STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255288	A. BUILDING _____ B. WING _____	03/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKESIDE HEALTH AND REHABILITATION CENTER	191 HIGHWAY 511 EAST QUITMAN, MS 39355

(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
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey from 3/12/19 through 3/15/19. During the survey, the facility was found not to be in compliance with the Requirements for Participation for Medicare and Medicaid. The SA cited deficiencies at F658, and F880. The SA identified an Immediate Jeopardy (IJ), which began on 3/12/19, when facility staff failed to ensure a clean barrier for the Glucometer (finger-stick device/tester for blood sugar) was provided; and failed to clean/disinfect the Glucometer prior and after use, between three (3) residents, Residents #211, #361, and #365. The failure to disinfect the Glucometer posed a threat of blood borne pathogen cross-contamination. The facility's failure to ensure the Glucometer was cleaned and disinfected, prior and after use between residents, placed Residents #211, #361 and #365 and other residents who required the use of a Glucometer to check blood sugar (33 residents total), in a situation that was likely to cause serious injury, harm, impairment, or death. The SA notified the Administrator on 3/13/19, of the Immediate Jeopardy that existed at: 42 CFR(s): 483.21 (b)(3)(i)-Services Provided Meet Professional Standards (F658), and; 42 CFR(s): 483.80 (a)(1)(2)(4)(e)(f)-Infection Prevention and Control (F880) The facility submitted an acceptable Removal Plan (RP) on 3/13/19, in which the facility alleged all corrective actions were completed on 3/13/19, and the IJ removed as of 3/14/19. The SA validated the Removal Plan and determined the	F 000		

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

Electronically Signed | 04/15/2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 IJ was removed, prior to exit. Therefore, the scope and severity for 42 CFR(s): 483.21 (b)(3)(i)-Services Provided Meet Professional Standards (F658) and; 42 CFR(s): 483.80 (a)(1)(2)(4)(e)(f)-Infection Prevention and Control (F880) were lowered to a "D", while the facility develops and implements a plan of correction, and monitors the effectiveness of the systemic changes, to ensure the facility sustains compliance with the regulatory requirements.	F 000		
F 658 SS=J	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, review of the Mississippi Board of Nursing Administrative Code, and facility policy, the facility failed to follow professional standards of practice for standard precautions of infection control during the performance of the routine testing of blood sugars (Acu-checks). The facility failed to ensure the use of a barrier on which to place the glucometer, and failed to clean/disinfect the glucometer before, between, and after use, for three (3) of five (5) residents observed, who received Acu-checks, Residents #211, #361, and #365. This practice had the potential and likelihood to pose a threat of bloodborne cross-contamination between 33 residents who received Acu-checks.	F 658	1. On 3/13/19, the blood glucose monitoring machine on cart #4(which supplies medications for Resident #211,#361, & #365) was disinfected by the assigned LPN and 5 other blood glucose monitoring machines in use were disinfected by the 3 other assigned medication cart LPNs on duty. On 3/13/19,LPN #1 was in-serviced by the Staff Development Coordinator on the correct procedure to disinfect and use barriers to prevent infection control when using glucometers and LPN #1 performed a return demonstration. 2. On 3/13/19, the Care Plan Nurse reviewed 33 care plans of residents who receive blood glucose monitoring to	4/12/19

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F 658	Continued From page 2 Review of the medical records for Residents #211, #361 and #365, revealed they all had orders and received Acu-checks routinely before meals and at bedtime. Records revealed each of the residents had a current care plan in place to receive the Acu-checks as ordered. Records revealed no current issues with infectious-based diseases of these three (3) residents. Of the 33 residents who received Acu-checks, one (1) was admitted with an infectious-based disease. The failure to follow standard precautions for infection control, by not cleaning the glucometer and not using a barrier, placed Residents #211, #361, and #365 and other residents at risk, who required Acu-checks, in a situation for the likelihood of severe injury, harm, impairment or death related to the risk of spread of blood borne pathogens and cross-contamination. The situation was determined to be an Immediate Jeopardy (IJ), which began on 3/12/19, when the facility failed to follow standard precautions while performing Acu-checks without cleaning or disinfecting the Glucometer before, or after use between three (3) residents. The SA notified the Administrator on 3/13/19, of the IJ. An acceptable Removal Plan was received on 3/14/19, in which the facility alleged all actions were completed on 3/13/19, and the IJ was removed as of 3/14/19. The SA validated the Removal Plan and determined the IJ was removed on 3/14/19, prior to exit. The scope and severity for CFR(s) 483.21 (b)(3)(i) Services Provided to Meet Professional Standards (F658), was lowered to a "D", while the facility develops and implements a plan of correction and monitors the effectiveness of systemic changes to ensure	F 658	identify needs for standard precautions of infection control related to cleaning, disinfecting, and use of barriers with glucometers. 3. On 3/13/19, the Staff Development Nurse began in-servicing all nurses on care planning the correct sanitation of blood glucose monitoring machines related to the cleaning, disinfecting, and the use of barriers with glucometers. In-services to all nurses were complete on 3/14/19. All nurses also completed competency checks of blood glucose administration regarding glucometer infection control protocol and safety on 4/1/19. 4. The Staff Developer and Assistant Director of Nursing will monitor for compliance with standard precautions of infection control related to the cleaning, disinfecting, and use of barriers with glucometers via an audit tool while observing 5 resident's blood glucose monitoring and reviewing these chosen 5 resident's care plans each week. The results of the audit will be reviewed monthly by the Quality Assurance Committee for any systemic changes needed.	

