STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255101	A. BUILDING _____ B. WING _____	C 05/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCOMB NURSING AND REHABILITATION CENTER LLC	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) COMPLETION DATE
F 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 requirements for participation in Medicare and Medicaid. The SA investigated 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 F880. At the time of survey the facility was licensed for 140 and had a census of 120 residents	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	F 880		7/3/23

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

Electronically Signed | 06/22/2023

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F 880	Continued From page 1	F 880		

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.

§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

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F 880	Continued From page 2 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 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.	F 880	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	

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F 880	Continued From page 3 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 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 buttock,stage 2 and Type 2 Diabetes Mellitus with Diabetic Neuropathy. Review of the Physician Orders, dated 05/23/23, for Resident #4 revealed, "Clean stage two to left buttock with normal saline apply skin prep and cover with dry dressing daily."	F 880	hand hygiene prior to applying a clean dressing. On May 31, 2023, wound care check offs that included hand hygiene during wound 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	

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F 880	Continued From page 4	F 880	review the results of the audits and make recommendations as necessary.	