MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38JC	A. BUILDING: _____ B. WING _____	11/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JAMES T CHAMPION	1455 NORTH LAKELAND DRIVE MERIDIAN, MS 39307

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) determined during an annual recertification survey, conducted from 11/16/2021 to 11/19/2021, the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements. The SA cited a deficiency at M620. The facility was licensed for 60 beds and had a census of 54 at the time of survey.	M 000		
M 620	45.21.4 Urinary incontinence Urinary incontinence. Residents with urinary incontinence shall be assessed for need of bladder retraining program. An indwelling catheter will not be used unless the resident ' s clinical condition indicates that catheterization is necessary. These residents shall receive treatment and services to prevent urinary tract infections. Level II Based on observation, staff interview, record review and facility policy review the facility failed to prevent the possible spread of infection for one (1) of five (5) incontinent care observations. Resident #28. Findings Include: Record review of the facility's policy," Hand Hygiene", with a revision date of March 2021, revealed "1. POLICY It is the policy of (Formal Name of Facility) that employees will use proper hand hygiene techniques to prevent the spread of infectious diseases...PROCEDURE 3. C. Employees must always wash hands:...(8) after removing gloves. (9) After touching objects that may be contaminated with disease causing microorganisms.."	M 620	Disclaimer: Completion and response to Licensure Violation Report for James T. Champion Nursing Facility (JTCNF) in no way represents agreement of the statement of deficiencies herein stated. A. How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. On November 18, 2021 Resident #28 was assessed by the Director of Nursing (RN). No harm was noted. On November 18, 2021 the Director of Nursing (RN)conferenced Certified Nursing Assistant #1 on the deficient practice of not following policies and	12/29/21

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M 620	Continued From page 1 Record review of the facility's policy, "Infection Prevention Statement of Purpose", with a Reauthorized date of September 2021, revealed "1. POLICY It is the policy of (formal Name of Facility) to provide comprehensive infection prevention services aimed at surveillance, prevention and control of infections to all Individuals Receiving Services (IRS)/residents, employees, and visitors while always striving to improve quality of care..." Record review of the facility's policy, "Incontinence Perineal Care" with a revised date of October 2020 revealed "1. POLICY It is the policy of (Formal Name of Facility) to provide incontinence/perineal care every two hours and as soiling occurs...3. D. Clean the surface where barrier will be placed with hospital approved disinfectant per manufacturer's recommendations. Apply barrier to surface...G. Female: Starting at the front of the perineal area, wash genital area, moving front to back, separate labia and wash all skin folds..." On 11/18/21 at 2:40 PM, in an observation of Resident #28, the State Agency (SA) entered resident's room as peri-care was being was being provided by Certified Nursing Assistant #1 (CNA) and assisted by CNA #2. The SA observed a pack of peri wipes lying directly on the bed with no barrier under the wipes. CNA #1 pulled wipes out of the packet and cleaned the resident's buttocks. CNA #1 asked CNA #2 to get the trash the can so she could dispose of the soiled wipes. CNA #2 retrieved a garbage can, while wearing gloves, and placed the garbage can beside the bed. CNA #2 did not remove her gloves and wash her hands after retrieving the garbage can. She returned to Resident #28's side and continued to	M 620	procedure that prevent the possible spread of infection during incontinent care for Resident #28. On November 18, 2021 the Director of Nursing (RN) provided one on one training with Certified Nursing Assistant #1 regarding the deficient infection control practice for Resident #28 on the following: 1. Infection Control Policy #109-01 2. Incontinence/Perineal Care Policy #109-06 3. Hand Hygiene Policy #109-08 On November 18, 2021 the Director of Nursing (RN)conferenced Certified Nursing Assistant #2 on the deficient practice of not following policies and procedure that prevent the possible spread of infection during incontinent care for Resident #28. On November 18, 2021 the Director of Nursing (RN) provided one on one training with Certified Nursing Assistant #2 regarding the deficient infection control practice for Resident #28 on the following: 1. Infection Control Policy #109-01 2. Incontinence/Perineal Care Policy #109-06 3. Hand Hygiene Policy #109-08 B. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. All residents have the potential to be	

