STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255308	A. BUILDING _____ B. WING _____	02/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONE COUNTY NURSING AND REHABILITATION CENTER,INC	1436 EAST CENTRAL AVENUE WIGGINS, MS 39577

(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 Survey Agency (SA) conducted an annual recertification survey at the facility from 02/12/2019 to 02/14/2019. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements for participation. The SA cited the regulatory deficiencies F583 and F880. At the time of survey, the census was 45, and the facility held a license for 59 beds.	F 000		
F 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service. §483.10(h)(3) The resident has a right to secure and confidential personal and medical records.	F 583		3/8/19

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

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F 583	Continued From page 1 (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by: Based on observation, record review, facility policy review, and staff interview, the facility failed to ensure a resident's right to privacy for one (1) of five (5) residents observed for medication administration; Resident #25; and for 1 of six (6) residents observed with a catheter; Resident #152. Findings Include: Resident #25 A review of the facility's policy titled, "Resident Rights", dated July 2017, revealed employees shall treat all residents with kindness, respect, and dignity. The facility's policy further revealed, federal and state laws guarantee certain basic rights to all residents of this facility, and these rights included the resident's right to privacy and confidentiality. A record review of the Resident #25's "Physician Orders", dated February 2019, revealed an order dated 1/11/2019 for Lidoderm Five (5) percent (%) patch to be applied to the lower back daily. An observation of medication administration by Licensed Practical Nurse (LPN) #2, on	F 583	This plan of correction affirms our allegations that Stone County Nursing and Rehabilitation Center is in substantial compliance with regulations and standards. The plan of corrections has been respectfully developed as required for compliance with Federal and State regulations. The plan of correction does not constitute an admission of any deficient practice, admission or agreement of the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. F 583 1.Resident #25 was interviewed and evaluated by the Social Worker(SW)for any negative psychosocial effects as related to privacy being maintained during residents medication administration. No negative effects observed or reported by resident #25. Resident #152 had his drainage container changed and the new container was placed in a dignity bag. Resident is non-interview able. Observation did not reveal any psychosocial issues.	

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F 583	Continued From page 2 02/13/2019 at 9:30 AM, revealed LPN #2 failed to close the door and/or close the privacy curtain when applying a topical patch to Resident # 25's lower back, which allowed the resident's buttocks to be seen from the doorway. Resident #25's roommate was also present in the room at this time. An interview with LPN #2, on 02/13/2019 at 9:40 AM, confirmed Resident #25's door was left open and the privacy curtain was not pulled, when she applied the patch to Resident #25's lower back. LPN #2 stated, she usually does both, but was nervous and forgot to close the door and pull the privacy curtain. An interview with the Assistant Director of Nursing (ADON), on 02/13/2019 at 4:00 PM, revealed, she stated, LPN #2 should have closed the door and pulled the privacy curtain when she applied the topical patch to Resident #25's lower back. The ADON stated, Resident #25 should never be exposed, and privacy should always be maintained. During an interview, on 02/14/19 at 3:05 PM, with the Director of Nursing (DON), she confirmed LPN #2 should have closed the door and pulled the privacy curtain, when she applied the topical patch to Resident #25's lower back. The DON stated, "That's our policy." A review of the Face Sheet revealed, Resident #25 was admitted by the facility on 01/10/2019, with diagnoses which included Pleural Effusion and Pain. Resident #152	F 583	2.All residents requiring medication administration of a topical patch and all residents with a catheter have the potential to be effected by the deficient practice. LPN (Licensed Practical Nurse) #2, who placed the patch on resident #25, was in-serviced on 2.13.19 on Resident Rights and providing privacy during medication administration by the Director of Nursing (DON). Each resident with a Foley Catheter (FC) drainage container was observed, on 2.12.19, for placement of their container in a privacy bag; 8 of 8 residents with FC's were noted to have their containers in a privacy bag. RN (Registered Nurse) #1 was in-serviced on 2.13.19 by the DON on ensuring proper placement and covers for a catheter drainage bag. 3. An in-service was conducted for all staff on the residents rights to personal privacy and confidentiality on 2/25, 2/27 and 2/28,2019, by the DON. 97 employees have been in-serviced with 22 remaining to complete prior to returning to work. The DON, ADON (Assistant Director of Nursing) or RCM (Resident Care Manager) will conduct random weekly audits, beginning 2/18/2019, for six (6) weeks, on five (5) residents receiving topical medication patches or with an indwelling catheter to ensure resident privacy is being maintained. 4.The results of the Privacy and	

