STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A374	A. BUILDING _____ B. WING _____	06/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOXUBEE COUNTY NURSING HOME	78 HOSPITAL RD MACON, MS 39341

(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 re-certification survey at the facility from 6/06/22 to 6/09/22. During the survey, the SA determined that the facility was not in compliance with Medicare and Medicaid requirements of participation at F880 related to not changing a feeding tube bag as ordered. The census at the time of the survey was 57 and the facility held a license for 60 beds.	F 000		
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,	F 880		7/11/22

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

Electronically Signed | 06/29/2022

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 880	Continued From page 1	F 880		

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.

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F 880	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observations, facility policy review, record reviews, and staff interviews the facility failed to prevent the likelihood of infection, as evidenced by failure to change the water flush bag and feeding tube bag every 24 hours for one (1) of six (6) residents reviewed with a Percutaneous Endoscopic Gastrostomy (PEG) tube. Resident #35 Findings Include: Record review of facility policy titled, "Gastrostomy Tube Feedings Continuous Feeding Per Pump," dated 12/21/21, revealed ... "6. Bottles of formula and/or feeding bags are to be changed every 24 hours ..." An observation on 06/06/22 at 1:38 PM revealed Resident #35's PEG tube feeding bag was empty and a filled water flush bag. Both bags were hanging on the PEG feeding pump pole and was labeled with the date of 6/4/22 on each bag. An observation and interview on 6/6/22 at 1: 45 PM, with the Licensed Practical Nurse, (LPN)#1 confirmed she worked on 6/4/22 on the 7:00 AM to 3:00 PM shift. She confirmed that the date on the water flush bag and that the date on the empty PEG tube feeding bag that were presently hanging on the PEG feeding pump was 6/4/22. She revealed it was her handwriting on the two (2) PEG feeding set up bags and revealed that she had labeled the 2 PEG feeding set up bags on 6/4/22 at 6:00 PM when she started Resident #35's PEG tube feeding. LPN #1 revealed she did not work on 6/5/22. She reported that she had	F 880	F880 1. Immediate action taken for the resident found to have been affected include: The feeding bag of resident # 35 was immediately removed and a new bag was hung by a facility Registered Nurse on 6/6/2022. An order was received on 6/8/2022 and added to Medical Administration Record for nurse to sign when a new bag is hung at 6 pm daily. 2. All residents with Percutaneous Endoscopic Gastrostomy (PEG)/ Gastrostomy Tube (G Tube) feeding have the potential to be affected by this practice. 3. The following actions were taken to reduce the risk of future occurrence include: A. On 6/9/2022 the Facility's Policy for PEG Tube/ G Tube Care/Supplies/set up was reviewed and updated. Nursing Staff was in-serviced on the revised policy starting 6/12/2022 and was completed on 6/17/2022. B. Orders were received on 6/28/2022 and added to the Medical Administration Record (MAR) for nurse to sign every 24 hours when a new feeding bag or feeding set is hung on all residents who receive continuous nutrition through PEG tubes or G-tubes. Any resident with new orders for continuous tube feeding will have orders written and added to the MAR to hang new feeding bag or set every 24 hours.	