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M 620	Continued From page 2 hold the resident in place. Resident #28 was soiled with feces. CNA #2 pulled the resident over and her gloves became soiled with feces. CNA #2 removed her gloves and put on clean gloves but did not wash her hands. CNA #2 continued to assist CNA #1 by holding the resident in place for care. CNA #1 finished providing peri care to resident's buttocks and placed a clean brief on the resident and began to secure the brief. The SA asked CNA #2 if she had cleaned the vaginal area. CNA #1 then removed resident's brief from the front perineal area and began to wipe the resident's groin area. SA observed resident and noted feces was visible in the groin and vaginal area. CNA #1 did not wash hand or change gloves throughout the entire peri care observation. On 11/18/21 at 4:20 PM, in an interview with CNA #1, she stated she should have had a barrier in place and that she should have gathered all supplies and put them on a barrier before starting care. She stated the wipes are not supposed to be on the table and not on the bed. She confirmed she should have had the garbage can by the bed and she should have removed her gloves after cleaning the buttocks, washed her hands, and applied clean gloves. She stated she guessed she was not thinking while providing peri care. CNA #1 admitted the resident can get a Urinary Tract Infection (UTI) from not changing gloves and a yeast infection or something like that from resident not getting good peri care. She confirmed when she wiped the vaginal and groin area, there was feces in the groin area. CNA #1 stated, "I might not have wiped too good" and "I am supposed to wipe till I see wipes are clean". CNA #1 said the resident can get an Urinary Tract Infection (UTI) from her not changing gloves. She stated the resident can get a yeast infection or	M 620	affected by the same deficient practice if the Infection Prevention and Control policies and procedures are not being followed. All Certified Nursing Assistants, Licensed Practical Nurses, and Registered Nurses will receive in service on Infection Prevention policies and procedures beginning on December 6, 2021. C. What measures will be put into place, or systemic changes made to ensure that the deficient practice does not recur. On December 6, 2021 the Nurse Educator (RN) began in servicing all Certified Nursing Assistants, Licensed Practical Nurses, and Registered Nurses on the following: 1. Infection Control Policy #109-01 2. Incontinence/Perineal Care Policy #109-06 3. Hand Hygiene Policy #109-08 All Certified Nursing Assistants, Licensed Practical Nurses, and Registered Nurses receiving the above in service training will perform a return demonstration evaluated by the Nurse Educator (RN) for proficiency. On December 6, 2021 the Nurse Educator (RN) started training with a video, "Fight Germs. Wash Hands" by CDC. The video is being viewed by all staff. The Nurse Educator (RN) will test all staff for understanding. D. Indicate how the facility plans to	

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M 620	Continued From page 3 something like that from the resident not getting good peri care. On 11/18/21 at 4:35 PM, in an interview with CNA #2, she stated the CNA's were supposed to have all items on a barrier. She also stated when she gave CNA #1 the garbage can, she did not think about removing her gloves and washing hands. She confirmed that she changed her gloves, but did not wash her hands. She stated when she got feces on her gloves, she should have removed her gloves, washed her hands, and put on clean gloves. She confirmed that by not changing her gloves and washing her hands the resident could get an infection. She confirmed there was feces on the wipes when CNA #1 wiped the groin area. On 11/18/21 at 4:55 PM, in an interview with Registered Nurse #2 (RN)/ Infection Control Nurse, she stated the CNAs placed the resident at risk for infection by placing the pack of wipes on the bed and not providing a barrier. She stated CNA #2 should have washed hands and applied clean gloves after moving the garbage can. She confirmed the actions of the CNAs could cause the resident to get an UTI or have skin breakdown from not being clean properly. RN #2 confirmed she is responsible for CNA skill check-offs. She stated she completed the skills check-off in October. She stated she completes peri care audits monthly and watches the CNAs provide care to the residents monthly. On 11/18/21 at 5:16 PM, in an interview with Director of Nursing (DON), she stated the CNAs are supposed to have a barrier set up before starting care. and not having a barrier is an infection risk for the resident. She confirmed that CNA #2 should have removed her gloves, washed her hands, and put on clean gloves after	M 620	monitor its performance to make sure solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the Quality Assurance system. On December 3, 2021, a Quality Assurance Meeting was held to discuss the deficient practice of Certified Nursing Assistants not following the Infection Prevention and Control policies and procedures. The Quality Assurance Team determined that the Nursing Supervisors (RN's) would begin monitoring the Certified Nursing Assistants during incontinent care to ensure that the Infection Prevention and Control policy and procedures are being being followed. Beginning on December 6, 2021, Nursing Supervisors (RN) implemented monitoring 10% of residents during incontinent care to ensure the Infection Prevention and Control policies an procedure are being followed for residents receiving care. This monitoring will be done weekly times four weeks for 100% compliance. Then observations will be monthly times three months for 100% compliance. These observations will continue until 100% compliance is met for three consecutive months. The monitoring observations completed by the Nursing Supervisors (RN's) will be forwarded to the Quality Assurance Nurse for review. The Quality Assurance Nurse	