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F 583	Continued From page 3 An observation, during the initial tour of the facility, on 02/12/2019 at 11:00 AM, revealed Resident #152's catheter drainage container had no dignity bag, and was sitting on the floor. During a subsequent observation, on 02/12/2019 at 11:20 AM, Resident #152's catheter drainage container was still lying on the floor, without a dignity bag present. A record review for Resident #152 revealed, "Physician Orders", dated February 2019, with an order dated 2/11/2019, for a Foley catheter. During an interview, on 02/12/2019 at 11:28 AM, with Registered Nurse (RN) #1/ Resident Care Coordinator, she confirmed Resident #152's catheter drainage container was sitting on the floor, the two times she had entered the room. RN #1 stated, she entered Resident # 152's room at 11:05 AM to complete a body audit. RN#1 further revealed, she re-entered Resident # 152's room at 11:20 AM, to change the catheter drainage container out for a catheter drainage bag, and put a dignity bag in place. RN #1 stated, the catheter drainage bags should be in a dignity bags. A review of the Face Sheet, revealed Resident #152 was admitted by the facility on 1/29/2019, and re-admitted on 2/11/2019, with diagnoses which included Chronic Kidney Disease and Retention of Urine.	F 583	Confidentiality audit will be brought to the QA (Quality Assurance)Committee by the DON and corrective action will be monitored and evaluated by the committee. The QA Committee will meet quarterly, and more often as necessary. If any revision to the plan of correction is needed, the revision will be developed and approved by the QA Committee to ensure the plan of correction is achieved and sustained. The QA Committee includes, but is not limited to the Medical Director, Administrator, DON, Infection Control and Prevention Officer and at least two (2) other members of the facility staff.	
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	F 880		3/8/19

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F 880	Continued From page 4 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; (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	F 880		

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F 880	Continued From page 5 (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, record review, facility policy review, and staff interview, the facility failed to prevent the possible spread of infection as evidenced by (AEB), failure to maintain a catheter drainage system from lying on the floor for one (1) of six (6) residents observed with a catheter; Resident #152, and failure to wash hands between changing gloves during wound care for 1 of two (2) wound care observations; Resident #36. Findings Include: Resident #152	F 880	F880 1.Resident #152 drainage bag was changed by Registered Nurse (RN)#1 on 2.12.19; then evaluated for signs or symptoms of infection after Foley Catheter (FC) drainage container was observed on floor. No negative outcomes were assessed, by Director of Nursing (DON)on 3.3.19. Resident #36 was monitored for signs or symptoms of infection after wound care was performed, on 3.3.19 by Director of Nursing. No negative outcomes were	

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F 880	Continued From page 6 A review of the facility policy titled, "Policies and Practices- Infection Control," dated July 2017, revealed that the facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections. The facility policy revealed that the one of the objectives for the facility's infection control policies and practices is preventing infections in the facility. The facility policy states that all personnel will be trained on the facility's infection control policies and practices including how to use pertinent procedures related to infection control. An observation, during the initial tour of the facility, on 02/12/2019 at 11:00 AM, revealed Resident #152's catheter drainage container had no dignity bag, and was sitting on the floor. During a subsequent observation, on 02/12/2019 at 11:20 AM, Resident #152's catheter drainage container was still lying on the floor, without a dignity bag present. A record review for Resident #152 revealed, "Physician Orders", dated February 2019, with an order dated 2/11/2019, for a Foley catheter. During an interview, on 02/12/2019 at 11:28 AM, with Registered Nurse (RN) #1/ Resident Care Coordinator, she confirmed Resident #152's catheter drainage container was sitting on the floor, the two times she had entered the room. RN #1 stated, she entered Resident # 152's room at 11:05 AM to complete a body audit. RN#1 further revealed, she re-entered Resident # 152's room at 11:20 AM, to change the catheter	F 880	assessed. 2.The facility recognizes that all residents requiring wound care or an indwelling catheter have the potential to affected by the deficient practice.8 of 8 residents with FC drainage containers were observed on 2.12.19; each had their container in a privacy bag and not placed on floor. Registered Nurse (RN) #1 was in-serviced, on 2.13.19, on facility handwashing policy, by the DON. 3. An in-service was conducted for all staff on 2.25,2.27 and 2.28.19 on providing care in a manner that will prevent the development and transmission of communicable diseases and infections including the proper placement of a catheter drainage bag and washing hands between the changing of gloves during wound care by the DON. The DON, ADON (Assistant Director of Nursing) or RCM (Resident Care Manager) will conduct random weekly audits, beginning 2/18/2019, for six (6) weeks, on five (5) residents receiving wound care and residents with an indwelling catheter to ensure care is being provided in a manner that will prevent the development and transmission of communicable diseases and infections. 4.The results of the infection control audit will be brought to the Quality Assurance (QA) Committee by the Director of Nursing and corrective action will be monitored and evaluated by the committee. The QA	

