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	25A174	A. BUILDING _____ B. WING _____	11/07/2019

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YALOBUSHA COUNTY NURSING HOME	630 SOUTH MAIN STREET WATER VALLEY, MS 38965

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F 000	INITIAL COMMENTS The State Survey Agency (SA) conducted an annual recertification survey from 11/4/19 to 11/7/19. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements of participation. The SA cited the regulatory deficiency F656, F677, F690, F812, and F880. At the time of the survey, the census was 111, and the facility held a license for 122 beds.	F 000		
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 - (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	F 656		12/10/19

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

Electronically Signed | 11/25/2019

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 656	Continued From page 1 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, staff interview, and facility policy review, the facility failed to follow the care plan for fingernail care for one (1) of 109 residents observed for activities of daily living, Resident #44; and failed to follow the care plan for catheter care for two (2) of five (5) residents with indwelling catheters, Resident #29, and Resident 104. Findings include: Review of the facility's "Care Plan Policy", not dated, revealed: Purpose: To ensure the facility establishes a guide to resident care to promote the physical and psychological well-being of resident newly admitted and long-term residents residing within the facility. Resident #44 Review of the comprehensive care plan, for Resident #44, revealed a care plan developed for	F 656	Bullet One: 100% of all resident care plans were reviewed by Director of Nursing (DON) related to nail care and catheter care. All residents had nail care plans and all residents with catheters had care plans in place. No concerns noted as reviewed by DON. Resident # 44's nails were cleaned and trimmed by Registered Nurse (RN) treatment coordinator on November 5, 2019 at 2:45 p.m. Resident # 29 and resident # 104 were assessed by the DON on November 6, 2019 at 3:00 p.m. for any concerns related to failure to secure catheter tubing and patting area dry during catheter care with no concerns noted. Bullet Two: This has the potential to affect every resident receiving care in the facility. Bullet Three: All nursing staff to include	

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F 656	Continued From page 2 requiring maintenance of Activities of Daily Living (ADL) functions, related to left Hemiparesis and impaired cognition, which included an intervention to provide one (1) person assist with personal hygiene. On 11/04/19 at 2:22 PM, an observation of Resident #44 revealed the resident in bed and awake. Resident #44's fingernails needed filing and trimming. The fingernails on the right hand were jagged; three (3) were approximately 1/4 inch long, with a dark brown substance under the nails of three (3) fingers. Observation of the left hand revealed the thumb nail was long, curled in, and putting pressure on the skin at the sides. A dark substance was noted under the thumb nail. All nails on the left hand needed trimming and/or filing. On 11/5/19 at 11:45 an observation of Resident #44's fingernails revealed the nails were long, jagged and dirty. On 11/5/19 at 2:30 PM, an interview with the Certified Nursing Assistant (CNA) #1, assigned to Resident #44, confirmed the resident's fingernails needed to be cleaned and trimmed. CNA #1 stated the Treatment Nurse was responsible for trimming and filing all fingernails in the facility and the CNA's should clean them if needed. CNA #1 revealed she did not know why Resident# 44's finger nails were dirty and needed trimming. On 11/5/19 at 2:40 PM, an interview with Registered Nurse (RN) #1 revealed she is the Treatment Coordinator and confirmed the Treatment Nurses are responsible for trimming and filing all the resident's fingernails and any nurse or CNA should clean the nails when	F 656	RN's, licensed practical nurses (LPNs), and Certified Nurses' Assistants (CNAs)were in-serviced by the DON starting November 19, 2019 through November 21, 2019 regarding care plan policy and procedure, including nail care when providing care. All RN's and LPN's were in-serviced by the DON starting November 19,2019 through November 21, 2019 regarding care plan policy and procedure, including catheter care, location of care plans and following care plans when providing care. Bullet Four: The DON or RN/LPN Nurse Supervisor shall monitor catheter care on four residents who receive catheter care weekly for 4 weeks starting November 19, 2019. Monitoring includes that the care plan established by the interdisciplinary team is being followed specifically to ensure catheter tubing is secured when the tubing is wiped from insertion site and out and area is patted dry. The DON or RN/LPN supervisor shall monitor 100% of all residents weekly for 4 weeks beginning November 19, 2019. Monitoring includes that the care plan established by the interdisciplinary is being followed specifically to ensure nails are trimmed, filed and clean. The DON or RN/LPN nurse supervisor shall bring the findings of the assigned audits to the QA committee meeting quarterly and as needed.	

