STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255210	A. BUILDING _____ B. WING _____	04/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE CREST GUEST HOME INC	133 PINE STREET HAZLEHURST, MS 39083

(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 survey from 04/02/19 through 04/04/19. During the survey the SA determined the facility was not in compliance with the Medicare and Medicaid Requirements of participation. The SA cited deficiencies at F583, F623, F656, F695, and F880. The facility was licensed for 90 beds and had a census of 59 at the time of survey.	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		5/6/19

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

Electronically Signed | 04/22/2019

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 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 provide privacy during the personal care for one (1) of seven (7) residents observed for a personal care task, Resident #42. Findings include: A review of the facility policy titled, "Privacy and Confidentiality Policy," no date, revealed that it is the policy of this facility that the resident has the right to personal privacy. The facility policy noted that personal privacy included personal care. The facility policy noted, as a reminder, that the cubicle curtain, window curtains or blinds, and the door should always be closed before rendering treatment or care. During an observation, on 04/02/2019 at 7:10 PM, of the personal care task for Resident #42, Certified Nursing Assistant (CNA) #1 failed to close the door to Resident #42's room when providing personal care to the resident. Resident #42 was exposed from her waist to her feet while CNA #1 was changing her brief. The privacy curtain was not in use and Resident #42 could be seen from the hallway.	F 583	On 04/18/19, Resident #42 was assessed by Director of Nursing and found to be alert and lying in bed. Respirations even and unlabored. Skin warm and dry. Meal intakes adequate. Resident attends activities and has a pleasant demeanor. Resident had no adverse affects regarding failure to provide privacy and did not suffer any psychosocial harm. On 04/19/19, Director of Nursing did disciplinary action with Certified Nursing Assistant #1 regarding Resident Rights and their right to privacy. On 04/18/19, 100% of all residents that are incontinent were audited by the MDS Nurse to ensure residents that are incontinent had an incontinent care plan and appropriate interventions in place. All residents that are incontinent have the potential to be affected by this deficient practice. On 04/15/19-04/21/19, inservices on "Residents Rights" were conducted by the	

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F 583	Continued From page 2 During an interview, on 04/02/2019 at 7:20 PM, Registered Nurse (RN) #1 stated that CNA #1 should have closed the door to Resident #42's room before starting care, to provide Resident #42 with privacy. During an interview, on 04/02/2019 at 7:35 PM, the Director of Nursing (DON) stated that closing the resident's door should always be done before providing resident care. During an interview, on 04/02/2019 at 7:55 PM, CNA #1 confirmed that she did not close the door of Resident #42's room prior to providing personal care to the resident. CNA #1 stated that she should have closed the door before she changed Resident #42's brief and pad, so that the resident had privacy. A review of the facility document titled, "CNA Orientation Checklist," dated 02/02/2019, revealed that Certified Nursing Assistant (CNA) #1 was checked off as having completed the Orientation Training for Privacy Reinforcement (ex. Knock before Entering, Pulling Privacy Curtains and Etc.), as was indicated by the initials of the Orientation Staff Member and CNA #1. Review of the Face Sheet revealed Resident # 42 was admitted by the facility on 05/21/2015, with diagnoses to include Cerebral Infarction and Non-Alzheimer's Dementia. Review of the Annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/27/2019, revealed that Resident #42 had a Brief Interview of Mental Status (BIMS) score of 6, indicating severely impaired cognition.	F 583	Quality Assurance Nurse with Certified Nursing Assistant #1 and all Nurses and Certified Nursing Assistants regarding Resident's Right to privacy and closing the door and privacy curtains when providing care were discussed. All new hires will be inserviced on Resident's Rights before providing care. Staff Development Nurse will monitor Certified Nursing Assistants beginning on 04/16/19, for maintaining privacy and dignity during incontinent care check-offs for two achieved pass rates in two months, then quarterly check-offs thereafter until substantial compliance is achieved. Quality Assurance Nurse will make rounds auditing incontinent care plan interventions beginning 04/18/19, on all incontinent residents weekly for four weeks, monthly times two months , then quarterly thereafter until substantial compliance is achieved. The Quality Assurance Nurse will bring any discrepancies to the Director of Nursing. Director of Nursing will bring discrepancies to monthly Quality Assurance Monthly Meeting for review and any corrective action to be taken.	