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F 658	Continued From page 3 the facility sustains compliance with regulatory requirements. Findings Include: A review of the Mississippi Board of Nursing Mississippi Administrative Code, dated 3/16/12, revealed a Licensed Practical Nurse (LPN) would be responsible for knowledge of and compliance with the laws and regulations governing the practice of nursing in the state of Mississippi. A review of the Mississippi Board of Nursing Position Statement, titled "Blood Borne pathogens", with a revision date of 4/6/2000, revealed the Board had regulations in place to recognize the Centers of Disease Control (CDC) and Prevention Guidelines as the accepted standard of nursing practice and to require all nurses to practice accordingly. In accordance with CDC guidelines in the provision of nursing care, all nurses should adhere to standard precautions, including the use of protective barriers and comply with current guidelines for disinfection and sterilization of reusable devices. A review of the Center for Disease Control and Prevention guidelines, last updated 6/8/17, regarding shared blood glucose meters, revealed if blood glucose meters were shared, the device should be cleaned and disinfected after every use, per manufacturer instructions, to prevent carry-over of blood and infectious agents. A review of the Facility Policy titled, "Obtaining a Fingerstick Blood Glucose Level", dated December 2018, revealed staff were to maintain clean technique, provide a clean barrier, and clean the glucose monitor with approved	F 658		

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F 658	Continued From page 4 disinfectant before and after each resident use. An observation on 03/12/19 at 10:30 AM, revealed Licensed Practical Nurse (LPN) #1 picked up a glucometer from the surface of the medication cart, that was not on a barrier, and entered Resident #365's room to perform a finger stick Acu-check. LPN #1 placed the glucometer on the resident's over bed table without a barrier. LPN #1 used hand sanitizer on her hands and donned gloves, picked up the glucometer and performed the Acu-check on the resident without disinfecting the glucometer. After completion of the Acu-check, LPN #1 placed the glucometer back on the over bed table without a barrier and did not disinfect the glucometer. LPN #1 discarded her gloves, picked up the glucometer, left Resident #365's room, then placed the glucometer on the surface of the medication cart without a barrier or disinfecting it. LPN #1 gathered supplies to perform Acu-checks, picked up the glucometer then entered the shared room of Resident #211 and Resident #361. LPN #1 placed the glucometer on the bed side table of Resident #211, used hand sanitizer and donned gloves, placed a tissue on the overbed table, placed the glucometer on the tissue without disinfecting the device, then performed a finger stick Acu-check on Resident #211. After completion of the finger stick Acu-check for Resident #211, LPN #1 went to Resident #361 to perform an Acu-check. LPN #1 placed the glucometer on Resident #361's night stand without a barrier. LPN #1 used hand sanitizer, gloved and then placed a tissue on the resident's over bed table, pick up the glucometer and placed it on the tissue without disinfecting it. After completing the Acu-check, LPN #1 removed and discarded her gloves, picked up the	F 658		