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F 656	Continued From page 3	F 656		

needed. RN #1 confirmed Resident #44's fingernails needed care, which would include cleaning, trimming and filing.

On 11/5/19 at 2:45 PM, an interview with the Director of Nursing (DON) confirmed Resident #44's fingernails needed care. The DON confirmed Resident #44's nails were dirty, jagged and long. The DON confirmed the Treatment Nurse is responsible for nail care and Resident #44 has an order, dated 7/20/18, for nail care monthly. The DON confirmed any nurse or CNA should clean any resident's fingernails when needed. The DON stated she would have the Treatment Nurse check all the resident's nails and if they needed care, they would perform the needed care.

On 11/07/19 at 9:51 AM, an interview with the DON revealed she is the Minimum Data Set (MDS) coordinator and assists with care plans. The DON confirmed that the CNA's and the nurses should know that the care plan related to ADL care, for Resident #44, instructed staff the resident required one (1) person assist with personal hygiene, which included fingernails. The DON stated the CNA's did not do what they were supposed to do and the nurses did not keep the nails trimmed and filed like they should have for Resident #44.

Review of the Quarterly MDS, with an Assessment Reference Date (ARD) of 8/30/19, revealed Resident #44 was coded for total dependence for assistance by one (1) staff member for personal hygiene.

Resident #104
Review revealed a care plan with a problem onset

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F 656	Continued From page 4	F 656		

date of 08/31/2017, with a target date of 11/14/19, for risk of urinary tract infection (UTI) and /or bladder trauma related to an Indwelling catheter, secondary to bladder neck obstruction, retention of urine unspecified, other retention of urine and history of UTI. The approach/intervention revealed catheter care as ordered and as needed: clean catheter insertion site with Hibiclens, rinse with sterile water, and pat dry daily.

On 11/06/19 at 11:10 AM, during an observation of Foley catheter care for Resident #104, Licensed Practical Nurse (LPN) #1 did not anchor the catheter near the meatus while wiping outward from the resident. She then rinsed using sterile water and 4 x 4 gauze, wiping in the same manner and did not anchor the catheter during the procedure. LPN #1 did not pat the area dry.

During an interview, on 11/06/19 at 4:20 PM, LPN #1 confirmed she did not anchor the catheter when she cleaned it from the insertion site outward. She confirmed she did not pat the area dry.

During an interview, on 11/07/19 at 9:35 AM, the DON, revealed LPN #1 did not follow the the care plan if she did not pat the area dry as indicated in the orders and care plan. The DON stated the nurse should have anchored the catheter while providing care. She stated this is a standard of practice, even though it is not listed specifically in the care plan, this should be a part of the nurses general knowledge.

Resident #29

Review of the Care Plan, for Resident #29, revealed a problem: At risk for Urinary Tract

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F 656	Continued From page 5	F 656		

Infection (UTI) and/or bladder trauma related to (r/t)suprapubic catheter, history of (h/o) UTI, h/o Hydronephrosis, h/o for UTI, Diagnosis (DX): Benign Prostatic Hypertrophy (BPH), Traumatic Brain Injury (TBI), and Chronic UTI. Approaches included: Clean catheter insertion site with Hibiclens, rinse with sterile water, and pat dry every shift. The Physician's Order, dated 4/20/19, confirmed: "Clean Catheter insertion site with Hibiclens, rinse with sterile water, and pat dry every shift".

Observation of LPN #1 on 11/06/19 at 2:03 PM, revealed she performed suprapubic catheter care for Resident #29. She cleaned the insertion site and catheter tubing from the insertion site down the tube with a 4 x 4 gauze moistened with Hibiclens and rinsed the insertion site and tubing with sterile water with 4 x 4 gauze pads. LPN#1 did not pat the area dry, and did not anchor the catheter tubing while cleaning/rinsing down the tubing with the 4 x 4.

