MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	57SE	A. BUILDING: _____ B. WING _____	07/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCOMB NURSING AND REHABILITATION CE	415 MARION AVE MCCOMB, MS 39648

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M 000	Initial Comments The State Survey Agency (SA) conducted a licensure survey from 06/30/19 through 07/02/19. During the survey the SA determined the facility was not in compliance with the Minimum Standards for the Aged and Infirm. The SA cited M635, and M805. At the time of the survey, the census was 135 and the facility held a license for 146 beds.	M 000		
M 635	45.21.7 Gastric feeding Gastric feeding. Residents who are eating alone or with assistance are not fed by a gastric tube unless their clinical condition indicates that the use of a gastric feeding tube is unavoidable. The residents who are fed by a gastric tube receive the treatment and services to prevent complications or to restore if possible, normal eating skills. This Statute is not met as evidenced by: Level II Based on observation, staff interview, record review, and facility policy review, the facility failed to provide Resident #87's tube feeding site care in a manner to prevent the possibility of cross contamination/spread of infection. Licensed Practical Nurse (LPN) #1 failed to wipe and/or clean the feeding tube site in the appropriate direction and rotate the Normal Saline soaked gauze with each wipe, or change to a new gauze. This concern was identified for one (1) of four (4) tube feeding site care observations. Findings include: Review of the facility's policy titled, "Daily	M 635	Licensed Practical Nurse #1 was in-serviced by the Licensed Practical Nurse, Staff Development Coordinator, on July 10, 2019 with return demonstration regarding wiping and/or cleaning Resident #87's feeding tube site in the appropriate direction and rotating the Normal Saline soaked gauze with each wipe. Sixteen Residents with a feeding tube have the potential to be affected. No other residents were affected. The Staff Development Coordinator, Licensed Practical Nurse in-serviced Licensed Practical Nurses and Registered Nurses on July 1, 2019 thru August 5,	8/26/19

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M 635	Continued From page 1 Cleaning of G/J (Gastrostomy/Jejunostomy) Tube Site", dated 08/11, revealed a resident with a Gastrostomy or Jejunostomy tube will have the tube site cleaned daily. Further review of the policy revealed the Procedures did not include steps for the actual cleaning procedure related to direction of wipes and rotation of gauze to prevent contamination of the cleaned areas. Step 3. Cleanse with soap and water and dry during routine morning care or at other designated time. Step 4. If site appears red, inflamed, has drainage or the resident complains of pain at site, notify the nurse. Step 5. The nurse will notify the physician if indicated for further orders. A review of the Physician Orders revealed an order, dated 06/05/19, for Jevity 1.5 per Percutaneous Endoscopic Gastrostomy (PEG) tube at 45 milliliter (ML)/HR continuous with 20 ML of free water flush every hour for 24 hours and total 24 hour tube intake. The physician orders also indicated, nothing by mouth (NPO), and flush PEG tube with 180 cubic centimeters (CCs) of water every six hours. Check residual every six hours, hold if greater than 60 cc and notify the physician. Check placement of PEG prior to medications, feedings, and flushes. Flush with 15 CCs of water prior to medications, mix each medication with 5 CC of water, and administer one at a time flushing with 15 CCs of water between each medication. Flush with 15 CCs of water after last medication. Clean site with normal saline (NS), and cover with sponge daily. Review of the Comprehensive Care Plan, with an onset date of 05/16/19, revealed the Approaches included enteral feedings as ordered/recommended, weights per facility policy, Registered Dietician (RD) as needed, and	M 635	2019 and provided return demonstration regarding cleaning the tube feeding site. The Director of Nursing will monitor the cleaning of three tube feeding sites two times a week for four weeks and one time a week for one month. The Director of Nursing will submit negative findings to the Quality Assurance Committee for two consecutive months. The Quality Assurance Committee will make recommendations when necessary regarding negative findings.	

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M 635	Continued From page 2 flushes as ordered/recommended. On 6/30/19 at 11:00 AM, an observation revealed Resident #87 lying in bed awake. On 7/01/19 at 3:19 PM, an observation of Licensed Practical Nurse (LPN) #4 revealed she performed gastric tube site care. LPN #4 explained she had washed her hands and set up her supplies and barrier prior to the observation of care. Using clean gloved hands, LPN #4 removed the resident's soiled 4x4 gauze dressing, removed her soiled gloves, and applied clean gloves without washing her hands or using Alcohol Based Hand Gel (ABHG). She poured normal saline (NS) into a plastic cup that had 4x4 gauzes in it. LPN #4 took one (1) of the NS moistened 4x4 gauzes and wiped half way around the resident's gastric tube site on the left side of the tubing in a downward motion once, LPN #4 rotated the gauze, and wiped three (3) more times, without rotating the gauze, and then discarded the gauze dressing. She then retrieved another NS moistened gauze from the plastic cup and wiped the resident's gastric tube site in an upward motion on the right side of the tubing once, rotated the gauze dressing, wiped completely around the tubing, then in a back forth motion twice on the right side of the tubing. LPN #4 placed a clean dry dressing to the resident's gastric tube site, taped it in place, disposed of the soiled items, and washed her hands. On 7/01/19 at 4:23 PM, an interview with the Director of Nursing (DON) revealed the nurse should not have wiped in a back and forth motion to prevent the spread of infection.	M 635		
M 805	45.28 FOOD SERVICES: GENERAL	M 805		8/26/19