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F 658	Continued From page 5 glucometer, exited the room, then placed the glucometer back on top of the medication cart without a barrier and without being disinfected after use. An interview on 03/12/19 at 02:10 PM with Licensed Practical Nurse (LPN) #1 confirmed she had not disinfected the glucometer between residents and had not used a barrier. When asked why she had not cleaned the glucometer, LPN #1 shrugged her shoulders and stated she did not even think about doing it. LPN #1 stated she had been trained, but had not been observed or checked off for performing finger stick Acu-checks since being employed by the facility about three (3) years ago. LPN #1 stated she had cleaned the glucometer and used barriers when she first started at the facility then stated, "I guess working over a period of time you get complacent". LPN #1 stated she worked on an as needed basis (PRN) as she is taking RN classes. LPN #1 confirmed not following the standards of practice. A review of LPN #1's facility training records revealed LPN #1 initialed having skills training during her orientation for skills including standard precautions on 10/12/15, and blood glucose monitor cleaning on 10/22/15. LPN #1 had been checked off on a facility form titled "Medication Pass Checklist", dated 10/2/2015, which included equipment being cleaned before and after use and infection control techniques being followed during administration of all medications. An interview on 03/13/19 at 03:30 PM, with the Director of Nursing (DON), revealed she believed a nurse should know as a nurse to clean the glucometer before and after use for each	F 658		

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F 658	Continued From page 6	F 658		

resident. The DON stated LPN #1 did not seem concerned about infecting the residents. The DON stated anytime a nurse interacts with residents they should follow infection control procedures.

An interview on 03/14/19 at 08:25 AM, with the Director of Nursing (DON), revealed, "Licensed Practical Nurse (LPN) #1 did not meet the Standards of Practice for Nursing", in her opinion.

An interview on 03/14/19 at 09:55 AM, with the Facility Administrator, revealed she did not think LPN #1 followed standards of nursing practice by her not cleaning the glucometer and the administrator thought the nurse had been trained appropriately.

An interview on 03/14/19 at 09:57 AM, with Licensed Practical Nurse (LPN) #4, the Infection Control Nurse/Care Plan Nurse, revealed it was her opinion failing to clean the glucometer and failure to use a barrier was an infection control issue. She stated it was expected the glucometer be cleaned between each resident with Micro-kill wipes which were kept on each medication cart. She stated LPN #1 did not follow the standard practice of nursing by failing to follow standard precautions."

Review of Resident #211's medical record revealed he was admitted 3/7/19, with diagnoses which included Adult Failure to Thrive, Diabetes, Hypertension, and Cachexia. Current March 2019 physician's orders included orders for Acu-checks before meals and at hour of sleep (AC&HS). The current comprehensive care plan included the Acu-check orders of AC&HS.

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F 658	Continued From page 7 Review of Resident #361's medical record revealed the facility admitted the resident on 10/23/12 with diagnoses, which included Diabetes Mellitus type 2, Psychosis, and right lower extremity amputation. Current March 2019 physician's orders and care plan included Acu-checks AC&HS. Review of Resident #365's medical record revealed the facility admitted the resident on 10/21/14, with diagnoses, which included Cerebral Infarct, Diabetes and Parkinson's Disease. Current March 2019 physician's orders and care plan included Acu-checks AC&HS. The facility submitted an acceptable Removal Plan on 3/14/14, for the Immediate Jeopardy. Review of the facility's removal plan revealed the facility took the following actions to remove the Immediate Jeopardy: 1. On 3/13/19 at 11:10 AM, the ADM called a mandatory meeting with the nursing staff to notify Immediate Jeopardy had been called. Nurses on duty were instructed to clean all glucometers on medication carts and follow current policies regarding cleaning glucose meter with approved disinfectant before and after each resident use. 2. On 3/13/19 at 11:20 AM, the Staff Developer and Assistant Director of Nursing (ADON) initiated an all licensed nursing staff in-service, including a skills checkoff list, for each nurse in regards to glucometer infection control protocol and safety. 3. On 3/13/19 at 12:00 PM, an emergency Quality Assurance (QA) meeting was held with	F 658		

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F 658	Continued From page 8 the Medical Director, ADM, DON, ADON, Infection Control Officer, Business Office Manager, Housekeeping Supervisor, Laundry Supervisor, Life Enrichment Director, Minimal Data Sets (MDS) Nurse Coordinators, Restorative Nurse, Maintenance Director, Admission/Marketing Nurse, Medicare Nurse, and Food Service Director to discuss the events after Resident #211, #365, & #361 was exposed to the surface of the glucometer and the importance of following the policy for infection control protocol and safety in regards to glucometers. The QA Committee also reviewed policies on infection control, care planning, manufacturer guidelines for the blood glucose monitoring system/micro-kill bleach germicidal bleach wipes, and infection control protocol safety in relation to glucose monitoring systems with no changes to any of the current policies and no further recommendations. 4. On 3/13/19 at 12:30 PM, the Care Plan Coordinator revised all diabetic care plans to include the proper cleansing of the glucometer machines for 33 of 33 residents that require accuchecks. 5. On 3/13/19 at 01:00 PM, the Staff Developer in-serviced all licensed nursing staff on infection control, care planning, manufacturer guidelines for the blood glucose monitoring system/micro-kill bleach germicidal bleach wipes, and infection control protocol safety in relation to glucose monitoring systems. The facility currently has 33 licensed nursing staff members. No nursing staff will be allowed to work until they have completed this in-service. 6. On 3/13/19 at 01:45 PM, the ADM completed	F 658		