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F 880	Continued From page 3 returned to work today and did not look at the date on the 2 bags that were presently hanging on the PEG feeding pump. LPN #1 reported that LPN #2 worked the 3:00 PM to 11:00 PM shift on 6/5/22 and would have been the one assigned to change the water flush bag and PEG tube feeding bag. LPN #1 confirmed that an infection could occur if the new formula for the PEG tube feeding for 6/5/22 was poured in the used bag dated 6/4/22. LPN #1 confirmed that a new feeding set up was to be hung on the PEG feeding pump each time the PEG feeding was started. An observation and interview on 6/6/22 at 02:55 PM, with the Director of Nursing (DON) confirmed the date of 6/4/22 on the PEG tube feeding and water flush bags that were presently hanging on the feeding pump in Resident #35's room. The DON revealed the PEG tube feeding set up should have been changed when the PEG tube feeding was started on 6/5/22 at 6:00 PM. She reported the PEG tube feeding bag and the water flush bag dated 6/4/22 should not have been used for the PEG tube feeding on 6/5/22 for Resident #35. The DON revealed that by not using a new PEG tube set up could have possibly caused Resident #35 to become ill. A telephone interview on 6/8/22 at 10:17 AM, with LPN #2 confirmed that she worked the 3:00 PM to 11:00 PM shift on 6/5/22 and that she did not change the PEG tube feeding bag and the water flush bag dated for 6/4/22. She revealed she used the PEG tube feeding set up dated 6/4/22 and added new formula for Resident #35's PEG tube feeding to the PEG tube feeding bag dated for 6/4/22. She revealed she did not need to add more water to the water flush bag dated 6/4/22	F 880	C. In-service training was completed on 6/17/2022 by the Infection Control Nurse which included validation check list for each nurse concerning proper G-Tube/PEG Tube care, set up, and monitoring was completed to determine if the nurse was performing the procedure correctly. Findings were reviewed with each nurse. Corrective action was provided as needed. The validation check list will be completed upon new hire and annually as part of staff competency evaluations on all licensed nurses by Infection Control Nurse. D. All licensed nurses will view The How To Prevent Infection related to tube feeding starting 6/29/2022 and completed by 7/5/2022. E. The Root Cause Analysis of failure to change feeding bag was completed on 7/5/2022 by the Quality Assurance Performance Improvement (QAPI) Committee. 4. The Director of Nurses will conduct bi-weekly audits times three months on all residents with continuous feedings in facility starting 6/20/2022. All hanging PEG/G-Tube feeding bag/set up will be monitored to ensure they are changed as ordered per Physician orders, have correct date, time, feeding, and rate documented on bag and initialed by nurse who hung bag. Discrepant findings will be corrected immediately and reviewed with nurse who initiated feeding. Results of Audits was reported by the Director of Nurses to the Quality Assurance Committee on 6/23/2022. The Quality	

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F 880	Continued From page 4 because it already had enough in it to supply the needed amount of water flush to Resident #35. She confirmed that she did pour the new PEG tube feeding into the PEG tube feeding set up bag dated 6/4/22 at 6:00 PM on 6/5/22 because there was a PEG tube feeding set up already hanging on the feeding pump. She also revealed that she did sign off the Medication Administration Record (MAR) to show that she did complete the task of starting the PEG tube feeding. LPN #2 also revealed the infection control standards and process to set up PEG tube feeding, for a resident included using a new PEG tube feeding set up, with new bags. She confirmed that she knew she should not have used the PEG tube feeding bags from the previous PEG tube feeding set up dated 6/4/22. An interview on 6/8/22 at 10:40 AM, with the Staff Development Nurse revealed LPN #2 had attended two Infection Control in-services that provided education regarding infection control related to PEG tube care set up and monitoring and LPN #3 had attended one in-service. A telephone interview on 6/9/22 at 06:23 AM with LPN #3, confirmed she worked the 11:00 PM-7:00 AM shift on 6/5/22 and did not check the dates on the PEG tube feeding set up during that shift. LPN #3 revealed she did monitor the water flush and the PEG tube feeding all night and signed off on the care task on the MAR. LPN #3 confirmed that she should have checked the date on the PEG tube feeding set up to confirm that it had been changed for that date. Record review of infection control in-services titled, " Infection control regarding PEG tube care, set up, and monitoring", dated 5/19/21 and	F 880	Assurance Committee will review findings monthly starting 7/11/2022, times 3 months then re-evaluate to ensure consistent substantial compliance has been achieved as determined by the committee. The Director of Nurses will be responsible to ensure compliance.	

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4/27/22 revealed LPN #2's signature on both dates and LPN #3's signature was noted on the 4/27/22 in-service.

Record review of the "Physician's Orders," revealed a physician's order dated 8/6/21, with a start date of 3/3/22, for "Glucerna 1.5 @ (at) 70 ML/HR (milliliters/hour) X 12 hours from 6 PM - 6 AM per G-Tube via pump ... with 150 CC (cubic centimeters) water every 4 hours via pump."

Record review of the "Gastrostomy Tube" section of the MAR, dated 6/5/22, revealed LPN #2's initials was documented for completion of the task of starting the PEG tube feeding at 06:00 PM and initialed for completion of the task on continuous water flush for the 3-11 shift.

Record review of the "Gastrostomy Tube" section of the MAR, dated 6/5/22, revealed LPN #3's initials was documented for completion of the task of monitoring the water flush and PEG tube feeding for the 11:00 PM to 7:00 AM shift.

Record review of the Face Sheet for Resident #35 revealed an admission date of 8/4/21.

Record review of the "Diagnosis History," revealed diagnoses that included Gastro-esophageal reflux disease and Type 2 Diabetes Mellitus without complications.