During an interview on 11/06/19 at 2:09 PM, LPN #1 stated, in regards to cleaning the catheter tubing, "You should hold the catheter tubing at the insertion site to prevent pulling the tube out. I think that's standard practice."

On 11/07/19 at 9:15 AM, interview with the DON revealed staff should look at the care plan, and the physician's order, and combine that with the standards of practice. She stated the care plan was accurate with the order. The DON stated the care plan did not include securing the tubing, but it is a standard of practice that should be followed. She confirmed LPN#1 did not follow the care plan in regards to patting dry after cleaning.

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F 656	Continued From page 6 Review of the Quarterly MDS, with an ARD of 8/6/19, revealed Resident #29 had severely impaired cognitive skills for daily decision making.	F 656		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, resident interview, record review, and facility policy review, the facility failed to ensure residents had clean, trimmed fingernails, Resident #44, one (1) of 109 Residents observed during initial tour for nail care. Findings include: Review of the facility's "Policy and Procedure for Nail Care", not dated, revealed toenails and fingernails are to be kept trimmed and neat. Resident #44 On 11/04/19 at 2:22 PM, observation of Resident #44 revealed the resident in bed and awake. Observation of Resident #44's fingernails revealed on the right hand all the nails needed filing and trimming. The fingernails on the right hand were jagged; three (3) were approximately 1/4 inch long and a dark brown substance was observed under the nails of three (3) fingers. The left hand was splinted. The thumb nail was long and curled in at the sides, putting pressure into the skin on the sides; no skin breakdown was noted. A dark substance was noted under the	F 677	Bullet One: Resident #44's fingernails were assessed by RN treatment coordinator on November 5, 2019 at 2:45 p.m. The following was observed: nails on the right hand were jagged and 3 nails were long with a dark substance under them. The thumbnail on the left hand was long. Nail care was provided at the time of assessment by the RN treatment coordinator. No concerns were identified related to resident's nails being long, jagged with a dark substance under them. Bullet Two: This has the potential to affect every resident who receives Activities of Daily Living (ADL) Care in the facility. A 100% fingernail audit was conducted on each resident in the facility on November 5, 2019 by the RN treatment coordinator, LPN restorative nurse, LPN medical records nurse and RN infection control nurse. On November 6, 2019, the facility policy was modified to implement nail care weekly. An Ad-Hoc Quality Assurance (QA) meeting was held with the DON, medical director and administrator to	12/10/19

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F 677	Continued From page 7 thumb nail. All nails on the left hand needed trimming and/or filing. On 11/5/19 at 11:45 AM, an observation of Resident #44's fingernails revealed the nails were long, jagged and dirty. Review of the November 2019 physician's orders revealed an order dated 8/3/16, for Resident #44, to provide nail care as needed, and an order on 7/20/18, for nail care monthly. On 11/5/19 at 2:30 PM, an interview with Certified Nursing Assistant (CNA) #1 confirmed Resident #44's fingernails needed to be cleaned and trimmed. CNA #1 stated the Treatment Nurse was responsible for trimming and filing resident fingernails in the facility, and the CNAs should clean resident fingernails if needed. CNA #1 stated she did not know why Resident #44's were in the shape they were. On 11/5/19 at 2:40 PM, interview with Registered Nurse (RN) #1 confirmed she is the Treatment Coordinator and stated any nurse or CNA could clean resident fingernails. She confirmed the Treatment Nurses were responsible for trimming and filing all resident fingernails. RN #1 confirmed Resident #44's fingernails needed care, which would include cleaning, trimming and filing. On 11/5/19 at 2:45 PM, interview with the Director of Nursing (DON) confirmed Resident #44's fingernails needed trimming and filing, along with cleaning. The DON confirmed Resident #44's nails were dirty, jagged and long. The DON confirmed the Treatment Nurse was responsible for nail care and Resident #44 had an order written on 7/20/18, for nail care monthly. The	F 677	approve the policy revision on November 6, 2019. On November 6, 2019, each residents' medical record and care plan were modified by LPN supervisor and LPN restorative nurse to reflect the policy change. Bullet Three: All nursing staff (including RNs, LPNs and CNAs) were in-serviced by the DON beginning November 5 through November 21, 2019, on the updated policy and procedure regarding resident nail care. Bullet Four: The DON or RN treatment coordinator shall monitor 100% of all residents' fingernails, to ensure nails are trimmed, filed and clean, weekly times 4 weeks, beginning November 13, 2019. The DON or RN treatment coordinator shall bring the findings of the assigned audits to the quality assurance committee quarterly and as needed.	

