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	255275	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

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F 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 requirements for participation in Medicare and Medicaid. The SA cited F658, F 690, and F880. At the time of survey the facility was licensed for 60 beds and had a census of 43 residents.	F 000		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review, and facility policy review, the facility failed to ensure an enteral feeding pump was operated by licensed staff for one (1) of nine (9) residents observed with Percutaneous Endoscopic Gastrostomy (PEG) tube feedings. Resident #39 Findings include: A record review of facility's policy, "Care and Treatment of Feeding Tubes", dated 04/2017, revealed, "It is a policy of this facility to utilize feeding tubes in accordance with current clinical standards of practice, with interventions to prevent complications to the extent possible ... 6. In accordance with facility protocol, licensed nurses will monitor and check that the feeding tube is in the right location ....: a. Tube placement	F 658	1. The facility has taken measures to ensure services provided meet professional standards of quality. Certified Nursing Assistant #1 was given a one on one in-service by the Staff Development Coordinator on 6/14/2023, regarding the importance of licensed staff operating feeding pumps. Certified Nursing Assistant #1 was placed on suspension until a review was completed and ultimately was terminated on 6/22/23. The resident was not impacted. 2. On 6/14/2023, the Director of Nursing, Infection Preventionist Nurse and Staff Development Coordinator identified all residents with tube feedings. It was found that one other resident Certified Nursing	7/14/23

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

Electronically Signed | 07/06/2023

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F 658	Continued From page 1 will be verified before beginning a feeding ..." During an observation on 06/14/23 at 10:35 AM, Certified Nurse Aide (CNA) #1 was observed providing catheter care to Resident #39. Prior to exiting the resident's room, the CNA turned the resident's feeding pump back on, as the feeding pump was on hold prior to entering the room. On 06/14/23 at 11:48 AM, in an interview, CNA #1 stated that she should not have turned the resident's feeding pump on, as only the nurses are responsible for managing a resident's feeding pump. On 06/14/23 at 12:50 PM, in an interview, the Director of Nursing (DON) stated CNA #1 should not have turned the feeding pump on that was on hold, as the operation of feeding pumps are beyond the scope of practice of a CNA. A record review of the Admission Record revealed Resident #39 was admitted to the facility on 4/4/23, with diagnoses that included Dysphagia, Oropharyngeal Phase and Partial Intestinal Obstruction. A record review of the "Order Summary Report," revealed a physician order dated 04/04/23, for "Enteral Nutrition VIA PUMP-ISOSOURCE 1.5 at 60 ml (milliliters) PER HOUR CONTINOUSLY VIA PUMP PER PEG-TUBE (percutaneous endoscopic gastrostomy tube)."	F 658	Assistant #1 was caring for had a tube feeding. The resident was assessed and it was found that he receives his feeding from 4pm-6am. Certified Nursing Assistant #1 works 7am-3pm. This resident was not impacted by this practice. 3. In-service training began on 6/14/2023 and completed on 7/5/2023 for the nursing assistants and nurses. This training was provided by the Staff Development Coordinator on services provided meeting professional standards, specifically related to the importance of only licensed personnel operating feeding pumps. All Certified Nursing Assistants will be in-serviced upon hire and annually regarding the importance of only licensed personnel operating feeding pumps. 4. F658 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. Rounds are made weekly for one month to ensure only licensed personnel operate feeding pumps. The Director of Nursing, Staff Development Coordinator, Infection Preventionist Nurse or Registered Nurse/Charge Nurse will continue monitoring and observing monthly for 3 months to ensure only licensed personnel operate feeding pumps, concluding on 10/14/2023. Any problems will be addressed by the Quality Assurance Performance Improvement Committee during monthly meetings. Changes will be	

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F 658	Continued From page 2	F 658	made as necessary to ensure substantial compliance.	
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as	F 690		7/14/23

