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	255272	A. BUILDING _____ B. WING _____	02/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MYRTLES NURSING CENTER, LLC	1018 ALBERTA AVENUE COLUMBIA, MS 39429

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey at the facility from 02/06/23 through 02/09/23. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F880. The facility held a license for 98 beds and had a census of 82 at the time of the survey.	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an 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,	F 880		3/10/23

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

Electronically Signed | 02/20/2023

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F 880	Continued From page 1	F 880		

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.

§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.

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F 880	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record review, and facility policy review, the facility failed to ensure staff followed the facility's infection control guidelines while disinfecting a glucose meter after use for one (1) of one (1) observations of disinfecting glucose meters. (Resident #67) Additionally, the facility failed to ensure staff followed appropriate hand washing protocol while performing wound care for one (1) of one (1) wound care observations. (Resident 23). Resident #67 Review of the facility's policy, "Infection Control and Isolation," with a revision date of 01/12, revealed, " Policy: The facility will establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection ..." Review of the facility's policy, "Blood Glucose Quality Control," with a revision date of 08/22, revealed, " ... Maintenance of Blood Glucose Monitoring Systems...Always clean the meter after each use. Gently wipe and clean surface of the meter with a disinfectant wipe per facility policy ... Please follow all facility infection control policies when using the meter ..." A review of the manufacturer's"General Guidelines For Use" guidelines for use for Sani-Cloth® germicidal disposable wipes revealed " ...3b. Unfold a clean wipe and thoroughly wet surface. 4. Allow treated surface to remain wet for two (2) minutes. Let air dry ..."	F 880	By submitting the enclosed materials, we are not admitting to the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceeding and submit these responses pursuant to our regulatory obligations. On February 9,2023, the Director of Nursing assessed Resident # 67 and Resident # 23 with no adverse reactions noted. All Residents receiving wound care and blood glucose checks have the potential to be affected by this deficient practice. On February 10, 2023, the Director of Nursing in serviced Licensed Practical Nurse # 1 on the Blood Glucose Quality Control Policy. On 2/10/2023 The Director of Nursing in serviced LPN # 2 on the Hand Hygiene Policy. On 2/10/2023 the Facility Infection Control Nurse initiated an in service for all staff on Infection Control and Hand Hygiene Policies. No staff will be allowed to work a shift until participation in directed in service for infection control has been completed. All staff have viewed the Centers for Disease Control and Prevention's videos entitled Clean Hands and Sparkling Surfaces. On 2/10/2023 the facility held a Quality Assurance Meeting with no changes to current policies related to the Infection Control Policy. On 2/13/23, competency checks were initiated by the Director of	

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F 880	Continued From page 3 On 02/07/23 at 11:45 AM, an observation of Licensed Practical Nurse (LPN) #1 performing a finger stick for glucose monitoring of Resident #67, revealed after use of the multi-resident use glucose meter, the nurse wiped the glucose meter with a Sani-Cloth® for approximately 15 seconds prior to placing it in the red basket on the counter at the nurse's station, containing the glucose test strips, lancets, and alcohol wipes. On 02/09/23 at 10:03 AM, in an interview with LPN #1, she revealed after using the glucose meter, she wiped the meter for 15 seconds, with a bacteria wipe, before placing it back in the red basket at the nurse's station. She explained she should have cleaned it more and let it dry before placing it in the basket. She confirmed residents could get sick with an infection from her not cleaning it properly and using it for other residents. On 02/09/23 at 10:15 AM, in an interview with the Director of Nursing (DON), she confirmed LPN #1 did not properly disinfect the meter, as she did not allow it to air dry before placing it back in the basket. The DON confirmed the actions of LPN #1 could transfer germs to the other supplies in the basket. Record review of the "Face Sheet" for Resident #67 revealed, the facility admitted the resident on 04/08/22 with diagnoses that included Type 2 Diabetes Mellitus (DM) , Chronic Kidney Disease, and Essential Hypertension. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/11/23, revealed a Brief Interview for	F 880	Nursing and the Infection Control Nurse for all nursing staff on proper glucometer cleaning. On 2/13/2023 competency checks were initiated on all licensed/certified staff on hand hygiene. No staff will be allowed to work until competency checks are completed. The Root Cause Analysis was conducted with assistance from the Infection Preventionist, Quality Assurance and Performance Improvement Committee, and Governing Body on 02/21/2023. On 2/13/2023 the Director of Nursing began observations of LPN # 1 performing glucose checks on at least 3 Residents weekly for 4 weeks, and then 2 Residents weekly for 4 weeks, and then 1 Resident weekly for 4 weeks. On 2/13/2023 the Director of Nursing began observations of LPN # 2 performing wound care with emphasis on Hand Hygiene Policies and Infection Control Policies on at least 3 Residents weekly for 4 weeks, and then 2 residents weekly for 4 weeks, and then one resident weekly for 4 weeks. On 2/20/2023 the Quality Assurance Committee began evaluating audits/documentation completed monthly for 3 months and make changes and recommendations and changes to ensure compliance. Findings from monitoring will be discussed by the Quality Assurance and Improvement Committee on 3/10/2023 and thereafter monthly for 3 months.	