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F 677	Continued From page 8 DON stated any nurse or CNA should clean any resident's fingernails when needed. The DON revealed she would have the Treatment Nurse check all of the resident's nails and perform any needed care. On 11/07/19 at 9:51 AM, interview with the DON stated the CNAs nor nurses kept the fingernails trimmed and filed like they should have for Resident #44. Review of the Quarterly Minimum Data Set with an Assessment Reference Date of 8/30/19, revealed in section G, Resident #44 was coded for total dependence for assistance by one (1) staff member for personal hygiene.	F 677		
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	F 690		12/10/19

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F 690	Continued From page 9 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. §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 observation, staff interview, record review, and facility policy review, the facility failed to perform catheter care in a manner to prevent the possibility of complications, as evidenced by inadequate cleaning, and failure to secure the catheter during, cleaning for two (2) of five (5) residents with indwelling catheters, Resident #29 and Resident #104. Finding include: Review of the facility's "Urinary Catheter Care", policy, not dated, revealed it is the policy that residents with an indwelling urinary catheter shall be provided with catheter care daily to help prevent infection. The procedure for the female catheter care revealed to cleanse the labia with an antiseptic solution, using a swab or gauze pad, using only one downward stroke at a time. Discard the swab or gauze pad and clean the next area. Next, cleanse around the urethral meatus. Finally, cleanse around the catheter	F 690	Bullet One: Resident #104 was assessed by the DON on November 6, 2019 at 3: 00 p.m. for any concerns related to LPN #1's failure to adequately separate the labia, failure to secure catheter tubing while wiping and failure to pat area dry during catheter care. No concerns were noted. Resident #29 was assessed by DON on November 6, 2019 at 3:00 p.m. for any concerns related to LPN #1's failure to adequately secure the catheter during catheter care. No concerns were noted. On November 9, 2019, LPN #1 was in-serviced by LPN supervisor on proper procedures of performing urinary catheter care prior to providing any further resident care. On November 6, 2019, at 3:10 p.m. the RN treatment coordinator revisited residents #104 and # 29 and performed catheter care. Bullet Two: This has the potential to affect	

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F 690	Continued From page 10 closest to the meatus using the same method. On 11/06/19 at 11:10 AM, an observation of Foley catheter care for Resident #104, provided by Licensed Practical Nurse (LPN) #1, revealed the LPN wiped in a circular motion around the catheter at the labia, with a 4 x 4 gauze soaked with Hibiclens. LPN #1 did not separate the resident's labia during care. LPN #1 did not anchor the catheter near the meatus while wiping outward from the resident to clean the catheter. She then rinsed, using sterile water and 4 x 4 gauze, wiping in the same manner, and she did not anchor the catheter while rinsing. LPN #1 did not separate the Resident's labia during any portion of the care. LPN #1 did not pat the area dry after rinsing. An interview, on 11/06/19 at 2:38 PM, with the Director of Nursing (DON), revealed not properly cleaning during catheter care can cause skin breaks and increase the risk of infection. She stated not securing the catheter during care could cause pain and possible dislodgement of the catheter. During an interview, on 11/06/19 at 4:20 PM, LPN #1 stated she did not anchor the catheter when she cleaned it from the insertion site outward. LPN #1 confirmed she did not part the labia and adequately clean the resident. She stated she should have held the catheter to prevent pulling and causing discomfort to the resident or dislodging of the catheter. She stated not adequately cleaning around the catheter could allow bacteria to set up and cause infections.	F 690	5 residents receiving indwelling catheter care within the facility. Bullet Three: All RN's and LPN's providing direct care were in-serviced on proper procedures of performing urinary catheter care by LPN supervisor and DON beginning November 7, 2019, through November 8, 2019. A skills competency check was conducted by DON and LPN supervisor on all RN's and LPN's providing direct care to ensure proper procedures were followed. No concerns of improper care were noted. Bullet 4: The DON or RN/LPN Supervisor shall monitor 3 nurses providing catheter care weekly for 4 weeks using a skills competency check beginning November 13, 2019. The DON or RN/LPN supervisor shall bring the findings of the assigned audits to the QA committee meeting quarterly and as needed.	

