STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A123	A. BUILDING _____ B. WING _____	11/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGINALD P WHITE NURSING FACILITY	1451 NORTH LAKELAND DRIVE/PO BOX 4128 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) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey from 11/4/2019 to 11/7/2019. The SA determined the facility was not in substantial compliance with the requirements of participation in Medicare/Medicaid. The following deficiencies resulted from the facility's noncompliance related to the standard survey: F550 and F880. At the time of survey, the census was 53, and the facility held a license for 53 beds.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.	F 550		11/25/19

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

Electronically Signed | 11/27/2019

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F 550	Continued From page 1 §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews, record review, and review of the facility policy, the facility failed to assist three (3) of six (6) residents who wanted to vote in the Governor's election on 11/6/19, Resident #8, Resident #36, and Resident #31. Findings include: Review of the facility's policy, "Voting Rights", dated 12/2014, revealed: "We will assist the resident in exercising their right to vote by mail." In an interview with the residents, during a group meeting, on 11/5/2019 at 3:00 PM, three (3) of the six (6) residents said they did not get to vote in the general election. They expressed the desire to vote. Review of the most recent Minimum Data Sets (MDS) revealed Resident #8, Resident #36, and	F 550	Disclaimer: Completion and response to CMS Form2567 by Reginald P. White Nursing Facility (RPWNF) in no way represents agreement of the statement of deficiencies herein stated. Address how corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; On 11/7/19, The Nursing Home Administrator conferenced/in-serviced Social Worker on the importance of assisting Residents #8,#36, and #1 to vote. On 11/6/19, the social worker assisted Resident #8 and #36 in completing and submitting a voter's registration application to vote in the upcoming election. Resident #1 is a registered voter and receives absentee ballots in the mail from the circuit clerk.	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGINALD P WHITE NURSING FACILITY	1451 NORTH LAKELAND DRIVE/PO BOX 4128 MERIDIAN, MS 39307

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F 550	Continued From page 2 Resident #1 had a Brief Interview Mental Status (BIMS) score of 15, which indicated no cognitive impairment. In an interview on at 11/05/19 at 3:35 PM, the Social Worker stated the residents did not say anything about wanting to vote. She confirmed the policy stated residents had the right to vote, but no one came to her and asked to vote.	F 550	Address how the facility will identify other residents having the potential to be affected by the same deficient practice; All residents have the potential to be affected if the social worker fails to inform and assist the resident in exercising their right to vote prior to local, state, and federal elections. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur; and, On 11/7/19 Nursing Home Administrator began in-servicing social workers who are responsible for informing and assisting residents to vote to include, informing/reminding residents of their right to vote prior to local, state, and federal elections, information about registration, absentee voting deadlines, offering assistance as requested, and documenting services provided in the medical record. Indicate how the facility plans to monitor its performance to make sure that 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. Indicate the date(s) the corrective action(s) will be completed. On 11/21/19 the Quality Assurance (QA) Nurse began monitoring 100% of residents' medical records for evidence of the social worker having educated the residents on exercising their right to vote, right to decline, and that the voter	

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F 550	Continued From page 3	F 550	registration application packet was completed and returned to the Circuit Clerk's Office for those wishing to vote for 100% compliance. These audits will continue until 100% compliance is met for two consecutive elections. Findings from the observation and audits will be forwarded after each election to the Nursing Home Administrator. All Findings will be reported by the QA Nurse after each election to the Quality Assurance Committee. The Quality Assurance committee will make recommendations as needed.	
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	F 880		11/25/19

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGINALD P WHITE NURSING FACILITY	1451 NORTH LAKELAND DRIVE/PO BOX 4128 MERIDIAN, MS 39307

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F 880	Continued From page 4 accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the 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.	F 880		

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	25A123	A. BUILDING _____ B. WING _____	11/07/2019

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REGINALD P WHITE NURSING FACILITY	1451 NORTH LAKELAND DRIVE/PO BOX 4128 MERIDIAN, MS 39307

