STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	80WC	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINSTON COUNTY NURSING HOME	17560 EAST MAIN STREET LOUISVILLE, MS 39339

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted an annual re-certification survey at the facility from 10/11/22 to 10/13/22. During the survey, the SA determined that the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm and cited M0050, M655 and M815. The census at the time of the survey was 89 and the facility was licensed for 96 beds.	M 000		
M 050	45.2.5 Criminal History Record Checks Criminal History Record Checks. 1. Affidavit. For the purpose of fingerprinting and criminal background history checks, the term " affidavit " means the use of Mississippi State Department of Health (MSDH) Form #210, or a copy thereof, which shall be placed in the individual ' s personal file. 2. Employee. For the purpose of fingerprinting and criminal background history checks, employee shall mean any individual employed by a covered entity. The term employee " , also includes any individual who by contract with the covered entity provides direct patient care in a patient ' s, resident ' s, or client ' s room or in treatment rooms. The term " employee " does not include healthcare professional/technical students, as defined in Section 37-29-232, performing clinical training in a licensed entity under contracts between their schools and the licensed entity, and does not include students at high schools who observe the treatment and care of patients in a licensed entity as part of the requirements of an allied health course taught in the school if:	M 050		11/14/22

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M 050	Continued From page 1 a. The student is under the supervision of a licensed healthcare provider; and b. The student has signed the affidavit that is on file at the student ' s school stating that he or she has not been convicted of or plead guilty or nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, any sex offenses listed in section 45-33-23 (g), child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault, or felonious abuse and/or battery of a vulnerable adult, or that any such conviction or plea was reversed on appeal or a pardon was granted for the conviction or plea. c. Further, applicants and employees of the University of Mississippi Medical Center for whom criminal history record checks and fingerprinting are obtained in accordance with Section 37-115-41 are exempt from application of the term employee under Section 43-11-13. 3. Covered Entity. For the purpose of criminal history record checks, " covered entity " means a licensed entity or a healthcare professional staffing agency. 4. Licensed Entity. For the purpose of criminal history record checks, the term " licensed entity " means a hospital, nursing home, personal care home, home health agency or hospice. 5. Health Care Professional/Vocational Technical Academic Program. For the purpose of criminal history record checks, " health care professional/vocational technical academic program " means an academic program in medicine, nursing, dentistry, occupational	M 050		

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M 050	Continued From page 2 therapy, physical therapy, social services, speech therapy, or other allied-health professional whose purpose is to prepare professionals to render patient care services. 6. Health Care Professional/Vocational Technical Student. For purposes of criminal history record checks, the term means a student enrolled in a healthcare professional/vocational technical academic program. 7. Direct Patient Care or Services. For purposes of fingerprinting and criminal background history checks, the term " direct patient care " means direct hands-on medical patient care and services provided by an individual in a patient ' s, resident ' s or client ' s room, treatment room or recovery room. Individuals providing direct patient care may be directly employed by the facility or provides patient care on a contractual basis. 8. Documented Disciplinary Action. For the purpose of fingerprinting and criminal background history checks, the term " documented disciplinary action " means any action taken against an employee for abuse or neglect of a patient. This Statute is not met as evidenced by: Based on staff interviews, record review and facility policy review the facility failed to submit criminal background checks on three (3) of five (5) new employee personnel records reviewed. Findings include: Review of the facility policy titled, "Hiring" with no revision date revealed under "Comments #3e. If the drug test is negative, a Criminal History Record Check (CHRC) will be performed.	M 050	Winston County Nursing Home provides the plan of correction (POC) without admitting or denying the validity or existence of the alleged deficiency. The POC is prepared and/or executed solely because it is required by the federal and state law. The facility reserves the rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings.	