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	25A174	A. BUILDING _____ B. WING _____	11/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YALOBUSHA COUNTY NURSING HOME	630 SOUTH MAIN STREET WATER VALLEY, MS 38965

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F 690	Continued From page 11	F 690		

An interview on 11/06/19 at 9:35 AM, with the DON, revealed the nurse didn't follow the physician's orders if she didn't pat the area dry after cleansing the catheter. The DON stated the nurse should have anchored the catheter while providing care. She stated this is a standard of practice and should be a part of the nurses general knowledge.

Record review revealed LPN #1 had attended an in-service addressing care of urinary catheters on 08/17/19.

Resident #29

Observation on 11/06/19, at 2:03 PM, revealed Licensed Practical Nurse (LPN) #1 performed suprapubic catheter care for Resident #29. She cleaned the insertion site and catheter tubing from the insertion site, down the tube, with a 4 x 4 gauze moistened with Hibiclens. She rinsed with sterile water per 4 x 4 gauze. LPN #1 did not pat the area dry per physician order nor anchor the catheter tubing at the insertion site while cleaning/rinsing down the tubing with the 4 x 4 gauze.

Review of the physician's order, dated 4/20/19, revealed: Clean catheter insertion site with Hibiclens, rinse with sterile water, and pat dry every shift.

During an interview on 11/06/19 at 2:09 PM, LPN #1 stated the catheter tubing should be held at the insertion site to prevent pulling the tube out; because that was considered standard practice.

During an interview on 11/06/19 at 2:45 PM, the Director of Nursing (DON) stated not anchoring the tubing could cause dislodgement of the catheter and pain for the resident. She stated not

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F 690	Continued From page 12 patting the area dry after care would not be following physician orders. Further interview with the DON, on 11/07/19, at 8:45 AM, revealed the facility policy did not include anchoring the catheter tubing during cleaning, but it was a standard of practice and the policy would be updated. Review of the Face Sheet revealed the facility admitted Resident #29 on 4/30/19, with diagnoses which included Unspecified Intracranial Injury and Obstructive and Reflux Uropathy, unspecified. Review of the Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 8/6/19, revealed that Resident #29 had severely impaired cognitive skills for daily decision making.	F 690		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.	F 812		12/10/19

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F 812	Continued From page 13 §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility policy review, the facility failed to label and date food, stored in the refrigerator and dry storage area, for one (1) of three (3) dietary tours with the likelihood of affecting 103 of 109 residents who receive meals from the kitchen. Findings include: Review of the facility's "Food Storage Policy", not dated, revealed it is the policy of the facility that PHF/TCS foods (leftovers) will be labeled and dated with the date up on which the food was opened/prepared and then discarded within three (3) days of that date, beginning on the day the food was prepared, or a commercial container was opened. During initial tour of the kitchen on 11/04/19 at 10:30 AM, an observation of the refrigerator revealed 13 blueberry muffins covered with plastic, not dated, three (3) donuts on a plate, two (2) breaded chicken patties in a zip lock bag, one (1) pancake in a zip lock bag, one (1) decorative Halloween goody bag with candies and a popcorn ball, an opened bag containing approximately two (2) cups of shredded cheese, a zip lock bag with two (2) tomato slices, lettuce in a zip lock bag, and a white bag containing a Styrofoam covered dish with food in it, all not dated. Dietary Staff stated the covered dish belonged to a staff member. Observation, of the dry food storage area revealed an opened bag of two-way chocolate cake mix and an open bag of Devil's	F 812	Bullet One: Thirteen blueberry muffins, 3 donuts, 2 breaded chicken patties, one pancake, one Halloween goody bag with candy and a popcorn ball, approximately 2 cups of shredded cheese, 2 tomato slices, lettuce and white bag containing a Styrofoam dish of food located in the refrigerator and opened bag of two-way chocolate cake mix and open bag of Devil's food cake mix located in dry food storage area were all discarded by the Dietary Manager on November 4, 2019 at 10:30 a.m. Bullet Two: This has the potential to affect 103 residents who receive food prepared by or stored by the facility's dietary department. Bullet Three: All dietary staff were in-serviced beginning November 5 through November 9, 2019, by the Dietary Director regarding the dietary department food storage policy and the correct method for covering, labeling and dating food. This in-service also contained proper storage of employee food. Bullet Four: The dietary director or dietary manager shall monitor the refrigerator/coolers, freezer and dry storage daily times two weeks, weekly times four weeks beginning November 4, 2019. The Dietary Director or dietary	