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F 880	Continued From page 5 §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, and facility policy review, the facility failed to prevent the possible spread of infection during medication administration for two (2) of three (3) observations. Findings Include: Record Review of the facility's policy, "Nursing Services: Standards of Care", revised September 2019, revealed it is the policy of the facility that nursing staff will accept standard nursing practices for procedures not specifically defined by the facility Policy and Procedure Manual. The facility operates and provides services in compliance with current federal, state, and local laws, regulations, codes and professional standards of practice, that apply to the facility and types of services provided. Observation on 11/05/19 at 10:00 AM, revealed LPN #1 put gloves into her pocket prior to administering Percutaneous Endoscopic Gastrostomy (PEG) tube medication. LPN #1 washed her hands, pulled gloves out of her pocket, and administered the PEG tube medications to Resident #48. In an interview on 11/05/19 at 11:17 AM, LPN #1 confirmed she placed the gloves in her pocket prior to administering medication. LPN #1 stated she placed other things in her pocket, and pulled out car keys and pens, and stated putting the	F 880	Disclaimer: Completion and response to CMS Form2567 by Reginald P. White Nursing Facility (RPWNF) in no way represents agreement of the statement of deficiencies herein stated. Address how corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; On 11-5-19, the Director of Nursing (DON) conferenced/in-serviced Licensed Practical Nurse (LPN) # 1 on the importance of not placing gloves into her pocket prior to administering medications for Resident #48. This practice will help prevent the development and transmission of communicable diseases and infections. On 11/5/19, the Director of Nursing (DON) assessed resident # 48 and found no infection was spread to the resident. On 11-6-19, the Director of Nursing (DON) conferenced/in-serviced Licensed Practical Nurse (LPN) #2 on the importance of not placing medications into her pocket prior to administering for Resident #18. This practice will help prevent the development and transmission of communicable diseases and infections. On 11/6/19, the Director of Nursing (DON) assessed resident # 18 and found no infection was spread to the resident. Address how the facility will identify other residents having the potential to be	

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F 880	Continued From page 6 gloves in her pocket with these items could be a potential source of infection easily spread to residents. LPN #1 said, "It's a habit". Observation on 11/06/19 at 9:00 AM, of medication Administration with LPN #2, revealed the nurse placed eye drops, symbicort INH inhaler, and a 10 pack of colace in her pocket. LPN #2 washed her hands, applied gloves, removed the medication from her pocket, and administered the medication to Resident #18. Interview on 1/06/19 at 11:23 AM, with LPN #2, confirmed she placed the eye drops, Symbicort INH and colace in her pocket prior to administering the medication to Resident #18. LPN #2 stated she never thought about all the things that goes into her pocket, which is a dirty environment. LPN #2 stated this habit could cause infection to the residents. Interview on 11/07/19 at 11:28 AM, with Registered Nurse RN #1/Facility Educator, revealed she does the training with staff about infection control. RN #1 said the facility policy is to not place gloves, or medication, in their pockets. Interview on 11/07/19 at 11:31 AM, with The Director of Nursing (DON), confirmed both nurse's failed to prevent the possible spread of infection by placing gloves and medication in their pocket, prior to medication administration. Record Review of the facility's in-service, dated 4/1/2019, revealed Licensed Practical Nurse (LPN) #1 was trained on Inflection Prevention/Communicable Disease/Personal Hygiene.	F 880	affected by the same deficient practice; All residents receiving medication has the potential to be affected if staff fail to follow standards of care relating to infection prevention. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur; and, On 11-7-19, the DON and Nursing Supervisor (NS) began in servicing all Registered Nurse (RNs), Licensed Practical Nurses (LPNs), who administer medication to residents on medication administration and infection prevention to include, following hand hygiene policy, not placing gloves in pocket against scrubs, not placing medications in any form (pills, ointments, drops, etc.) in pocket, and washing hands before and after caring for residents. Indicate how the facility plans to monitor its performance to make sure that 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. Indicate the date(s) the corrective action(s) will be completed. On 11-21-19, the Quality Assurance (QA)Nurse began monitoring 10% of residents receiving medications weekly x four (4) weeks, then 10% per month x three (3) months for 100% compliance. These audits will continue until 100% compliance is met for 3 consecutive months. On 11/21/19, the NS began	

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F 880	Continued From page 7 Record Review of the facility's in-service, dated 5/21/2019, revealed LPN #1 was trained on Infection Prevention. Record Review of the facility's inservice, dated 7/23/2019, revealed LPN #2 was trained on Infection Prevention.	F 880	monitoring staff during medication administration to ensure that staff is preventing the possible spread of infection by not placing medications or gloves in their pockets. These audits will be conducted on five (5) residents per week for one (1) month and then 5 residents per month x 3 months with a 100% compliance rate. These observations will continue until 100% compliance is met for 3 consecutive months. Finding from the observation and audits will be forwarded weekly to the Director of Nursing. All Findings will be reported by the QA Nurse monthly to the Quality Assurance Committee. Quality Assurance committee will make recommendation as needed.	

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	25A123	A. BUILDING **03 - REGINALD P. WHITE 2006** B. WING _____	**11/08/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGINALD P WHITE NURSING FACILITY	**1451 NORTH LAKELAND DRIVE/PO BOX 4128 MERIDIAN, MS 39307**

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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 ********** Survey conducted on 11/08/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were cited.	E 000		

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