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Mental Status (BIMS) score of 15, which indicated the resident is cognitively intact.

Record review of the February 2023 "Physician Orders," for Resident #67 revealed an order dated 04/08/22, "Blood glucose finger- CHECK BLOOD SUGAR BEFORE MEALS AND AT BEDTIME (DM)."

Record review of "Annual Licensed Nurse Skill Competency Evaluation," dated 11/11/22, revealed LPN #1 was able to correctly demonstrate glucometer usage and cleaning.

Resident #23

Record review of the facility's policy "Hand Hygiene" with latest review date 08/21 revealed " ... Purpose To cleanse hands to prevent transmission of infection or other conditions. To provide clean, health environment for residents, staff, and visitors ... Procedure Indications for Hand Washing ... 2. Hand hygiene should be performed between all contact with residents or when entering and exiting a resident's room. 3. Before and after procedures. 4. Before and after applying gloves ..."

On 02/09/23 at 09:00 AM, during an observation of wound care with LPN #2, assisted by Certified Nursing Assistant (CNA) #1 revealed LPN #2 entered Resident #23's room. She did not wash or sanitize her hands upon entering the room or prior to beginning the wound care procedure. She applied a clean pair of gloves, removed, and disposed the soiled dressing, and applied a clean pair of gloves but did not wash or sanitize her hands before applying the gloves. When LPN #2 completed the wound care, she removed her

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soiled gloves, but she did not wash or sanitize her hands following the completion of the procedure. She did not wash or sanitize her hands upon exiting the resident's room.

On 02/09/23 at 09:50 AM, during an interview with LPN #2, she confirmed that she did not wash or sanitize her hands prior to and upon completion of the wound care and when changing her gloves. She stated that not washing or sanitizing her hands could possibly spread infection during wound care.

On 02/09/23 at 10:00 AM, during an interview with the DON, she confirmed that nurses should wash or sanitize their hands upon entering or exiting a resident's room and also when removing and applying gloves. She said not performing hand hygiene could cause infection to the wound.

On 02/09/23 at 11:55 AM, during an interview with Registered Nurse (RN) #1/Infection Preventionist, she explained LPN #2 should have washed her hands prior to and after wound care and also when she removed her soiled gloves and applied a clean pair of gloves. She said that this practice could cause infection to be spread to the wound, causing the wound not to heal, and the resident could become sick due to infection.

Record review of "Face Sheet" revealed the facility admitted Resident #23 on 11/02/2021 with diagnoses that included Alzheimer's Disease.

Record review of Annual MDS with an ARD of 12/22/22, revealed Resident #23 had a BIMS score of four (4), which indicated she had severe cognitive impairment. Section M also revealed that Resident #23 had two (2) unstageable

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F 880	Continued From page 6 wounds. Record review of "Licensed Nurses Orientation Checklist" for LPN #2 revealed on 12/21/22 she received training on hand hygiene and wound care.	F 880		