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
	25MH	A. BUILDING: _____ B. WING _____	06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA SENIOR CARE, LLC	3701 PETER QUINN DRIVE JACKSON, MS 39213

(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 an annual re-certification survey at the facility from 06/13/23 through 06/15/23. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and 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 standard precautions. This Statute is not met as evidenced by: Based on observation, interviews, record review,	M1570	1. The facility has taken measures to	7/14/23

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M1570	Continued From page 1 and facility policy review, the facility failed to ensure infection control measures were consistently implemented to prevent the development and/or transmission of infection for two (2) of sixteen (16) sampled residents. Resident #15 and #39 Findings include: Review of the facility's policy, "Infection Control Policy," dated 07/2017 revealed, "This facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections ... 2. The objectives of our infection control policies and practices are to: ...a. Prevent, detect, investigate, and control infections in the facility ..." Review of the facility's, "Hand Hygiene Policy," dated May 2019 revealed, "All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations with the facility ...Hand hygiene is indicated and will be performed under the conditions listed in, but not limited to the attached hand hygiene table .... Hand Hygiene Table ...After handling contaminated objects ...After handling items potentially contaminated with blood, body fluids, secretions, or excretions. When, during resident care, moving from a contaminated body site to a clean body site ..." Resident #15 An observation of incontinent care on 06/14/23 at 11:35 AM, revealed Certified Nursing Assistant (CNA) #3 and License Practical Nurse (LPN) #1	M1570	ensure hand hygiene procedures be followed by staff involved in direct resident contact, effective 7/6/2023. Certified Nursing Assistant #3 was given a one on one in-service by the Staff Development Coordinator on 6/14/2023 regarding hand hygiene procedures. Until further review could be conducted, the employee was placed on suspension. Certified Nursing Assistant #3 returned to the facility on 6/22/2023. Certified Nursing Assistant #3 performed skill check off of hand hygiene procedures. The resident was not impacted. 2. All residents requiring incontinent care could have the potential to be impacted by this practice. 3. In-service training began on 6/14/2023 and was completed on 7/5/2023 for all staff. The training was provided by the Staff Development Coordinator on hand hygiene procedures. The Infection Preventonist Nurse conducted skill check offs on hand hygiene procedures for all Certified Nursing Assistants completed on 7/6/2023. 4. M1570 will be taken to the Quality Assurance Performance Improvement Committee on 7/12/2023. The Director of Nursing began monitoring and observing during rounds starting on 6/14/2023. The Director of Nursing, Staff Development Coordinator, Infection Preventionist Nurse or Registered Nurse/Charge Nurse will round weekly for one month on 6 Certified Nursing Assistants to ensure hand hygiene procedures are followed. The	

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M1570	Continued From page 2 failed to perform hand hygiene prior to gloving and providing perineal care to Resident #15. CNA #3 also used gloves that had been contaminated with stool to apply a clean brief and incontinent pad under the resident. During an interview on 06/14/23, at 12:04 PM with LPN #1, she confirmed she failed to perform hand hygiene prior to assisting with care of Resident #15. LPN #1 also confirmed CNA #3 failed to perform hand hygiene and apply clean gloves after contaminating her gloves with stool before applying a new brief and incontinent pad. The LPN confirmed that not performing hand hygiene could cause the resident to get an infection. In an interview on 06/14/23 at 11:38 AM Interview with CNA #3 confirmed she failed to perform hand hygiene prior to providing care to Resident #15 and failed to remove her contaminated gloves and perform hand hygiene prior to applying a clean brief and incontinent pad. On 06/14/23 at 1:14 PM, in an interview with the Director of Nursing (DON), she also confirmed LPN #1 and CNA #3 should have performed hand hygiene prior to providing care. The DON also confirmed CNA #3 failed to follow infection control guidelines by not removing her gloves and performing hand hygiene after her gloves became contaminated with body excretions prior to applying a clean brief and incontinent pad. Record review of the "Admission Record" for Resident #15 revealed, the facility admitted the resident on 08/24/2017, with diagnoses that included Urinary Tract infection, Alzheimer's Disease, Anxiety, and Kidney Failure.	M1570	Director of Nursing, Staff Development Coordinator, Infection Preventionist Nurse or Registered Nurse/Charge Nurse will continue monitoring and observing monthly, six Certified Nursing Assistants to ensure hand hygiene procedures are followed, concluding on 10/14/2023. Any problems will be addressed by the Quality Assurance Performance Improvement Committee during monthly meetings. Changes will be made as necessary to ensure substantial compliance	

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M1570	Continued From page 3 The Quarterly Minimum Data Set (MDS) with the Assessment Reference Date (ARD) of 04/03/23 revealed Resident #15 had a Brief Interview of Mental Status (BIMS) score of 03, which indicated Resident #15 had severe cognitive impairment. Further review of the MDS revealed the resident required tow (2) person extensive assistance with hygiene care and was frequently incontinent. Resident #39 On 06/14/23 at 10:35 AM, during an observation of CNA #1 performing foley catheter care for Resident #39, the CNA was observed providing perineal care, as the resident had a bowel movement during the care. While performing the perineal care, CNA #1 wiped stool off her glove and applied hand sanitizer to her gloves and proceeded to apply a clean brief and pants on the resident. During an interview on 06/14/23 at 11:54 AM, CNA #1 stated she should have removed her gloves and performed hand hygiene when her gloves became contaminated with the resident's stool, prior to applying a clean brief and pants on the resident. She stated her actions could cause the resident to an infection. On 06/14/23 at 12:50 PM, in an interview with the Director of Nursing (DON), she stated CNA #1 should have removed gloves and not used hand sanitizer to clean gloves. She stated CNA #1 should have removed her soiled gloves, performed hand hygiene, and applied clean gloves before applying the resident's brief and pants. She stated the CNA's actions could cause the resident to get an infection.	M1570		

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M1570	Continued From page 4 Review of the "Admission Record" for Resident #39 revealed, the facility admitted the resident on 04/04/23 with diagnoses including Pressure Ulcer of Sacral Area, Stage 3, Dysphagia, Oropharyngeal Phase and Partial Intestinal Obstruction. Review of the "Order Summary Report" revealed a physician's order, dated 05/29/23, for "FOLEY CATH CARE WITH SOAP AND WATER QDay (every day) and PRN (as needed) FOR PRESSURE ULCER."	M1570		