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F 623	Continued From page 3	F 623		
F 623 SS=C	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is	F 623		5/6/19

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F 623	Continued From page 4 required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.	F 623		

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F 623	Continued From page 5 §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on staff interview, record review, and facility policy review, the facility failed to issue a written notification of transfer and discharge to an acute care hospital for one (1) of four (4) residents with transfer to the hospital, Resident #41. Findings include: A review of the document, "Hospital Transfer /Return Form Policy", not dated, revealed the Hospital Transfer Nurses Notes and the Hospital Return Notes forms will be utilized on any resident who is transferred to, or returned from, the hospital. Documentation included that the Hospital Transfer Form/Return Form will be maintained in the medical records as the Nurse's note. The form does not take the place of the transfer form which accompanies the resident to	F 623	Resident #41 had two hospital stays within the last six months without a letter of transfer on either hospital visit. No adverse affects occurred to the resident for the failure of notification of transfer to the hospital. Resident has not been hospitalized since survey exit on 04/04/19. On 04/04/19, the Director of Nursing inserviced the Social Director on sending a letter of notification on hospital transfers or discharges. All residents that are transferred or discharged to the hospital have the potential to be affected by this deficient practice. Beginning on 04/04/19, all discharges and	

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F 623	Continued From page 6 the hospital. Record review revealed Resident #41 had two (2) hospital stays in the past six (6) months. Dates included: 12-05-18 thru 12-10-18, and 12-31-18 thru 1-4-19, with no letter of notification of transfer on either hospital visit. An interview on 04/04/19 at 12:55 PM, with Medical Records personnel revealed, "We do not send a letter out to the resident or resident representative when the resident goes out to the hospital." An interview on 04/04/19 at 12:56 PM, with Social Services revealed, "We do not send a letter to the resident or resident representative when the resident goes out to the hospital. We do a verbal with the family." A phone interview with Resident #41's Representative on 04/04/19 at 1:01 PM, revealed, "The facility did call and notify me when she went to the hospital." There was no documented evidence there had been a written notification of the hospital transfers. An interview on 04/04/19 at 1:06 PM, with the Director of Nursing (DON), revealed the facility had no letter that was sent out to the resident/resident representatives regarding residents going to the hospital to her knowledge.	F 623	transfers to the hospital and the notification of transfer to the resident's Responsible Party are discussed in the morning stand-up meeting Monday-Friday by the Interdisciplinary Team. The Social Director will send a letter of notification of transfer on all hospital transfers or discharges to resident's Responsible Party beginning 04/04/19. Beginning on 04/19/19, Quality Assurance Nurse will monitor all hospital discharges and transfers for notification of transfer or discharge letter to responsible party weekly for one month then quarterly thereafter until substantial compliance is achieved. Any discrepancies will be brought to the Director of Nursing. Director of Nursing will bring discrepancies to Quality Assurance Committee meeting monthly for further review or corrective action.	
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	F 656		5/6/19

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F 656	Continued From page 7 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 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:	F 656		