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F 658	Continued From page 9 an associate memorandum, which is part of the Human Resource Personnel Procedure for a Category I Offense, #11 Conduct that would be widely regarded as improper in a work group with LPN #1. LPN #1 was suspended until further investigation. 7. On 3/13/19 at 03:00 PM, Resident #211, #365, & #361 were assessed for exposure complications by DON and ADON with no complications noted. 8. The facility alleges that all corrective actions to removed the IJ were completed on 3/13/19, and the IJ removed on 3/14/19. The SA validated through observation, interview, and record review, that the facility completed the following actions to remove the IJ: 1. The State Agency (SA) validated through interview and documentation that on 3/13/19, nursing staff were instructed to clean all Glucometers and instructions provided for proper cleaning and disinfection of the Glucometer before and after use. 2. The SA validated through sign-in sheet review, skills check-off sheet review, and interview, that all license nursing staff received an in-service on 3/13/19, regarding cleaning of the glucometer and the placement of barriers. 3. The SA validated through interview and document review, that the facility had a QA meeting, which included the Medical Director, ADM, DON, ADON, Infection Control Officer, Business Office Manager, Housekeeping	F 658		

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F 658	Continued From page 10 Supervisor, Laundry Supervisor, Life Enrichment Director, Minimal Data Sets (MDS) Nurse Coordinators, Restorative Nurse, Maintenance Director, Admission/Marketing Nurse, Medicare Nurse, and Food Service Director on 3/13/19, which included review of policy and infection control standards. The Administrator, Director of Nursing, and the Medical Director were interviewed and able to describe what they had done to ensure the implementation of the Removal Plan and how they would ensure on-going compliance. 4. The SA validated through record review and interview with the Care Plan Coordinator that on 3/13/19, all Diabetic Care Plans were revised to include the cleaning of the glucometer. 5. The SA validated through interview with the Staff Development Coordinator and record review of an in-service sign in sheet that on 3/13/19, 33 nursing staff were in-serviced on cleaning of the glucometer with Micro-kill wipes and infection control protocol safety in relation to glucose monitoring. An observation on 3/15/19, with two (2) nurses on the 7p-7a shift revealed the nurses performed the cleaning of the glucometer and the placement of a barrier with no problems noted. 6. The SA validated through interview and record review that LPN #1 received a memorandum for improper conduct on 3/13/19, and was suspended related to not cleaning the Glucometer as required. 7. The SA validated that Resident #211, Resident #365 and Resident #361 received an assessment on 3/13/19, with no issues noted. An interview with the Medical Director on 3/14/19 at	F 658		

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F 658	Continued From page 11 02:58 PM, revealed his plan was to obtain a base line Hepatitis Panel on the 33 residents receiving Acu-checks and then repeat the Hepatitis Panel on those residents in six (6) weeks to identify any issues that could arise from not cleaning glucometers. 8. The SA validated that all corrective actions were completed on 3/13/19, and the IJ removed on 3/14/19.	F 658		
F 880 SS=J	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. 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,	F 880		4/12/19

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F 880	Continued From page 12 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 (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.	F 880		