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M 050	Continued From page 3 Employee will be fingerprinted, and fingerprints will be submitted to the MS State Department of Health." An interview on 10/12/22 at 9:45 AM with the Human Resources (HR) Director confirmed that the background checks had not been completed on Certified Nursing Assistant (CNA) #1, CNA #2, and Registered Nurse (RN) #1. She revealed she is the only one in her department and she covers the hospital new hires as well and stated that she just got behind. She revealed she did not realize how behind she had gotten until the State Agency (SA) asked for the records of the latest new employees hired in the last 120 days and it revealed that these employees did not have their criminal background check. She stated they were all direct care employees and that if an employee was working here they were required to have a criminal background completed. She revealed the facility has a policy that all employees will be fingerprinted and a criminal background check will be completed on every employee that works at the facility. An interview on 10/12/22 at 10:00 AM with the Administrator and the Director of Nurses (DON) confirmed it is the policy of the facility that all employees have a criminal background check. The DON confirmed that allowing someone to work here without a criminal background check being completed puts the resident at risk for the potential for abuse if that employee had a disqualifying factor on their criminal background check. Record review of new hire personnel records revealed that no criminal background check had been completed on CNA #1, CNA #2, and RN #1 that were hired in the last 120 days.	M 050	1.Fingerprint cards on staff members, Certified Nursing Assistant (CNA) #1, CNA # 2 and Registered Nurse (RN) # 1, were submitted on 10/12/22 to the MS State Department of Health for their criminal background check to be complete and filed in employee record. 2.All residents have the potential to be affected. 3.The Human Resources Director was educated on 10/12/22, by Director of Nurses (DON) on the facility Hiring policy and protocol for submitting fingerprints for new hires and receiving criminal background check. The Human Resource Director completed an audit on all employee files to ensure that criminal background checks were performed and that their letters were placed in their file as required by policy. When new staff members are hired, the Human Resource Director will have fingerprint cards sent in to MS State Department of Health within 10 days of hire. Human Resource Director will provide a copy of background check to Director of Nurses (DON) when returned. A copy will be kept in DON employee files, as well. 4.The Director of Nursing (DON) will maintain constant communication with Human Resource Director and keep an ongoing record of new hires and their criminal background checks. An audit tool was developed and implemented by DON on 10/12/22. DON will continue to check	

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M 050	Continued From page 4	M 050	for compliance weekly for four weeks and then monthly. The DON will report any findings for review by the Quality Assurance (QA) Committee on 11/11/22 and then every other month starting in December.	
M 655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This Statute is not met as evidenced by: Level II Based on observation, resident and staff interviews, record review and facility policy review the facility failed to change, date, and label and store oxygen tubing and to post oxygen signage at the entrance to residents' rooms for three (3) of four (4) residents reviewed with oxygen. Residents #2, Resident #42 and Resident #184. Findings Include: Review of facility policy "Oxygen Therapy" with revision date of 02/09/18 revealed under "Policy Explanation and Compliance Guidelines: ...4. NO SMOKING and/or OXYGEN IN USE signs will be posted at the entrance of the resident's room." Facility Policy also revealed under "Oxygen Concentrator" the following: ".3. Change humidified bottle and tubing weekly."	M 655	Winston County Nursing Home provides the plan of correction (POC) without admitting or denying the validity or existence of the alleged deficiency. The POC is prepared and/or executed solely because it is required by the federal and state law. The facility reserves the rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. 1. Resident # 184: O2 signage was placed outside room and the O2 tubing was replaced, dated, labeled and placed in a plastic bag on 10/12/22. Resident #2: O2 signage was placed outside room and the O2 tubing was replaced, dated, labeled and placed in a plastic bag on 10/12/22. Water humidifier bottle was replaced and	11/14/22