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F 656	Continued From page 8 Based on observation, staff interview, record review, and facility policy review, the facility failed to implement the care plan regarding care for three (3) of 19 care plans reviewed. Residents #5, #25, and #37. Resident #25 for incontinent care, turn/reposition, and offer fluids every two (2) hours; Resident #5 for; Resident #37 for Findings include: A review of Facility Policy titled, "Total Care Plan", not dated, revealed "It is the policy of this facility that the Interdisciplinary Care Plan will be done to identify problems that affect the resident and his/her needs. It also identifies the discipline responsible for performing the intervention." A review of Facility Policy titled, "Comprehensive Care Plan" dated 2-15-18, revealed the Interdisciplinary Care Plan will be completed to identify the interventions related to specific problems. A review of Facility Policy titled, "Female Incontinent Care", dated 11-16-15 revealed incontinent care will be provided to insure that all incontinent residents will receive appropriate treatment and services to prevent Urinary Tract Infections and promote good skin integrity. Incontinent residents will be checked at least every two (2) hours for incontinent episodes. Resident #25 A review of Resident #25's current Care Plan, initiated 2/13/19, revealed Resident #25 is incontinent of bowel and bladder and at risk for pressure ulcers and Urinary Tract Infection (UTI), with interventions of incontinent care and applying skin protectant to skin after bath/incontinent care.	F 656	On 4/18/19, Resident #5 was assessed by the Director of Nursing. Resident alert and awake. Skin warm and dry. Resident has episodes of incontinence. Incontinent care is provided by staff and was observed by Director of Nursing to ensure care plan was followed. No signs and symptoms of urinary tract infection or skin break down. Resident had no adverse affects for failure to follow care plan. On 4/18/19, Resident #25 was assessed by the Director of Nursing. Resident alert and oriented times three. Resident continues on Hospice services. Skin warm and dry. Resident is usually incontinent. Incontinent care is provided by staff and was observed by Director of Nursing to ensure care plan was followed. No signs and symptoms of urinary tract infection or new skin break down. Resident had no adverse affects for failure to follow care plan. On 4/18/19, Resident #37 was assessed by Director of Nursing. Resident is alert and awake. Skin warm and dry. Incontinent care is provided by staff and was observed by Director of Nursing to ensure care plan was followed. No signs and symptoms of urinary tract infection or skin break down. Resident had no adverse affects for failure to follow care plan. On 04/19/19, disciplinary action was taken and one on one inservicing by the Director of Nursing with Registered Nurse #1, Certified Nursing Assistant #2 and Certified Nursing Assistant #3 regarding not following the plan of care for	

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F 656	Continued From page 9 The care plan also included interventions to offer fluids and turn/reposition the resident every two (2) hours. An observation on 04/02/19 at 06:13 PM, with Certified Nursing Assistant (CNA) #2 and CNA #3 (Orientee), revealed Resident #25 was in bed. When entering the room, a strong smell of urine was noticed at the entry into the room. When asked if Resident #25 was her assigned resident, CNA #2 stated she was assigned to the resident. Because of the strong urine odor, CNA was asked if she had performed any kind of incontinence care on Resident #25 since she had been at work. CNA #2 stated "No". CNA #2 and CNA #3 checked Resident #25's brief. Resident #25's brief was wet and the cotton padding inside the brief appeared to be dark brown and coming apart as visualized through the outside of the brief. CNA #2 stated she had been at work since 3:00 PM, but had not changed Resident #25. She stated, "I didn't have time; they had to get the board together (assignments) when I got here, and then I had to push other residents to the dining hall and help feed." Resident #25 was uncovered to change her brief and two (2) linen saver pads were noticed under Resident #25's buttocks. Resident #25 had a Duoderm dressing intact on her buttocks. The CNA had not provided care to Resident #25 for over three (3) hours. Resident #5 A review of Resident #5's current Care Plan, initiated 1/16/19, revealed Resident #5 is at risk for pressure ulcers related to incontinence of both bowel and bladder, with the intervention of incontinent care every two (2) hours and as needed (PRN).	F 656	incontinence. On 04/18/19, 100% of all residents care plans that are incontinent were audited by the MDS Nurse to ensure residents that are incontinent had an incontinent care plan and appropriate interventions. All residents that are provided incontinent care have the potential to be affected by this deficient practice. On 4/15/18 - 4/21/19, inservices were conducted by the Quality Assurance Nurse to all Nurses and Certified Nursing Assistants on following the plan of care for incontinence. Beginning on 04/16/19, Staff Development Nurse will monitor incontinent care check-offs for two achieved pass rates in two months, then quarterly check-offs thereafter until substantial compliance is achieved. Quality Assurance Nurse will make rounds auditing incontinent care plan interventions beginning 04/18/19, on all incontinent residents weekly for four weeks, monthly times two months , then quarterly therafter until substantial compliance is achieved. Any discrepancies will be brought to the Director of Nursing and the Director of Nursing will take findings monthly to Quality Assurance Committee meeting for further review and corrective action.	

