STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255284	A. BUILDING _____ B. WING _____	11/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE NURSING CENTER	3103 WISCONSIN AVENUE VICKSBURG, MS 39180

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey at the facility from 11/7/22 through 11/9/22. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements for participation. The SA cited regulatory deficiencies at F658 and F880. The census at the time of the survey was 57. The facility was certified for 60 beds.	F 000		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interview, record review, manufacturers instruction and facility policy review the facility failed to instruct a resident to rinse their mouth and spit following the administration of an inhaler and failed to utilize a spacer during administration of an inhaler for one (1) of six (6) residents observed during medication pass. Resident #49. Findings include: Review of the facility policy, with the latest revision date of 10/17, titled, "Metered Dose Inhalers - Inhaled Medications" revealed, "PURPOSE To provide guidelines for safe administration of inhaled medications. PROCEDURE ... 10. Hold the inhaler in one of	F 658	F658 Services Provided Meet Professional Standards Facility failed to instruct a resident to rinse their mouth and spit following the administration of an inhaler and failed to utilize a spacer during administration of an inhaler for one (1) of six (6) residents observed during medication pass. Resident #49. 1. Director of Nursing was notified on 11/08/22 of the deficient practice by Registered Nurse #1 and Director of Nursing immediately assessed resident #49 and found no adverse effects noted. (Exhibit #1) Registered Nurse #1 was	12/15/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 11/28/2022

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F 658	Continued From page 1 the following ways:..b. Use spacer with inhaler; place spacer in the mouth, closing lips around it ...15. Instruct resident to rinse mouth following steroid inhalers..." An observation and interview on 11/08/22 at 8:40 AM, revealed Registered Nurse (RN) #1 administered a ProAir (Albuterol) inhaler without utilizing a spacer as ordered. He then instructed the resident to rinse her mouth. The resident took a drink of water and swallowed it. RN #1 then administered the Trelegy Ellipta 200-62.5-25 Inhaler. He instructed the resident to rinse her mouth. The resident took a drink of water and swallowed it. An observation and interview, with RN #1, on 11/8/22 at 9:00 AM revealed the spacer to be used when administering Resident #49's ProAir inhaler was in the medication cart. RN #1 confirmed the physician order to use the spacer and confirmed that he did not use the spacer. He stated that he just didn't think about it and he had no excuse. He stated that he only told Resident #49 to rinse her mouth after the inhalers. He confirmed he did not instruct her to spit after taking the water. He stated that not spitting the water out could cause a sore mouth. An interview, on 11/8/22 at 9:50 AM, with the Director of Nursing (DON) revealed that residents receiving steroid inhalers should always rinse their mouth and spit to clear their mouth and prevent thrush in their mouth. An interview, on 11/8/22 at 10:45 AM, with Resident #49 revealed that she knew she was supposed to rinse and spit after her inhalers because, she had read that somewhere and the	F 658	provided individual education on 11/8/22 by Director of Nursing regarding policy of Metered Dose Inhalers □ Inhaled Medications (Exhibit #2) 2. All fifty-three (53) residents currently residing in the 60 bed facility that receive medication administration by licensed facility staff have the potential to be affected by this deficient practice. 3. Licensed nurses in-service initiated by Infection Preventionist Nurse on 11/8/22 regarding metered dose inhaler □ inhaled medications policy with emphasis on spacer administration guidelines. (Exhibit #3). Pharmacy Consultant, completed a one on one education and medication observation with Registered Nurse #1 with good infection control practices observed on 11/18/22. (Exhibit 4). Pharmacy Consultant also completed an in service with licensed nurses regarding medication administration and infection control during medication administration with emphasis on cleaning of blood pressure cuff and pulse oximeter on 11/18/22. (Exhibit #5) Upon hire, all licensed nursing staff will receive a skills competency evaluation by the Staff Development Nurse on medication administration. Actively employed licensed nursing staff will receive skill competency evaluations annually and as needed by the Staff Development Nurse or Director of Nursing. 4. Director of Nursing, Staff Development	