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F 880	Continued From page 7 drainage container out for a catheter drainage bag, and put a dignity bag in place. RN #1 stated, "Catheter containers should not be sitting on the floor at any time." RN #1 stated, the catheter drainage bags should be in a dignity bags and not touching the floor. During an interview, on 02/13/2019 at 4:10 PM, with Assistant Director of Nursing (ADON)/ Licensed Practical Nurse (LPN) #1, revealed catheter drainage containers or bags are not to be lying on the floor. The ADON stated, allowing the drainage system to touch the floor is an infection control concern. During an interview, on 02/14/2019 at 3:10 PM, with the Director of Nursing (DON), she revealed Resident #152's catheter drainage system should not have been on the floor, because this was an infection control issue. A review of the Face Sheet, revealed Resident #152 was admitted by the facility on 1/29/2019, and re-admitted on 2/11/2019, with diagnoses which included Chronic Kidney Disease and Retention of Urine. Resident #36 A review of the facility's policy titled, "Handwashing/Hand Hygiene," dated June 2017, revealed the facility considers hand hygiene the primary means to prevent the spread of infections. Use an alcohol-based hand rub or soap and water after removing gloves. The use of gloves does not replace hand washing/hand hygiene and the integration of glove use along with routine hand hygiene is recognized as the	F 880	Committee will meet quarterly, and more often as necessary. If any revision to the plan of correction is needed, the revision will be developed and approved by the QA Committee to ensure the plan of correction is achieved and sustained. The QA Committee includes, but is not limited to, the Medical Director, Administrator, Director of Nursing, Infection Control and Prevention Officer, and at least two (2) other members of the facility staff.	

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F 880	Continued From page 8 best practice for preventing healthcare-associated infections. A review of the facility's policy titled, "Wound Care," dated April 2009, revealed this policy is to provide guidelines for the care of wounds to promote healing. Steps in the wound care procedure included: to wash and dry your hands thoroughly, before putting on gloves. An observation of wound care, performed by Registered Nurse (RN) # 1/ Resident Care Coordinator, on 02/13/19 at 11:20 AM, revealed the existence of two (2) Stage Four (4) wounds. The first wound was a Stage 4 pressure ulcer to the left inferior hip. The second wound was a Stage 4 pressure ulcer to the left hip. Upon completion of care to the first wound, RN #1 removed her gloves, but did not wash her hands. RN #1 put on another pair of gloves, and began wound care to the second wound. RN #1 did not wash her hands before leaving Resident #36's room. A review of Resident #36's "Physician Orders", dated February 2019, revealed two (2) wound care orders dated for 2/13/2019. The wound care orders were for a Stage 4 pressure ulcer on Resident #36's left hip and a Stage 4 pressure ulcer on Resident #36's left inferior hip. During an interview, on 02/13/2019 at 11:50 AM, RN #1 confirmed she had applied gloves without washing her hands between treatment of the Stage 4 left hip wound and the treatment of the Stage 4 left inferior hip wound. RN #1 stated, hand hygiene is important to controlling the spread of infection.	F 880		

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F 880	Continued From page 9 During an interview, on 02/13/2019 at 4:25 PM, with Assistant Director of Nursing (ADON)/ Licensed Practical Nurse (LPN) #1, she revealed that failure to wash or sanitize your hands, after removing gloves and before applying new gloves, when moving from one wound to another, is an infection control concern. An interview, on 02/14/2019 at 3:10 PM, with the Director of Nursing (DON), revealed the RN performing wound care, should have washed her hands before applying new gloves to perform wound care on the second wound. A review of the Face Sheet, revealed Resident #36 was admitted by the facility, on 08/27/2018, and re-admitted to the facility on 09/13/2018, with diagnoses which included Diabetes Mellitus and Pressure Ulcer of Left Hip.	F 880		

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	255308	A. BUILDING **01 - STONE COUNTY NURSING HOME** B. WING _____	**02/14/2019**

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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 | 03/08/2019

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E 000	Initial Comments *EMERGENCY PREPAREDNESS* Survey conducted on 2/14/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were identified.	E 000		

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