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F 656	Continued From page 10 An observation on 04/02/19 at 06:21 PM, revealed CNA #2 and CNA #3 entered Resident #5's room. When asked if she had provided incontinence care to Resident #5 since she came on duty at 3:00 PM, CNA #2 stated, "I am assigned to Resident #5, but no, I have not changed the resident since I came to work at 3:00 PM. She stated, "Like I said earlier, I can only be so many places and after they did the board (assignments) I had to get residents to the dining room and then help feed. I just didn't have time." CNA #2 and CNA #3 gloved and began to gather supplies to perform peri-care. RN #1 was asked to enter Resident #5's room to discuss CNA #2 stating that she had not changed the resident since clocking in for work, and to witness if Resident #5's brief was wet. After washing hands and gloving, CNA #2 and CNA #3 began incontinence care on Resident #5. Upon pulling back bed covers, Resident #5 had two (2) linen saver pads under her. Resident #5's brief was visibly wet. The CNA had not provided care to Resident #5 for over three (3) hours. Resident #37 A review of Resident #37's current Care Plan, initiated 2/28/19, revealed Resident #37 is at risk for pressure ulcers related to incontinence of bowel and bladder, with an intervention of incontinence care. The care plan revealed the resident required total assistance with toilet use. The Care plan revealed Resident #37 is at risk for UTI related to incontinent of bowel and bladder with an intervention of incontinent care. An observation on 04/02/19 at 06:38 PM, revealed CNA #2 and CNA #3 entered the room to provide peri-care on Resident #37. CNA #2	F 656		

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F 656	Continued From page 11 and CNA #3 washed their hands and gloved. RN #1 was present in the room. CNA #2 removed Resident #37's brief. Resident #37's brief was wet as well as soiled with Bowel Movement (BM). The CNA had not provided care to Resident #37 for over three (3) and one-half (1/2) hours. An interview on 04/02/19 at 06:37 PM, with RN #1, revealed, "We are low on CNA's. You can look at the schedule and see that. It's hard for them to work short and be in several different places at one time. I saw the brief was wet on both Resident #37 and Resident #5, and soiled with BM on Resident 5." An interview on 04/04/19 at 02:04 PM, with LPN #6, Care Plan Nurse, revealed, "When I create a care plan it is a plan of care for the nurse or CNA to follow. I expect them to follow the care plan."	F 656		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based observation, staff interview, record review, and facility policy review, the facility failed to follow the manufacturer's guidelines regarding inhalers for (1) of (27) medication administration opportunities. Resident #16.	F 695	On 04/02/19, Resident #16 was assessed by Director of Nursing. Resident was without complaints. Respirations even and unlabored. Skin warm and dry. Resident able to make needs known. Alert	5/6/19