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F 812	Continued From page 14 food cake mix, with no open date. During an interview on 11/04/19 at 10:45 AM, the Dietary Manager (DM) stated the staff knew they should label and date all foods put in the refrigerator. The DM stated if food items are not labeled and dated, you don't know when to throw it out. She stated if the food was not dated, it might be spoiled, and could make people sick. An observation and interview on 11/04/19 at 10:45 AM, revealed a large plastic container on the bottom shelf in the right hand corner of the refrigerator for staff to place personal items. The DM stated the staff knows not to put personal stuff in the refrigerator with resident food. She stated there is a plastic box with a lid on it in the refrigerator for the staff to put personal stuff in. An interview, on 11/06/19 at 4:10 PM, with the Registered Dietician (RD), confirmed the food in the refrigerator should be labeled and dated. She stated they have talked and talked about this. The RD stated the leftovers should be labeled and dated and to be thrown away after three (3) days. The RD stated she did not want any sickness and food borne illnesses. She stated the staff has a designated area to put personal food items. She stated if their food is not in the right area, there is a risk it could be given to resident. An interview, with the Director of Nursing (DON) on 11/07/19 at 11:40 AM, revealed the facility had five (5) residents who can receive meals in addition to their tube feedings. Record review revealed the facility had a total of 11 residents who receive tube feedings. This resulted in 103 residents receiving food from the kitchen.	F 812	manager shall bring the findings of the assigned audits to the quality assurance committee quarterly and as needed.	

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F 880	Continued From page 15	F 880		
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 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;	F 880		12/10/19

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F 880	Continued From page 16 (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. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review, and facility policy review, the facility failed to ensure the potential spread of infection during wound care and catheter care for two (2) of seven (7) care observations, which involved Resident #29. Findings include:	F 880	Bullet One: Resident #29 was assessed by DON on November 7, 2019, at 9:45 a.m. after being made aware of concerns brought by licensing agency regarding wound care performed by RN #1 on November 6, 2019. Resident #29 was assessed by the DON on November 6, 2019 at 3:00 p.m. for any concerns related to LPN #1's failure to adequately	