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F 880	Continued From page 13 This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review, review of manufacturer's User Guide, review of the Centers for Disease and Control (CDC) Guidelines, and facility policy review, the facility failed to follow standard precautions for infection control during the performance of the routine testing of blood sugars. The facility staff did not clean or disinfect a multi-person use glucometer before, after, or between residents for three (3) of five (5) residents observed who receiving finger stick blood glucose monitoring (Acu-checks), Residents #211, #361, and #365. Residents #211, #361 and #365, all had orders for, and received Acu-checks routinely before meals and at bedtime (AC&HS). Records revealed each of the residents had a current care plan in place to receive the Acu-checks as ordered. Records revealed no current issues with infectious-based diseases of these three (3) residents. Of the 33 residents who received Acu-checks, one (1) resident (on admission to the facilty) had an infectious-based disease. The facility's failure of not following standard precautions for infection control by not providing a clean barrier to place the glucometer, and not disinfecting the glucometer between residents, placed these and other residents who received Acu-checks (33 total residents) in a situation which caused a likelihood of serious injury, harm, impairment, or death, related to the spread of blood-borne pathogens due to cross-contamination with the multi-resident use of the glucometer. The situation was determined to be an Immediate Jeopardy (IJ), which began on 3/12/19, when the	F 880	1. On 3/13/19, the blood glucose monitoring machine on cart #4(which supplies medications for Resident #211,#361, & #365) was disinfected by the assigned LPN and 5 other blood glucose monitoring machines in use were disinfected by the 3 other assigned medication cart LPNs on duty. On 3/13/19,LPN #1 was in-serviced by the Staff Development Coordinator on the correct procedure to disinfect and use barriers to prevent infection control when using glucometers and LPN #1 performed a return demonstration. On 3/13/19, the Medical Director was notified Resident #211, #361, & #365 were exposed to a contaminated blood glucose glucometer by LPN #1. On 3/14/19, the Medical Director ordered Hepatitis C Panels to be drawn on the 3 affected residents and their responsible parties were notified on 3/14/19. The labs were drawn by a contracted phlebotomist on 3/15/19 and 3/16/19. On 3/17/19, the facility received lab results that Resident #211, #361, & #365 were all non-reactive for Hepatitis C. 2. On 3/13/19, the Care Plan Nurse reviewed 33 physician orders and care plans of residents who receive blood glucose monitoring to identify needs for standard precautions of infection control related to cleaning, disinfecting, and use of barriers with glucometers. On 3/14/19, the Medical Director ordered Hepatitis C Panels to be drawn on the other 30 Residents who receive blood glucose monitoring by glucometers, responsible	

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F 880	Continued From page 14 facility failed to follow standard precautions of infection control while performing Acu-checks without providing a clean barrier or cleaning/disinfecting the Glucometer before, or after use between three (3) residents. The SA notified the Administrator on 3/13/19, of the IJ. An acceptable Removal Plan was received on 3/14/19, in which the facility alleged all actions were completed on 3/13/19, and the IJ was removed as of 3/14/19. The SA validated the Removal Plan and determined the IJ was removed on 3/14/19, prior to exit. The scope and severity for CFR(s) 483.80 (a)(1)(2)(4)(e)(f), was lowered to a "D", while the facility develops and implements a plan of correction and monitors the effectiveness of systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings include: A review of the Center for Disease Control and Prevention guidelines, last updated 6/8/17, regarding shared blood glucose meters, revealed if blood glucose meters were shared, the device should be cleaned and disinfected after every use, per manufacturer instructions, to prevent carry-over of blood and infectious agents. A review of the "Infection Prevention and Control Program", dated November 2017, revealed a section titled, "Infection Control Monitoring". The objectives of the policy included providing a safe sanitary and comfortable environment and to help prevent the development and transmission of communicable disease and infections. The section for "Standard Precautions", revealed staff was to ensure that reusable equipment is not	F 880	parties of these residents were notified on 3/14/19, the labs were drawn by a contracted phlebotomist on 3/15/19 and 3/16/19, and by 3/17/19 the facility received results that 29 Residents were non-reactive and 1 previously Chronic Hepatitis C-diagnosed Resident #106 was reactive, but farther testing on 3/20/19 resulted in undetected HCV RNA in Resident #106 serum which is consistent with negative active chronic Hepatitis C. 3. On 3/13/19, the Staff Development Nurse began in-servicing all nurses on infection control protocol safety in relation to glucose monitoring related to the cleaning, disinfecting, and use of barriers with glucometers. In-services to all nurses were complete on 3/14/19. All nurses also completed competency checks of blood glucose administration regarding glucometer infection control protocol and safety on 4/1/19. 4. The Staff Developer and Assistant Director of Nursing will monitor for compliance with standard precautions of infection control related to cleaning, disinfecting, and the use of barriers with glucometers via an audit tool while observing 5 resident's blood glucose monitoring and reviewing these chosen 5 resident's care plans each week. The results of the audit will be reviewed monthly by the Quality Assurance Committee for any systemic changes needed.	