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M 805	Continued From page 3 FOOD SERVICES: GENERAL This Statute is not met as evidenced by: Level II Based on observation, staff interviews, record review, and facility policy review, the facility failed to store, prepare and serve food under a safe and sanitary manner; as evidenced by failure to document freezer and refrigerator temperature checks for two (2) of three (3) days of the survey, pork chops cooked and served to the residents after being thawed in the sink without room temperature running water, and failure to maintain a 200 parts per million (ppm) sanitizer level for the 3-compartment sink for two (2) of three (3) staff observed to check the sanitizer lever. These identified concerns placed all residents who received food/nourishment from the kitchen at risk for food borne illnesses. Findings include: Review of the facility's policy titled, "Guidelines for Staff Preparing Food Fundamentals to Prevent Food Borne Illness", dated 2011, noted foods should never be thawed on a counter or at room temperature. This policy noted foods are thawed in the refrigerator, under freely flowing, room temperature water or in the microwave and immediately cooked and served. Review of the facility's policy titled, "EPA (Environmental Protection Agency) registered no rinse Quat sanitizer" manufacturer's instructions noted the acceptable range for testing should be 150, 200, or 400 parts per million (ppm). Observations and interview during the initial tour of the kitchen, with Dietary Department Cook #1,	M 805	Cook #1 was in-serviced on June 30, 2019 by the Registered Dietician regarding the procedure for thawing meats in the sink, and maintaining a 200 parts per million (ppm) sanitizer level for the three compartment sink. The Executive Director suspended Cook #1 on June 30, 2019 immediately upon gaining knowledge of the thawing of the pork chops and the sanitizer level of the three compartment sink. Cook #1 was terminated by the Executive Director on July 9, 2019. There were no residents identified with a food illness related to the thawing of the pork chops or regarding the failure to maintain a 200 parts per million sanitizer level for the three compartment sink. Residents receiving meals from the dietary department have the potential to be affected. Dietary staff were in-serviced by the Registered Dietician on July 30, 2019 regarding the procedure for thawing meats in the sink and maintaining a 200 parts per million(ppm)sanitizer level for the three compartment sink. The Dietary Manager in-serviced dietary staff on July 18, 2019 and July 19, 2019 regarding storing, preparing, and serving food under a safe and sanitary manner. The in-service content included documenting freezer and refrigerator temperature checks in a timely manner, procedure for thawing meats in the sink, and maintaining a 200 parts per million (ppm) sanitizer level for the three	

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M 805	Continued From page 4 on 06/30/19 at 9:10 AM, revealed pork chops thawing in the sink with no running water. The pork chops were not in any type of container, just lying in the sink. The 3-compartment sink sanitizer sink, tested zero (0) ppm on the test strip after submersion for 10 seconds. There was no documentation for the 3-compartment sink sanitizer level since the 06/28/29, morning check on the check sheet. The main freezer had no thermometer inside the freezer, only on the outside. The "Equipment Temperature Log" was last documented, on 06/28/19, for the morning and noon checks for the Cooler and Freezer temperatures. The Milk Coolers had no documentation for temperatures on the "June 2019 Temperature Log" for 06/29/19, and the AM shift for 06/30/19. Dietary Department Cook #1 was observed filling the 3-compartment sink with plain water, and pushing the button on the sanitizer a couple of times. Again the 3-compartment sink sanitizer tested zero (0) ppm when the strip was held for ten (10) seconds in the water solution. An interview during this time with Cook #1 revealed she stated when you are unable to sanitize dishes in the 3-compartment sink it could cause germs, infections and food disease for the residents. Cook #1 confirmed there was not any running water through the sanitizer for the 3-compartment sink, and did she did not know to do that. She stated she had been working at this facility in the kitchen for 13 years and did not know to do that until today. On 06/30/19 at 2:40 PM, an observation revealed Cook #1 retested the 3-compartment sink's sanitizer compartment and obtained a reading of 200 ppm. Cook #1 was asked about the pork chops thawing in the sink earlier in the day, and she confirmed they were in the sink and thawing. She confirmed they were baked and barbequed,	M 805	compartment sink. The Dietary Manager will perform a daily audit five days a week for four weeks beginning July 22, 2019 and then weekly for two months regarding documentation of the freezer and refrigerator temperatures, procedure for thawing meats in the sink, and maintaining a 200 parts per million (ppm) sanitizer level for the three compartment sink. The Dietary Manager will submit negative findings to the Quality Assurance Committee for three consecutive months. The Quality Assurance Committee will make recommendations as necessary regarding negative findings.	

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M 805	Continued From page 5 and later served to the residents. Cook #1 stated the pork chops should have been in a strainer with water running over them, and not directly in the sink. Cook #1 stated she did clean the sink prior to placing the pork chops directly in the sink.	M 805		