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F 880	Continued From page 17 Review of the facility's "Infection Control Guidelines for All Nursing Procedures" policy, not dated, revealed: "Purpose": To provide guidelines for general infection control while caring for residents. General Guidelines:...4. In most situations, the preferred method of hand hygiene is with an alcohol-based hand rub...e. Before handling clean or soiled dressing, gauze pad, etc... h. After handling used dressings, contaminated equipment, etc. Resident #29 On 11/06/19, at 10:00 AM, observation of wound care to the Stage IV Pressure Ulcer Sacrum, revealed Registered Nurse #1 (RN) washed her hands, set up a tray on top of the treatment cart, and assembled supplies. She removed a pair of scissors from the cart, cut approximately six (6) inches of Kerlix gauze wrap from an unopened roll, and placed the scissors back into the drawer on the cart. She opened a package of 4x4 gauze and Allevyn dressing and placed them on the tray, then flipped open the lid of the trash container on the side of the cart with her bare hand to discard the wrappings twice. She then removed the zinc oxide tube and dispensed the cream into a medicine cup and placed the tube back into the cart. She poured 30 milliliters (ml) of Dakins solution into a medicine cup and place the bottle back into the cart. She removed one (1) cotton swab and one (1) tongue depressor from the cart and placed them on the tray. The nurse did not wash her hands or use hand sanitizer after touching the lid of the trash receptacle. An interview with the Director of Nursing (DON), on 11/07/19, at 09:26 AM, revealed touching the trash lid and going back and forth with the supplies, and in and out of the cart drawers,	F 880	secure the catheter during catheter care. No concerns were noted. No signs and symptoms of active infection or on-coming infection were observed on resident #29 related to RN#1 not washing hands or using hand sanitizer after touching lid of trash receptacle while preparing wound care supplies. No signs and symptoms of active infection or on-coming infection were observed to resident #29 related to LPN #1's failure to secure the catheter tubing during catheter care. On November 8, 2019, RN #1 was in-serviced by DON prior to providing further care to ensure hands are washed/sanitized after touching trash receptacle while preparing wound care supplies. On November 8, 2019, RN treatment coordinator provided wound care to resident #29 after in-servicing. On November 9, 2019, LPN #1 was in-serviced by the LPN supervisor prior to providing further care to ensure catheter tubing is secured while providing catheter care. On November 6, 2019, RN #1 revisited resident #29 and provided catheter care. Bullet Two: This has the potential to affect all residents who receive indwelling urinary catheter care and wound care in the facility. Bullet Three: All RN's and LPN's providing direct care were in-serviced by DON and LPN supervisor on infection control policies, specifically related to washing hands/using sanitizer after touching trash receptacle and to ensure labia are adequately separated and catheter tubing	

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F 880	Continued From page 18 would be an infection control issue that could cause wound infection and contamination of the cart and supplies. During an interview on 11/07/19 at 11:14 AM, RN #1 stated she was very nervous and did not even remember touching the trash lid during set up; she thought her assistant had lifted it. She stated it would pose an infection control issue and could contaminate the wound care procedure; possibly causing wound infection. Resident #29 On 11/06/19 at 2:03 PM, during an observation of suprapubic catheter care for Resident #29, LPN #1 completed the care and picked up the tray upon which she had brought supplies into the room. She placed the supply tray on the lavatory inside the room, while she washed her hands. She then carried the tray and placed it on top of the Treatment Cart. During an interview on 11/06/19, at 2:09 PM, LPN #1 stated germs would be brought back to the cart; it would be real germy, referring to the supply tray being in contact with the lavatory area. On 11/06/19 at 2:45 PM, interview with the Director of Nursing (DON) revealed there was a big risk for infection control and treatment cart contamination for LPN #1 bringing the supply tray back to the cart after being in contact with the lavatory. Record review of the Face Sheet revealed Resident #29 was admitted to the facility on 4/30/19. with a diagnosis of Unspecified Intracranial Injury, Obstructive and Reflux	F 880	is secured when providing catheter care beginning November 18, 2019 through November 21, 2019. A skills competency check was conducted by DON and LPN supervisor on all RN's and LPN's providing direct care to ensure proper procedures were followed beginning November 18, 2019 through November 21, 2019. Bullet Four: The DON or RN/LPN supervisor shall monitor 2 nurses providing wound care per week for 4 weeks to ensure proper hand washing/sanitizing is performed while preparing supplies and providing wound care beginning November 9, 2019. The DON or RN/LPN supervisor shall monitor 3 nurses providing catheter care weekly for 4 weeks using a skills competency check to ensure proper procedures are followed beginning November 13, 2019. The Director of Nursing or RN/LPN supervisor shall bring the findings of the assigned audits to the quality assurance committee quarterly and as needed.	

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F 880	Continued From page 19 Uropathy, Unspecified, and Pressure Ulcer of Sacral Region Stage 4.	F 880		

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	25A174	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**11/07/2019**

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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 | 11/25/2019

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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E 000	Initial Comments *EMERGENCY PREPAREDNESS* Survey conducted on 11/7/19 revealed the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were cited.	E 000		

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