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F 880	Continued From page 15 used for the care of another resident until it has been appropriately cleaned and single use items are properly discarded. A review of the Facility Policy about Diabetic Care titled, "Obtaining a Fingerstick Blood Glucose Level", dated December 2018, revealed staff were to maintain clean technique, provide a clean barrier, and clean the glucose monitor with approved disinfectant before and after each resident use. A review of the Manufacturer's User Guide for the "EvenCareG2" glucose monitor (used by the facility), revealed if the meter is used by a second person, the meter should be disinfected, prior to use. The User Guide listed the appropriate cleansing agents for the monitor. An observation on 03/12/19 at 10:30 AM, revealed Licensed Practical Nurse (LPN) #1 picked up a glucometer from the surface of the medication cart, that was not on a barrier, and entered Resident #365's room to perform an Acu-check. LPN #1 entered the room and placed the glucometer on Resident #365's over bed table without a barrier and without cleaning or disinfecting the glucometer. LPN #1 completed a finger stick Acu-check on Resident #365. After completing the Acu-check on Resident #365, LPN #1 placed the glucometer back on the over bed table with no barrier and without disinfecting it. LPN #1 discarded her gloves, picked up the glucometer, left the room, and placed the glucometer on the surface of the medication cart, without a barrier. LPN #1 then gathered supplies to perform more finger stick Acu-checks, including two (2) plastic cups which contained the lancet, alcohol wipe, and a wadded up Kleenex	F 880		

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F 880	Continued From page 16 tissue. LPN had used her bare un-washed hands to wad the Kleenex up and place in the plastic cups. LPN #1 picked up the glucometer without cleaning it, and entered the shared room of Resident #211 and Resident #361. LPN #1 used hand sanitizer and gloved. LPN #1 did not clean or disinfect the glucometer. LPN #1 laid the glucometer down on Resident #211's night stand without a barrier, then removed a tissue from a cup and placed it on the over bed table. LPN # 1 reached over, picked up the glucometer and placed the glucometer on the tissue without disinfecting it. LPN #1 then performed the finger stick Acu-check on Resident #211. After completing Resident #211's Acu-check, LPN #1 picked up the glucometer and proceeded to the other side of the room to do perform an Acu-check on Resident #361. LPN #1 placed the glucometer on Resident #361's night stand without cleaning or disinfecting it. LPN #1 used hand sanitizer, gloved, placed a tissue on the over bed table, picked up the glucometer and placed it on the tissue, without disinfecting it. After completing the Acu-check, LPN #1 removed and discarded her gloves, picked up the glucometer and exited the room. LPN #1 placed the glucometer back on top of the medication cart, without a barrier and without being disinfected after use between the three (3) residents. During an interview, on 03/12/19 at 02:10 PM, Licensed Practical Nurse (LPN) #1 confirmed she had been trained in nursing school on cleaning the glucometer. LPN #1 stated she didn't even think about cleaning the glucometer between the three (3) residents while being observed. LPN #1 stated she used to clean the glucometer and place barriers down when she first started at the	F 880		

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F 880	Continued From page 17 facility about three (3) years ago, but thought she had become complacent after working in the facility over a period of time. LPN #1 confirmed she had not used barriers or cleaned/disinfected the glucometer as required, before use, after use, or between the three (3) residents. A review of Facility Documentation titled "Medication Checklist" dated 11/4/15, revealed LPN #1 received training on this date; on equipment cleaned before and after use, as well as infection control techniques being followed during administration of all medications. A review of facility document titled, "Skills Technique- Operation of Equipment Verification" revealed, LPN #1 was checked-off on "Blood Glucose Monitor Cleaning" on 10/22/15. A review of facility computer documentation titled "Preventing Medical Errors and Adverse Events" revealed License Practical Nurse (LPN) #1 completed this course on 12/11/18. A review of facility document dated 3/13/19, titled "Current Acu-check list", revealed 33 residents in facility received Acu-checks. A review of a facility document, "Resident's Diagnoses", identified two (2) residents, on admission, with a diagnosis of blood bourne pathogens, who were receiving finger stick Acu-checks. An interview on 03/13/19 at 10:23 AM, with LPN #2, Staff Development Nurse, revealed she did one on one (1:1) training after the orientation process to ensure skills were performed correctly. LPN #2 stated her observations included monitoring how staff handled medications, performance of finger-stick Acu-checks, including	F 880		

