 at 4:25 PM, in an interview with Assistant Director of Nursing (ADON), she stated CNA #1 should have put the bed in position

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F 880	Continued From page 19	F 880		

before applying gloves. The ADON also confirmed CNA #1 should have had a barrier in place and sanitized her hands after she removed her gloves. The ADON said CNA #1 should have never used the same wipe without rotating. The ADON confirmed this is an infection control issue. She stated it can cause the resident to get a UTI and a bacterial infection. She stated the resident can get septic and potentially die.

On 12/01/21 at 4:53 PM, in an interview with Director of Nursing (DON), she stated that CNA #1 completed incontinent care incorrectly because she did not have a barrier on the bedside table. The DON stated CNA #1 should have washed hands after removing her gloves and she should have folded the wipe or discarded the wipe and got another one. The DON stated CNA #1's actions could cause the resident to get a UTI, pelvic inflammatory infection, and sepsis.

Record review of the Admission Record revealed the facility admitted Resident #8 on 5/2/2011 with diagnoses including Unspecified Dementia without behavioral disturbance and Psychosis not due to a substance or known physiological condition.