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 _____	C 05/31/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted a Complaint Investigation (CI), at the facility for one (1) complaint CI MS #20609 on 05/31/23. During the survey, the SA determined the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm.. The SA investigated CI MS #20609 for Quality of Care related to not following physician orders and found that the facility was in compliance, however, during the survey the SA cited M1570.	M 000		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of	M1570		7/3/23

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M1570	Continued From page 1 standard precautions. This Statute is not met as evidenced by: Based on observation, staff interviews, and facility policy review, the facility failed to ensure staff washed or sanitized hands during wound care for one (1) of four (4) residents reviewed with wounds. Resident #4 Findings include: A record review of the facility's policy, "Pressure Ulcer/Injury and Skin Conditions Guide for Wound Evaluation Documentation", undated, revealed, "It is the practice of this facility to ensure residents with pressure ulcers receive necessary evaluation and treatment to promote healing, prevent infection..." During the wound care observation, on 05/31/23 at 2:30 PM, for Resident #4, Licensed Practical Nurse (LPN) #1 removed his gloves after removing the soiled dressing but did not perform hand hygiene prior to applying clean gloves and cleaning the wound. After cleaning the wound, he did not remove the soiled gloves and perform hand hygiene prior to applying the clean dressing. On 05/31/23 at 2:55 PM, in an interview with LPN #1, he acknowledged that he did not wash his hands after removing the soiled dressing and should have washed his hands and changed gloves after cleaning the wound, before applying the clean dressing to the wound. On 05/31/23 at 3:29 PM, in an interview with the Director of Nursing (DON), she confirmed LPN #1 should have washed his hands after removing the soiled dressing and applying clean gloves and should have removed his gloves and performed	M1570	Please consider this plan of correction as McComb Nursing and Rehabilitation Center, LLC, credible allegation of compliance. This plan of correction constitutes a written allegation of substantial compliance under Federal Medicare and Medicaid requirements. Submission of this plan of correction is not an admission that a deficiency exist or that the facility agrees they were cited correctly. This plan of correction reflects a desire to continuously enhance the quality of care and services provided to our residents and are submitted solely as a requirement of the provisions of Federal and State Law I. On May 31, 2023 the Director of Nursing assessed Resident #4 prior to Resident #4's planned discharge from the facility and observed no negative findings from the deficient wound care practice. On May 31, 2023, the Licensed Practical Nurse (LPN) #1 was in-serviced regarding performing hand hygiene prior to applying clean gloves and cleaning the wound, performing hand hygiene after removing soiled gloves, performing hand hygiene after cleaning the wound, and performing hand hygiene prior to applying a clean dressing. On May 31, 2023, wound care check offs that included hand hygiene during wound	

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M1570	Continued From page 2 hand hygiene prior to applying the clean dressing. The DON acknowledged that LPN #1's actions were an infection control issue. A record review of Resident #4's "Face Sheet," revealed the facility admitted the resident to the facility on 05/19/23, with diagnoses that included Pressure Ulcer left buttocks, stage 2 and Type 2 Diabetes Mellitus with Diabetic Neuropathy. Review of the Physician Orders dated 05/34/23, for Resident #4 revealed, "Clean stage two to left buttock with normal saline apply skin prep and cover with dry dressing daily."	M1570	care were performed with LPN #1 with no negative findings. II. Residents that receive wound care have the potential to be effected. III. On May 31, 2023 thru June 23, 2023 the Director of Nursing and/or the Infection Preventionist in-serviced licensed nursing personnel regarding washing or sanitizing hands while performing wound care with return demonstration. On May 31, 2023 thru June 23, 2023 the Director of Nursing and/or the Infection Preventionist, performed wound care check offs that include hand hygiene with Licensed Nurses. IV. The Infection Preventionist, Nurse Supervisor, and/or the Director of Nursing will perform wound care audits beginning June 6, 2023 with a focus on hand hygiene three (3) times a week for four (4) weeks and monthly for two (2) months. The Director of Nursing will submit the results of the audits to the Quality Assurance Committee on June 28, 2023 and continue submitting the results of the audits for three (3) consecutive months. The Quality Assurance Committee will review the results of the audits and make recommendations as necessary.	