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F 658	Continued From page 2 nurses have told her. She stated that she did not spit the water out because she was not given anything to spit in. Record review of the November 2022 Physician Orders revealed an order dated 9/15/22 "Trelegy Ellipta 200-62.5-25 (1) puff daily R/T shortness of breath. Offer resident to rinse mouth and spit after each use." Record review of the November 2022 Physician Orders revealed an order dated 9/15/22, "ProAir HFA 90 mcg (micrograms) Inhaler to be used with a spacer (2) puffs every 12 hours R/T (related to) shortness of breath. Separate each puff by at least (1) minute and use this inhaler before Trelegy Inhaler." Review of the information on the manufacturer website titled, "How To Use Trelegy Ellipta" revealed Step #6 Rinse your mouth. Rinse your mouth with water after you have used the inhaler and spit the water out. Do not swallow the water. Review of Resident #49's Face Sheet revealed an admission date of 9/3/21 with diagnoses that included COVID-19, Pulmonary fibrosis, Arteriosclerotic heart disease, and Chronic Respiratory failure with hypoxia. Review of the Change in Status Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/6/22 revealed a Brief Interview for Mental Status (BIMS) score of 14 which indicated Resident #49 was cognitively intact.	F 658	Nurse, or Pharmacy Consultant will monitor medication administration practices by licensed nurses on various shifts beginning 11/14/22 at least three (3) times weekly for four (4) weeks, then one (1) time weekly for four (4) weeks. (Exhibit #6) Director of Nursing or Staff Development Nurse will review and report any recurring problem to the monthly Quality Assessment and Improvement Committee on 12/12/22. Administrator and Director of Nursing will take necessary corrective action such as: Individual inservices, re-inservice, or disciplinary action up to and including termination of employees, and initiate Quality Assurance and Performance Improvement (QAPI) if warranted. QAPI Committee will make recommendations or changes as needed.	
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880		12/15/22

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F 880	Continued From page 3 §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, 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,	F 880		

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F 880	Continued From page 4 depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review and facility policy review the facility failed to prevent the likelihood of the spread of infection as evidenced by failure to clean a pulse oximeter and blood pressure cuff between use for one (1) of six (6) residents observed during medication pass. Resident #49. Findings include: Review of the facility policy titled ,"Infection Control Policy for General Cleaning and	F 880	F880 Infection Prevention and Control Facility failed to prevent the likelihood of the spread of infection as evidenced by failure to clean a pulse oximeter and blood pressure cuff between use for one (1) of six (6) residents observed during medication pass. Resident #49 1. Director of Nursing was notified of the deficient practice by the surveyor on	

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F 880	Continued From page 5 Maintenance of Equipment", with a latest revision date of 8/21, revealed, "It is the policy of this facility that all resident care equipment will be cleaned and decontaminated after use and will be prepared for reuse by the same or another resident. Equipment will be cleaned and decontaminated according to manufacturer's recommendation..." An observation, on 11/08/22 at 8:40 AM, revealed Registered Nurse (RN) #1 walking up the 100 hall to the medication cart wearing a blood pressure (BP) cuff on his left forearm. An interview at that same time with RN #1 revealed he was ready to administer medications to Resident #49. RN #1 went into Resident #49's room. RN #1 removed the pulse oximeter out of his pocket without cleaning and placed on Resident #49's finger and took the BP cuff off his left forearm, without cleaning, and placed on Resident #49's wrist. RN#1 returned to the medication cart with the BP cuff on his left forearm. RN #1 then set up and administered medications to Resident #49. RN #1 returned to the medication cart and continued to have the BP cuff on his left forearm. He removed the BP cuff and placed it on the medication cart. He stated that most of his patients get BP medications, so he checks vital signs and oxygen saturation on them. This surveyor asked him where the pulse oximeter was, and RN #1 removed it from his scrub pants pocket. He stated that he keeps the BP cuff on his arm because there is only one cuff and people will take it and the pulse oximeter off the cart. When questioned concerning cleaning the equipment and after having the cuff on his arm, he stated that he should clean it after each resident to prevent cross contamination. He confirmed that he had not cleaned the pulse	F 880	11/08/22 and immediately provided individual education regarding sanitation of medical equipment between each resident use with Registered Nurse #1. (Exhibit 2) The Infection Preventionist Nurse initiated an in-service on 11/8/22 with all licensed nurses regarding infection control policy for general cleaning and maintenance of equipment. (Exhibit #7) 2. All fifty-three (53) residents that currently reside in the 60 bed facility of residents that receive direct care by facility staff have the potential to be affected by this deficient practice. 3. The Infection Preventionist Nurse initiated an in-service on 11/8/22 with all licensed nurses regarding infection control policy for general cleaning and maintenance of equipment. (Exhibit #7) Pharmacy Consultant completed a one on one education and medication observation with Registered Nurse #1 with good infection control practices observed on 11/18/22. (Exhibit #4) Infection Preventionist initiated a competency evaluation with all licensed nurses regarding proper infection control policies and procedures during medication administration beginning 11/29/22. The facility initiated a Directed Plan of Correction training to all staff on infection control and prevention from online infection prevention training course offered by the CDC (Keep Covid-19 Out! https://youtube/7srwrF8MGdw on 11/28/22. (Exhibit 8). A root cause analysis was completed on 11/28/22	