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M 620	Continued From page 4 she moved the garbage can. She stated by CNA #2 not changing her gloves, the resident can get an infection. She also stated that by CNA #2 not cleaning the resident properly, it could cause the resident to get an UTI or skin breakdown. The DON confirmed that CNA #1 should have changed her gloves if they were visibly soiled. She stated the CNA should have put down barrier, and pulled all wipes needed out of the pack before starting care and that pulling wipes out pack while cleaning the resident is an infection control issue. On 11/19/21 at 9:27 AM, in an interview with RN #3 Minimum Data Set (MDS)/Care Plan Nurse, she stated by staff not doing care correctly, it could cause the resident to get a UTI, skin breakdown, or have discomfort. On 11/19/21 at 9:32 AM, in an interview with RN #1/Professional Development Nurse/Nurse Educator, she stated the "CNAs knew better". She confirmed the CNAs should have had a barrier in place and their actions could cause the resident to have skin breakdown, dignity issues, infection, skin integrity issues and discomfort. Record review of the Face Sheet revealed Resident #28 was admitted to the facility on 10/8/2014 with diagnoses that included Alzheimer's Disease, Degenerative Disease of Nervous System, Primary General (osteo) Arthritis. Record review of the "Physician Orders" for the month of November 2021 revealed an order with an order date of 6/25/21 to "Check and change per protocol for incontinence - Keep clean and dry..."	M 620	will discuss all findings in the monthly Quality Assurance Meetings beginning December 15, 2021. The Quality Assurance Committee will continue reviewing the monitoring observations in the Monthly Quality Assurance Meetings for three months or until 100% compliance is met for three consecutive months.	

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M 620	Continued From page 5 Record review of the Quarterly MDS with a Assessment Reference Date (ARD) of 9/20/21, Section C revealed a Brief Interview for Mental Status (BIMS) score of 99, which indicated Resident #28 was unable to complete the interview. A review of Section G revealed the resident is totally dependent on staff for toilet use and personal hygiene and Section H revealed the resident is always incontinence of bowel and bladder. Record review of a "Staff Development Program Record" with the "Title of Program" listed as "Infection Prevention: Focus on Perineal Care" dated 10/21/21, revealed CNA #1's signature which confirmed she attended the training. Record review of "CNA Annual Competency Check-Off List" dated 4/22/21, revealed CNA #1's initials on"Incontinent/Perineal Care" and "Infection Prevention". Record review of "CNA Annual Competency Check-Off List" dated 8/25/21, revealed CNA #2's initials on"Incontinent/Perineal Care" and "Infection Prevention". Record review of "CNA Skills Checklist" dated 8/25/21 ...SKILL ... Male and Female Pericare/Incontinent Care revealed CNA #1's signature dated 4/21/21 and initials under the met column.	M 620		