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F 695	Continued From page 12 Findings include: A review of Symbicort Inhaler Manufacture's Pharmacy Guide revealed, "After inhalation, the patient should rinse the mouth with water without swallowing." Swallowing and not rinsing the Symbicort can cause Candida Albicans Infection of the oral cavity. A review of the facility's Physicians order, dated 01/22/2018, revealed orders for Symbicort aerosol 160-4.5 mcg (microgram)/AER(Budesonide-Formoterol Fumarate) two (2) puffs, inhale orally two (2) times a day, related to Chronic Obstructive Pulmonary Disease. Rinse mouth with water after use. A review of the facility's policy titled, "Administering Medication", not dated, revealed medication must be administered in accordance with the orders, including required time frame. A review of Resident #16's Medication Administration Record (MAR) revealed documentation to administer the Symbicort and rinse mouth with water after use. During an observation on 4/2/2019 at 09:00 AM, of the facility's morning Medication Pass, License Practical Nurse (LPN) #1 gave Resident #16 two (2) puffs from the Symbicort Inhaler. LPN #1 offered Resident #16 water to rinse his mouth out after inhaling the medication. Resident #16 swallowed the water after each puff. LPN #1 failed to educate Resident #16 on the importance of not swallowing the water.	F 695	and oriented times three. On 04/18/19, Resident #16 was assessed by Director of Nursing. Resident alert and oriented times three. Respirations even and unlabored. Proper use of administration of Inhaler and resident's ability to follow instructions were observed by Director of Nursing. Resident's skin warm and dry. Mucous membranes pink and moist. No indication of thrush, tongue or gum problems. No adverse affects from failure to follow manufacturer's recommendations. On 04/02/19, Licensed Practical Nurse #1 was provided one on one inservice by the Director of Nursing on proper use of inhaler including for the resident to rinse and spit after treatment is complete. On 04/23/19, all residents that use corticoidsteroid inhalers were audited by the Director of Nursing for medication orders to include for the resident to rinse and spit after use. All residents who use an inhaler have the potential to be affected by this deficient practice. On 04/16/2019 - 04/21/2019, medication check-offs were conducted with all Nurses by the Director Of Nursing and Quality Assurance Nurse to include proper use of inhalers and for the resident to rinse and spit after treatment is complete. All new hired nurses will complete medication administration check-offs to include proper use of inhalers for the resident to	

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F 695	Continued From page 13 During an interview on 4/2/2019 at 03:00 PM, LPN #1 said she did not know the resident should spit the water out. LPN #1 said she knew the resident should rinse with water because of the medication, but didn't know why. During an interview on 4/3/2019 at 1:50 PM, The Director of Nursing (DON) confirmed that the facility failed to follow the Manufacturer's Prescribing Guidelines by allowing Resident #16 to swallow the water mouth after inhaling the Symbicort. Review of Physician orders revealed the facility admitted Resident #16 on 08/24/2017, with diagnoses, which included Chronic Obstructive Pulmonary Disease, Hypertension and Atrial Fibrillation. A review of Resident #16's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 1/22/2019 , revealed Resident #16 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident is cognitively intact.	F 695	rinse and spit after treatment is complete, before administering medications. Quality Assurance Nurse will begin on 04/21/19, to monitor administration of two residents using inhalers weekly for four weeks, monthly for two months, then quarterly thereafter until substantial compliance is achieved. Quality Assurance Nurse will bring any discrepancies to the Director of Nursing. Director of Nursing will bring discrepancies to the Quality Assurance Committee Meeting monthly for further review or corrective actions to be taken.	
F 880 SS=F	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	F 880		5/6/19

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F 880	Continued From page 14 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 (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.	F 880		

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F 880	Continued From page 15 §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, facility policy review, and staff interview, the facility failed to ensure the possible spread of infection by not following proper hand hygiene procedures during resident care tasks for four (4) of seven (7) resident care observations: Resident #5, Resident #25, Resident #37, and Resident #42; and the improper handling of linens for one (1) of (3) days of observations. Findings include: A review of the facility policy titled, "Infection Control Policy," no date, revealed that it is the policy of this facility to maintain an infection control program to help prevent the development and transmission of disease and infection. The facility policy also stated that the infection control program will be over seen by the Infection Control Nurse (ICN) and the Director of Nursing (DON). A review of the facility policy titled, "Hand Washing Policy," dated 11/02/2016, revealed that it is the policy of this facility that hand washing will	F 880	On 4/18/19, Resident #5 was assessed by the Director of Nursing. Resident alert and awake. Skin warm and dry. Resident has episodes of incontinence. Incontinent care is provided by staff and was observed by Director of Nursing to ensure care plan was followed. No signs and symptoms of urinary tract infection or skin break down. Resident had no adverse affects or infections. On 4/18/19, Resident #25 was assessed by the Director of Nursing. Resident alert and oriented times three. Resident continues on Hospice services. Skin warm and dry. Resident is usually incontinent. Incontinent care is provided by staff and was observed by Director of Nursing to ensure care plan was followed. No signs and symptoms of urinary tract infection or new skin break down. Resident had no adverse affects or infections. On 4/18/19, Resident #37 was assessed by Director of Nursing. Resident is alert and awake. Skin warm and dry.	