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M 655	Continued From page 5 Resident #184 An observation on 10/11/22 at 11:03 AM, revealed Resident #184 lying in bed with Oxygen (O2) via biprong nasal cannula at 5 (five) Liters Per Minute (LPM), O2 tubing was not dated or labeled and there was no O2 signage on the resident's room door. An observation on 10/11/22 at 2:00 PM, revealed Resident #184 lying in bed receiving O2 via nasal cannula at 5 LPM, O2 tubing was not dated or labeled and there was no O2 signage on the resident's room door. An observation on 10/12/22 at 9:00 AM, revealed Resident #184 was in her bed receiving O2 via nasal cannula at 5 LPM, the O2 tubing was not labeled or dated and there was no O2 signage on the resident's door. An observation and interview on 10/12/22 at 1:30 PM, with Licensed Practical Nurse (LPN) #1 confirmed that Resident #184's O2 tubing was not labeled and dated and there was no O2 signage on the door. She revealed there was a plastic bag with new O2 tubing with a date of 10/10/22 lying on top of the air conditioner in the resident's room and that the nurse was supposed to have changed the resident's tubing on Sunday 10/10/22 so it must have not been done. She revealed it is the policy of the facility that resident's O2 tubing has to be changed once per week, labeled, and dated and O2 signage needs to be put on the door. She revealed that if a resident's O2 tubing is not labeled and dated then no one knows when it was changed and that could lead to an infection for the resident.	M 655	dated on 10/12/22. Resident #42: O2 signage was placed outside room and the O2 tubing was replaced, dated, labeled and placed in a plastic bag on 10/12/22. 2. All residents receiving as needed (PRN) or continuous oxygen therapy have the potential to be affected. 3. All staff members were educated by Quality Assurance Performance Improvement nurse on the importance of universal precautions and discarding contaminated items and replacing them with new, initialed, and dated oxygen supplies per policy on 10/13/2022. 4. To monitor compliance the Quality Assurance Performance Improvement Nurse began auditing on 10/17/22, 3 times a week for 2 weeks, then twice a week for 2 weeks, then weekly on Mondays for 4 weeks and then monthly to ensure that the O2 signage is in place and O2 tubing is new, initialed, dated and in a plastic bag per policy. The Quality Assurance Performance Improvement Nurse will report any findings for review by the Quality Assurance (QA) Committee on 11/11/22 and then every other month starting in December.	

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M 655	Continued From page 6 An interview on 10/12/22 at 1:45 PM, with the Director of Nurses (DON) confirmed it is the policy of the facility that O2 tubing is changed, dated, and initialed on Sunday's each week. She revealed that if the O2 tubing is not dated then you can assume it was not changed. She revealed the reason the resident's O2 tubing would need to be changed is to prevent the buildup of bacteria. Record review of Resident #184's Physician Orders revealed an order dated 9/23/22 for "O2 @ (at) 5 L/M per NC (nasal cannula) cont. (continuous) decrease O2 levels" and an order dated 9/23/22, "Change NEB(nebulizer)/O2 tubing q (every) Sunday, date tube and storage bag, clean NEB/O2 concentrator and filter @ (at) this time". Record review of Resident #184's Face Sheet with an admission date of 9/23/22 and medical diagnoses that included Anxiety disorder and Contact with and (suspected) exposure to asbestos. Record review of Resident #184's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/29/22 revealed a Brief Interview for Mental Status (BIMS) score of 05, which indicates the resident is severely cognitively impaired, Resident #2 An observation and interview on 10/11/22 at 11:00 AM, with Resident #2 revealed that he used his oxygen every night and that he put it on and removed it himself. The oxygen tubing and water humidifier bottle were not labeled and dated and there was no oxygen signage on the door.	M 655		