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F 880	Continued From page 18 glucometer cleaning before and after use, and adhering to infection control standards. LPN #2 stated she performed the same training for all nurses. An Interview on 03/13/19 at 02:22 PM, with the Facility Administrator, revealed, "We called Licensed Practical Nurse (LPN) #1 into the facility for an in-service. LPN #1 verified to us she did not clean the glucometer or place a barrier down. We wrote LPN #1 up as a Category one (1) Violation 11 offense." The violation noted, "Conduct that would be widely regarded as improper in a work group." The Administrator stated, "We suspended her until the investigation is complete." An interview on 03/13/19 at 02:35 PM, with the Facility Administrator revealed, "Our best practice is to have two (2) glucometer machines on every cart so that while one is drying from being disinfected, you can pull the other cleaned glucometer out and use it. This is not in our policy, but it is our Best Practice. We did not change any policies." An interview on 03/13/19 at 03:30 PM, with Director of Nursing (DON), revealed it was expected for nurses to follow standard precautions when performing any care with residents to protect both the resident and staff. The DON stated LPN #1 was called in for an in-service on cleaning of the glucometer and using barriers. The DON stated the LPN was able to demonstrate correct infection control technique. The DON stated LPN #1 was asked why she hadn't cleaned the glucometer when observed by the Surveyor, and LPN #1 stated she didn't know, but just didn't.	F 880		

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F 880	Continued From page 19 In an interview on 03/13/19 at 04:08 PM, the Facility's Medical Director revealed there were policies in place for infection control related to the use of barriers and cleaning and disinfecting glucometers. The Medical Director stated LPN #1 failed to follow facility policy and practice for standard precautions of infection control when she didn't use the barriers or disinfect the glucometer. In an interview on 03/14/19 at 09:55 AM, the Facility Administrator revealed she considered LPN #1 not cleaning the glucometer or using a barrier an infection control issue. An interview on 03/14/19 at 09:57 AM, with LPN #4, Infection Control Nurse/Care Plan Nurse, revealed, "In my opinion, not cleaning the glucometer between each resident and not using a barrier is an infection control issue. The glucometer should be cleaned between each resident with Micro-kill wipes which are supposed to be on each medication cart. We use the Manufacture recommendations on how to clean the glucometer." During an interview, on 03/14/19 at 02:55 PM, the DON revealed LPN #1 should have used a barrier to place the glucometer when doing the Acu-checks. The DON stated, "It is an infection control issue". Review of Resident #211's medical record revealed the facility admitted the resident on 3/7/19, with diagnoses which included Adult Failure to Thrive, Diabetes, Hypertension, and Cachexia. Current March 2019 physician's orders included orders for Acu-checks before meals and	F 880		

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F 880	Continued From page 20 at hour of sleep (AC&HS). The current comprehensive care plan included the Acu-check orders of AC&HS. Review of Resident #361's medical record revealed the facility admitted the resident on 10/23/12, with diagnoses which included Diabetes Mellitus type 2, Psychosis, and right lower extremity amputation. Current March 2019 physician's orders and care plan included Acu-checks AC&HS. Review of Resident #365's medical record revealed the facility admitted the resident on 10/21/14, with diagnoses which included Cerebral Infarct, Diabetes and Parkinson's Disease. Current March 2019 physician's orders and care plan included Acu-checks AC&HS. The facility submitted an acceptable Removal Plan on 3/14/14, for the Immediate Jeopardy. Review of the facility's removal plan revealed the facility took the following actions to remove the Immediate Jeopardy: 1. On 3/13/19 at 11:10 AM, the ADM called a mandatory meeting with the nursing staff to notify Immediate Jeopardy had been called. Nurses on duty were instructed to clean all glucometers on medication carts and follow current policies regarding cleaning glucose meter with approved disinfectant before and after each resident use. 2. On 3/13/19 at 11:20 AM, the Staff Developer and Assistant Director of Nursing (ADON) initiated an all licensed nursing staff in-service, including a skills checkoff list, for each nurse in regards to glucometer infection control protocol	F 880		