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F 880	Continued From page 16 be done by all staff frequently throughout their shift. The facility policy stated that hand washing will be done to reduce the transmission of organisms from resident to resident, from nursing staff to the residents, and from residents to the staff. The facility policy stated that hand washing will be done before and after providing resident care, and after any direct contact with another person. A review of Facility Policy titled "Handling Clean Linens Policy", revealed, "It is the policy of this facility that clean linens will be handled as follows: Employees hands should be clean during linen transport, linens are not to be held close to your body during transport, and linens may be placed in the individual residents room (once linen are placed in a room they can be used only in that room)". A review of Facility Policy titled, "Female Incontinent Care",dated 11-16-15, revealed incontinent care will be provided to insure that all incontinent residents will receive appropriate treatment and services to prevent Urinary Tract Infections and promote good skin integrity. The Procedure is to remove gloves, wash hands and apply new gloves after washing resident". Resident #42 During an observation, on 04/02/2019 at 7:10 PM, of the personal care task for Resident #42, Certified Nursing Assistant (CNA) #1 failed to change her gloves or wash her hands after she removed a soiled brief and incontinent pad, and before she applied a clean brief and clean incontinent pad. The observation also revealed that upon completion of the personal care task for Resident #42, CNA #1 removed her gloves and	F 880	Incontinent care is provided by staff and was observed by Director of Nursing to ensure care plan was followed. No signs and symptoms of urinary tract infection or skin break down. Resident had no adverse affects or infections. On 04/19/19, disciplinary action was taken by the Director of Nursing with Registered Nurse #1, Certified Nursing Assistant #2 and Certified Nursing Assistant #3 regarding not following the plan of care for incontinence. On 04/19/19, disciplinary action was taken by Maintenance Director with Maintenance #1 regarding the safe handling of linen and infection control. All residents have the potential to be affected by this deficient practice. On 04/04/19, Inservices with all Maintenance staff by Quality Assurance Nurse on the safe handling of linen and infection control. 0n 04/15/19-04/21/19, Quality Assurance Nurse and Staff Development Nurse inserviced on infection control, hand washing and donning of gloves and handling of linens to Registered Nurse #1, Certified Nursing Assistant #2 and Certified Nursing Assistant #3 and all Nurses and Certified Nursing Assistants. On 04/16/19-04/21/19, incontinent care check-offs conducted by Staff Development Nurse and Director of Nursing with Certified Nursing Assistant #2 and Certified Nursing Assistant #3 and with all Certified Nursing Assistants	