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M 655	Continued From page 7 An observation on 10/11/22 at 3:00 PM, revealed that there was no date on the oxygen tubing or on the humidified water bottle and there was no oxygen signage on the door outside of his room. An interview with Licensed Practical Nursing (LPN) #1 on 10/13/22 at 8:30 AM, revealed that the oxygen tubing and humidified water bottles are supposed to be changed every seven days and that the nurses on night shift are responsible for this. An interview with Licensed Practical Nurse (LPN) #4 on 10/12/22 at 1:30 PM, revealed that the night shift nurses take care of changing the oxygen tubing and water humidifier bottles. She revealed that the tubing and the humidifier bottles are supposed to be dated and that the nasal cannulas are to be placed in a plastic bag. She also revealed that oxygen signs are to be on the wall outside of the resident's room as well. LPN #4 confirmed that there was no date on the oxygen tubing, nasal cannula, or humidified water bottle and that there was no oxygen sign outside the resident's door. She also revealed that this could cause issues including being unable to determine the last time this tubing was changed which could lead to infection. On 10/13/22 at 9:45 AM, an interview with Registered Nurse (RN) #2, revealed that the oxygen tubing and humidified bottles are scheduled to be changed every Sunday and as needed. She also revealed that the nurses on night shift are responsible for getting them changed and dated. Record review of Resident #2's Physician Orders revealed orders dated 6/19/20 for "Oxygen at 2	M 655		

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M 655	Continued From page 8 L/M Per NC (nasal cannula) PRN (as needed). SOB (shortness of breath)" and an order dated 6/22/20 to "Change NEB/O2 Tubing every Sunday, Date Tube and Storage Bag...". A record review of the Face Sheet revealed that Resident #2 was admitted to the facility on 11/19/19, with diagnoses of Myocardial Infarction, Essential Hypertension, Heart Failure, unspecified, Atrial Fibrillation, unspecified, and Anemia. Record review of the Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 07/12/2022, for Resident #2, revealed a Brief Interview for Mental Status (BIMS) score of 13, indicating Resident #2 is cognitively intact. Record review of the September and October 2022 Electronic Treatment Administration Records (E-TARs), revealed in the description column to Change Nebulizer/Oxygen Tubing Every Sunday, Date Tube and Storage Bag. There were no initials or check marks by staff present on the E-TAR that would indicate that this task was completed. Resident #42 An observation and interview with Resident #42 on 10/11/22 at 3:45 PM, revealed the resident sitting in her wheelchair with an oxygen concentrator at her side. There was no date on the tubing or bag for tubing storage and there was no oxygen signage on the resident's room door. Resident #42 revealed she wears oxygen every night. An observation of Resident #42 on 10/12/22 at	M 655		

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M 655	Continued From page 9 9:26 AM and at 9:55 AM, revealed no date on the oxygen tubing, no storage bag, and no oxygen signage on the entry door. An observation and interview on 10/12/22 at 1:20 PM, with LPN #5 revealed the oxygen tubing and storage are to be changed weekly on Sunday night. She revealed the oxygen tubing is also supposed to be labeled, dated, and placed in a plastic bag. LPN #5 confirmed there was no tubing storage bag in the room and that it should be. LPN #5 confirmed there was no oxygen signage on the door. An interview on 10/12/22 at 2:00 PM, with the Infection Control Nurse revealed the oxygen tubing is to be changed out each Sunday night and kept in a bag when not in use. She revealed it must be labeled and dated each week and oxygen signage should be on the resident's door. Record review of the Face Sheet for Resident #42 revealed that she was admitted to the facility on 10/30/19 with diagnoses that included Pneumonia, Simple chronic bronchitis, and Heart failure. Record review of Physician Orders revealed the following orders dated 2/22/22 for O2 at 4 L/M Per NC Cont. SOB" and an order dated 10/31/19 "Change NEB/O2 Tubing every Sunday. Date Tube and Storage Bag..." Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/21/22, revealed Resident #42 had a Brief Interview for Mental Status (BIMS) score of 12, indicating that the resident is moderately impaired.	M 655		