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F 880	Continued From page 21 and safety. 3. On 3/13/19 at 12:00 PM, an emergency Quality Assurance (QA) meeting was held with the Medical Director, ADM, DON, ADON, Infection Control Officer, Business Office Manager, Housekeeping Supervisor, Laundry Supervisor, Life Enrichment Director, Minimal Data Sets (MDS) Nurse Coordinators, Restorative Nurse, Maintenance Director, Admission/Marketing Nurse, Medicare Nurse, and Food Service Director to discuss the events after Resident #211, #365, & #361 was exposed to the surface of the glucometer and the importance of following the policy for infection control protocol and safety in regards to glucometers. The QA Committee also reviewed policies on infection control, care planning, manufacturer guidelines for the blood glucose monitoring system/micro-kill bleach germicidal bleach wipes, and infection control protocol safety in relation to glucose monitoring systems with no changes to any of the current policies and no further recommendations. 4. On 3/13/19 at 12:30 PM, the Care Plan Coordinator revised all diabetic care plans to include the proper cleansing of the glucometer machines for 33 of 33 residents that require accuchecks. 5. On 3/13/19 at 01:00 PM, the Staff Developer in-serviced all licensed nursing staff on infection control, care planning, manufacturer guidelines for the blood glucose monitoring system/micro-kill bleach germicidal bleach wipes, and infection control protocol safety in relation to glucose monitoring systems. The facility currently has 33 licensed nursing staff members. No nursing staff	F 880		

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F 880	Continued From page 22 will be allowed to work until they have completed this in-service. 6. On 3/13/19 at 01:45 PM, the ADM completed an associate memorandum, which is part of the Human Resource Personnel Procedure for a Category I Offense, #11 Conduct that would be widely regarded as improper in a work group with LPN #1. LPN #1 was suspended until further investigation. 7. On 3/13/19 at 03:00 PM, Resident #211, #365, & #361 were assessed for exposure complications by DON and ADON with no complications noted. 8. The facility alleges that all corrective actions to removed the IJ were completed on 3/13/19, and the IJ removed on 3/14/19. The SA validated through observation, interview, and record review, that the facility completed the following actions to remove the IJ: 1. The State Agency (SA) validated through interview and documentation that on 3/13/19, nursing staff were instructed to clean all Glucometers and instructions provided for proper cleaning and disinfection of the Glucometer before and after use. 2. The SA validated through sign-in sheet review, skills check-off sheet review, and interview, that all license nursing staff received an in-service on 3/13/19, regarding cleaning of the glucometer and the placement of barriers. 3. The SA validated through interview and	F 880		

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F 880	Continued From page 23 document review, that the facility had a QA meeting, which included the Medical Director, ADM, DON, ADON, Infection Control Officer, Business Office Manager, Housekeeping Supervisor, Laundry Supervisor, Life Enrichment Director, Minimal Data Sets (MDS) Nurse Coordinators, Restorative Nurse, Maintenance Director, Admission/Marketing Nurse, Medicare Nurse, and Food Service Director on 3/13/19, which included review of policy and infection control standards. The Administrator, Director of Nursing, and the Medical Director were interviewed and able to describe what they had done to ensure the implementation of the Removal Plan and how they would ensure on-going compliance. 4. The SA validated through record review and interview with the Care Plan Coordinator that on 3/13/19, all Diabetic Care Plans were revised to include the cleaning of the glucometer. 5. The SA validated through interview with the Staff Development Coordinator and record review of an in-service sign in sheet that on 3/13/19, 33 nursing staff were in-serviced on cleaning of the glucometer with Micro-kill wipes and infection control protocol safety in relation to glucose monitoring. An observation on 3/15/19, with two (2) nurses on the 7p-7a shift revealed the nurses performed the cleaning of the glucometer and the placement of a barrier with no problems noted. 6. The SA validated through interview and record review that LPN #1 received a memorandum for improper conduct on 3/13/19, and was suspended related to not cleaning the Glucometer as required.	F 880		

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F 880	Continued From page 24 7. The SA validated that Resident #211, Resident #365 and Resident #361 received an assessment on 3/13/19, with no issues noted. An interview with the Medical Director on 3/14/19 at 02:58 PM, revealed his plan was to obtain a base line Hepatitis Panel on the 33 residents receiving Acu-checks and then repeat the Hepatitis Panel on those residents in six (6) weeks to identify any issues that could arise from not cleaning glucometers. 8. The SA validated that all corrective actions were completed on 3/13/19, and the IJ removed on 3/14/19.	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255288	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**03/15/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKESIDE HEALTH AND REHABILITATION CENTER	**191 HIGHWAY 511 EAST** **QUITMAN, MS 39355**

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K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	K 000		

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

Electronically Signed | 04/15/2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255288	A. BUILDING _____ B. WING _____	03/15/2019

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E 000	Initial Comments * EMERGENCY PREPAREDNESS * Survey conducted on 3/15/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were identified.	E 000		

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

Electronically Signed | 04/15/2019

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