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F 880	Continued From page 17 left the resident's room without washing her hands. During an interview, on 04/02/2019 at 7:20 PM, Registered Nurse (RN) #1 confirmed that CNA #1 should have washed her hands after handling the dirty linens, and before touching the cleans linen. RN #1 stated that the CNA should have also washed her hands after removing her gloves, and before she left the resident's room. During an interview, on 04/02/2019 at 7:35 PM, the DON confirmed that it would be an infection control problem if any CNA did not wash their hands after providing care, after removing their gloves, or as they leave any resident's room. During an interview, on 04/02/2019 at 7:55 PM, CNA #1 confirmed that she did not wash her hands when going from dirty to clean linen, or after she took off her gloves, or as she left the resident's room. During an interview, on 04/03/2019 at 4:28 PM Licensed Practical Nurse (LPN) #2/ Infection Control Nurse, stated it is considered an infection control concern if you fail to wash your hands between the removal of dirty linen and the addition of clean linen during incontinent care, and after you remove your gloves. LPN #2 stated, "The CNAs know about handwashing." Resident #25 During an observation on 04/02/19 at 06:13 PM, with CNA #2 and CNA #3, checked Resident #25's brief. Resident #25's brief was wet and the cotton padding inside the brief appeared to be dark brown and coming apart as visualized thru the outside of the brief. Resident #25 was uncovered to change her brief, and two (2) linen	F 880	Beginning on 04/16/19, Staff Development Nurse will monitor Certified Nursing Assistants for infection control during incontinent care check-offs for two achieved pass rates in two months, then quarterly check-offs thereafter until substantial compliance is achieved. Beginning on 04/19/19, Quality Assurance Nurse will monitor infection control on safe handling of linens during rounds in the facility weekly for four weeks, monthly for two months, then quarterly thereafter until substantial compliance is achieved. Beginning on 04/21/19, Quality Assurance Nurse will observe two staff members providing incontinent care on two incontinent residents weekly for two weeks, then monthly thereafter until substantial compliance is achieved. Any discrepancies will be brought to Director of Nursing. Director of Nursing will bring discrepancies to Quality Assurance Committee Meeting monthly for further review and any corrective action to be taken.	

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F 880	Continued From page 18 saver pads were noticed under Resident #25 buttocks. Resident #25 had a Duoderm dressing intact on the coccyx and right buttock. During incontinence care, CNA #3 and CNA #2 washed their hands and gloved. During care, CNA #3 pulled her gloves off, exited the room to get a clean gown and did not wash her hands. CNA #3 then re-entered Resident #25's room, not washing her hands. CNA #3 re-gloved and continued to assist CNA #2 with incontinence care. After finishing with incontinence care on Resident #25, CNA #2 and CNA #3 kept their dirty gloves on and placed a clean gown and clean brief on the resident. Both CAN #2 and #3 removed their gloves after applying the clean gown and clean brief on the resident, and discarded them into a dirty trash bag with the soiled brief. Both CAN #2 and #3 exited the room without washing their hands. Resident #5 An observation on 04/02/19 at 06:21 PM, revealed CNA #2 and CNA #3 entered Resident #5's room. CNA #2 and CNA #3 gloved and began to gather supplies to perform peri-care. RN #1 was ask to enter Resident #5's room. After washing hands and gloving, CNA #2 and CNA #3 began incontinence care on Resident #5. Resident #5 had two (2) linen saver pads under her. Resident #5's brief was visibly wet. CNA #2 removed the wet brief while CNA #3 assisted turning Resident #5 from side to side. CNA #2 and CNA #3 did not change gloves nor wash their hands after removing Resident #5's wet brief. CNA #2 and CNA #3 continued with peri-care, applying a clean brief, with dirty gloves. Resident #37 An observation on 04/02/19 at 06:38 PM,	F 880		

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F 880	Continued From page 19 revealed CNA #2 and CNA #3 entered Resident #37's room. CNA #2 and CNA #3 washed their hands and gloved. RN #1 was present in the room. CNA #2 removed Resident #37's brief. Resident #37's brief was wet as well as soiled with Bowel Movement. CNA #3 removed her gloves and exited the room, without washing her hands, to get some bags. CNA #3 re-entered Resident #37's room and did not wash her hands upon re-entrance, and before gloving. CNA #2 folded the soiled brief over and placed the soiled brief back under Resident #37's buttocks. CNA #2 stated this was done because the resident had not finished having the BM. CNA #3 removed her gloves and exited the room again to get a clean gown for Resident #37, without washing her hands. CNA #3 re-entered the room with the gown in her hand (linen not covered), without washing her hands, and before re-gloving. CNA #3 re-gloved and assisted with turning Resident #37 for peri-care and applying the gown. CNA #2 wiped Resident #37's bottom, cleaning away the BM and then applied a clean brief, without changing gloves. CNA #3 assisted CNA #2 with applying the clean gown, with the same gloves as she had on to assist in turning the resident for peri-care. An interview on 04/02/19 at 07:35 PM, with CNA #2 revealed, "I realized that I didn't wash my hands or change my gloves after doing incontinence care and before applying a clean gown and a clean brief on Resident #5, Resident #25, and Resident #37. Not washing my hands and changing gloves between doing pericare and before providing clean care to a resident is an infection control issue. Especially with the resident having two (2) pressure wounds. I realized I didn't wash my hands and change my	F 880		