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M 815	Continued From page 10	M 815		
M 815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This Statute is not met as evidenced by: Level II Based on observation, staff interviews, and facility policy review the facility failed to ensure items in the kitchen refrigerator and the refrigerated cooler in the kitchen were labeled and dated and that expired food items were removed and that food bins were covered for one (1) of two (2) kitchen tours. Findings include: A review of the facilities' policy titled, "Food and Supply Storage." Policy #BOO3, revised 1/22, revealed All food, non-food items, and supplies used in food preparation shall be stored in such a manner as to prevent contamination to maintain the safety and wholesomeness of the food for human consumption ...Dry Storage ...Foods that must be opened must be stored in approved containers that have tight-fitting lids...Hang scoop. The food level must be no closer than one inch below the handle of the scoop ...Refrigerated storage life of foods ...Use the manufacturer's expiration date for products before they are opened ...Label when the product is opened. The initial brief tour of the kitchen on 10/11/22 at 10:20 AM with the Dietary Manager (DM) revealed:	M 815	Winston County Nursing Home provides the plan of correction (POC) without admitting or denying the validity or existence of the alleged deficiency. The POC is prepared and/or executed solely because it is required by the federal and state law. The facility reserves the rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. 1. Facility disposed of all items that were not labeled, not dated, uncovered, expired, and/or contaminated on 10/11/22. 2. All residents have the potential to be affected by this deficient practice. 3. Dietary Team was educated on 10/18/22 by previous Dietary Manager and 11/2/22 by current Dietary Manager on receiving and stocking protocol, storage of dry goods, labeling, dating, and discarding of expired items. 4. Dietary Manager and/or supervisor will complete a monitoring log to ensure that protocols are being followed beginning 11/2/22 daily x 2 weeks, biweekly x 2	11/14/22

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M 815	Continued From page 11 1. Kitchen refrigerator #1 an observation and interview with the DM revealed three (3) metal containers not labeled, and not dated. The Dietary manager revealed that one container was pimento and cheese, the second was pears, and the third was lettuce and tomato. The dietary manager was unsure of how long the items had been in the refrigerator. A large gallon-sized bag of ham, not labeled or dated. A large gallon-sized bag of turkey, not labeled or dated. The dietary manager revealed it is everyone's responsibility to keep things labeled and expired items discarded. She confirmed this had not been done. 2. Main cooler observation and interview revealed three (3) five-pound white plastic containers with a manufactured label of sweet potatoes. Each container was labeled with today's date 10/6, good through 10/09/22. A plastic 7.6-ounce container of red liquid substance with no label or date. A brown, opened box, with no date or label. The dietary manager stated, "These are omelets, I think they opened these this morning." Three white 12 lb. plastic containers labeled baked potato salad with an expiration date of 10/04/22. A white 11 lb plastic container labeled coleslaw with an expiration date of 9/29/22. An oblong metal container which the dietary manager revealed was spaghetti with an expiration date of 10/06/22. A white container which the dietary manager confirmed was sliced strawberries with an expiration date of 9/27/22. 3. An observation of the storage shelf revealed four (4) 5 lb boxes of "Butter flake artificially flavored buttermilk biscuit mix" with a manufactured expiration date of July 12, 2022. 4. An observation and interview with the dietary	M 815	weeks, and then monthly. Dietary Manager will report findings to the Quality Assurance committee for review and recommendations of changes as needed on 11/11/22 and then every other month beginning in December.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	80WC	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINSTON COUNTY NURSING HOME	17560 EAST MAIN STREET LOUISVILLE, MS 39339

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M 815	Continued From page 12 manager revealed the sugar storage bin lid was off and the scooper was lying inside on the sugar. The flour bin revealed a square plastic container lying down in the flour. The third bin used for storing brownie mix was noted with the lid off. The dietary manager stated the lid is always to be kept on and the scoop is not to be stored inside the bins on the food. She revealed this could cause contamination and could make someone sick. An interview on 10/11/22 at 11:05 AM with the Dietary Manager revealed that all food was supposed to be labeled and dated when made and opened. She revealed it is everyone's responsibility to ensure that expired foods are discarded and she confirmed that the dietary department has failed to complete this task. An interview on 10/12/22 at 2:10 PM with the infection control nurse confirmed that any expired foods or uncovered foods could cause an infection or food poisoning in a resident if food is not discarded timely.	M 815		