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F 690	Continued From page 3 possible. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review and facility policy review the facility failed to provide appropriate and sufficient care to prevent the possibility of Urinary Tract Infections (UTIs) for one (1) of four (4) incontinence care observations. Resident #15. Findings Include: Review of the facility's " Perineal Care (peri-care) for Female policy", revised 4/2017, revealed, " ...The purpose of this procedure is to provide appropriate care according to current standards of practice... Procedure ...8. Washes genital area, moving from front to back, while using a clean area of the washcloth or wipe for each stroke. 9. Using a clean washcloth or wipe, rinse soap from genital area, moving from front to back, while using a clean area of the washcloth or wipe for each stroke ..." On 06/14/23 at 11:35 AM, during an observation of incontinent care on Resident #15, with Certified Nurse Aide (CNA) #3 and Licensed Practical Nurse (LPN #1) revealed CNA #3 cleansed the genital area using a circular motion, instead of cleaning from front to back. In an interview on 06/14/23 at 11:38 AM, with CNA #3, she confirmed she cleaned the center of the genital area of Resident #15 using a circular motion. CNA #3 said she knew how to cleanse the resident's genital area, but she was nervous and could not think straight at that moment. CNA #3 also stated that not cleaning the resident properly could cause the resident to get an	F 690	1. The facility has taken measures to ensure any resident who is incontinent of bowel and bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible, 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 incontinent care. Until further review could be conducted, the Certified Nursing Assistant #3 was placed on suspension on 6/16/2023. Certified Nursing Assistant #3 returned to the facility on 6/22/2023. Certified Nursing Assistant #3 performed skill check of incontinent care. 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 the nursing assistants and nurses. The training was provided by the Staff Development Coordinator on incontinent care. The Infection Preventonist Nurse conducted skill check offs on incontinent care for all Certified Nursing Assistants by 7/6/2023. 4. F690 will be taken to the Quality Assurance Performance Improvement Committee on 7/12/2023. The Director of	

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F 690	Continued From page 4 infection and she confirmed that she had been trained to wipe the center of the genital area from front to back. In an interview on 06/14/23 at 12:04 PM, with LPN #1, she confirmed that CNA #3 failed to cleanse the genital area from front to back, and instead had used a circular motion when cleaning the middle of the genital area. LPN #1 said that CNAs are trained to wipe one side of the genital area from front to back, wipe the other side of the genital area from front to back, and then wipe the center of the genital area from front to back. LPN #1 stated the resident could acquire an infection if the resident did not receive appropriate incontinence care. In an interview on 06/14/23 at 1:14 PM, with the Director of Nursing (DON), she confirmed CNA #3 could have caused the resident to develop an infection by not cleansing the genital area appropriately and that CNAs had received training on incontinence care. Record review of the "Admission Record" revealed the facility admitted Resident #15 on 07/26/2021 with a diagnosis of Type 2 Diabetes Mellitus. A record review of the Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/03/23, revealed Resident #15 had a Brief Interview of Mental Status (BIMS) score of 03, which indicated she had severe cognitive impairment. Further review revealed Resident #15 required extensive assistance with personal hygiene and was frequently incontinent.	F 690	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 residents to ensure Certified Nursing Assistants provide proper incontinent care. The Director of Nursing, Staff Development Coordinator, Infection Preventionist Nurse or Registered Nurse/Charge Nurse will continue monitoring and observing monthly, six residents for 3 months to ensure Certified Nursing Assistants provide proper incontinent care, 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.	
F 880 SS=D	Infection Prevention & Control	F 880		7/14/23

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F 880	Continued From page 5 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, 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	F 880		

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F 880	Continued From page 6 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. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review, 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:	F 880	1. The facility has taken measures to 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	

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F 880	Continued From page 7 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 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. In an interview on 06/14/23 at 11:38 AM, with CNA #3 confirmed she failed to perform hand	F 880	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. F880 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 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	

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F 880	Continued From page 8 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. 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. LPN #1 confirmed that not performing hand hygiene could cause the resident to get an infection. .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. 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 two (2) person extensive	F 880	Assurance Performance Improvement Committee during monthly meetings. Changes will be made as necessary to ensure substantial compliance.	

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F 880	Continued From page 9	F 880		

assistance with hygiene care and was frequently incontinent.

Resident #39

On 06/14/23 at 10:35 AM, during an observation of catheter/perineal care with CNA #1 revealed as CNA #1 was performing foley catheter and perineal care Resident #39 had a bowel movement during the care. While performing 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.

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.

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F 880	Continued From page 10 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."	F 880		