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F 880	Continued From page 6 oximeter or the BP cuff. He stated that he should clean it with wipes, but they are usually not on the cart because people take them off. He stated that he uses the hand sanitizer on the hallways to clean them sometimes. RN #1 then walked to the hand sanitizer dispenser in the hallway and dispensed sanitizer onto the equipment and his hands and rubbed it on the BP cuff and pulse oximeter with his bare hands. Upon returning to the medication cart, the surveyor asked RN #1 to check his cart for wipes and a container of purple top wipes was in the bottom drawer. RN #1 stated that he guessed that he should have looked. An interview on 11/8/22 at 9:50 AM, with the Administrator (ADM) and the Director of Nursing (DON) revealed that all equipment should be cleaned between resident use and should not be in a pocket or on the arm of the staff due to infection control issues. An interview on 1/9/22 at 12:40 PM, with the Staff Development Nurse revealed that she had seen RN #1 wearing the BP cuff on his arm in the past and instructed him not to do it. She stated that RN #1 had been in-serviced on infection control measures. Review of in-service training sheets for the facility revealed that RN #1 had attended training that included sanitizing equipment between resident use on 7/8/22 and 9/30/22. Review of the owner's manual for the Drive Finger tip Pulse Oximeter revealed please clean the surface of the device before using. Wipe the device with medical alcohol first, and then let it dry in air or clean it by using a dry clean fabric. Using the medical alcohol to disinfect the product	F 880	regarding infection control. (Exhibit # 9) Upon hire, annually, and as needed, all licensed nursing staff will receive orientation training by the Staff Development Nurse or Director of Nursing regarding infection control practices. Upon hire, annually, and as needed, all licensed nursing staff will receive a skills competency evaluation by the Staff Development Nurse regarding infection control policies and procedures with emphasis on cleaning of medical equipment between residents. 4. Director of Nursing, Staff Development Nurse, or pharmacy consultant will monitor infection control practices by licensed nurses on various shifts beginning 11/14/22 at least three (3) times weekly for four (4) weeks, then one (1) time weekly for four (4) weeks. (Exhibit # 10) Director of Nursing or Staff Development Nurse will report any recurring problem to the monthly Quality Assessment and Improvement Committee on 11/30/22 and then monthly x 3 months. Administrator and Director of Nursing will take necessary corrective action such as: Individual inservices, re-inservice, or disciplinary action up to and including termination of employees, and initiate Quality Assurance and Performance Improvement (QAPI) if warranted. QAPI Committee will make recommendations or changes as needed.	

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F 880	Continued From page 7 after use, prevent from cross infection for next time use. Review of the owner's manual for the Drive Deluxe Automatic Blood Pressure Monitor Wrist Model revealed when cleaning the unit, use a soft fabric and lightly wipe with mild detergent. Use a damp cloth to remove dirt and excess detergent. Cuff cleaning: do not place cuff in water! Apply a small amount of rubbing alcohol to a soft cloth to clean the cuff's surface. Use a damp cloth (water-based) to wipe clean. Allow cuff to dry naturally at room temperature. Review of Resident #49's Face Sheet revealed an admission date of 9/3/21 with diagnoses that included COVID-19, Pulmonary fibrosis, Atherosclerotic heart disease, and Chronic Respiratory failure with hypoxia.	F 880		