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F 880	Continued From page 20 gloves as soon as I finished care to the residents." An interview on 04/02/19 at 07:38 PM, with CNA #3, revealed, "Yes I do remember not washing my hands when I left the room and when I came back into the room. I remember not changing my gloves after providing peri-care and before putting a clean gown on the resident. I agree it is an infection control issue" An interview on 04/02/19 at 07:40 PM, with RN #1, revealed, "I saw they didn't wash their hands or change gloves after providing peri-care on Resident #5 and Resident #37, and before providing a clean brief to both residents and a clean gown to Resident #37." She stated, I noticed CNA #3 leaving the room and not washing her hands and re-entering the room and not washing her hands before she re-gloved." RN #1 stated that CNA #2 and CNA #3 came to her and said they forgot to wash their hands and change their gloves after providing peri-care, and before applying a clean brief or gown. She stated there is an infection control problem with both CNA #2 and #3 not washing their hands and not changing gloves between cleaning a resident up and applying clean briefs or gowns. During an interview on 04/03/19 at 02:50 PM, the Director of Nursing (DON) revealed it is not a standard practice for a CNA not to wash her hands or change her gloves when going from dirty to clean. It is not acceptable at all for them not to wash their hands and change gloves. She stated, "We just had our check-offs in February and that was part of the check-off." In an interview on 04/03/19 at 04:35 PM, LPN #2	F 880		

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F 880	Continued From page 21 QA /Infection Control Nurse revealed, "It is not a Standard of Care for a CNA or any professional to not wash their hands or put on clean gloves especially in preventing decubitus or preventing the spread of infections". LPN #2 was informed of the failure of CNA #2 and CNA #3 to wash their hands and put on clean gloves during incontinence care. LPN #2 stated "I can name numerous things in what you've described that took place with CNA #2 and CNA #3 in incontinence care that was wrong. They know better than not to wash their hands or glove appropriately. It is definitely an infection control issue." LPN #2 QA/Infection Control Nurse also stated, "You don't go down the hall with exposed linen. You cover it. It is an infection control issue." An observation on 04/02/19 at 09:53 AM, revealed Maintenance #1 came down the hall holding a privacy curtain in his hands and up against his clothing (uncovered, no bag). Maintenance #1 entered Resident room #234 and came back out, still holding the privacy curtain against his clothing. He stood in the hall and looked up and down the hall. Maintenance #1 stated, "I'm going to replace this curtain in room #218." Maintenance #1 walked down the hall and entered Room #218 (still holding the privacy curtain). In an interview on 04/03/19 at 04:45 PM, (regarding Maintenance #1 bringing the clean privacy curtain down the hall uncovered, against his clothing and going in and out of a resident's room before going into the correct residents room) LPN #2 QA/Infection Control Nurse stated, "You don't carry clean privacy curtains from room to room. You don't bring a clean privacy curtain down the hall uncovered, and you certainly don't	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255210	A. BUILDING _____ B. WING _____	04/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 880	Continued From page 22 carry it into one (1) residents room and then bring it back out into the hall, and then enter into another resident's room. You never hold clean linen or even a privacy curtain against your clothing. You cover it."	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255210	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**04/04/2019**

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PINE CREST GUEST HOME INC	**133 PINE STREET** **HAZLEHURST, MS 39083**

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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 | 04/22/2019

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255210	A. BUILDING _____ B. WING _____	04/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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E 000	Initial Comments * EMERGENCY PREPAREDNESS * Survey conducted on 4/4/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were identified.	E 000		

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

Electronically Signed | 04/22/2019

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.