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
	34NH	A. BUILDING: _____ B. WING _____	C 08/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAURELWOOD COMMUNITY LIVING CENTER	1036 WEST DRIVE LAUREL, MS 39440

(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) for MS #22259 at the facility from 8/9/23 through 8/10/23. The SA investigated the complaint for resident left wet and soiled, grooming, inappropriate feeding assistance, and improper infection control. 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 requirement 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.	M1570		9/1/23

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M1570	Continued From page 1 This Statute is not met as evidenced by: Level II Based on observation, staff interview, record review, and facility policy review, the facility failed to prevent the possible spread of infection during wound care for one (1) of two (2) residents reviewed with wounds. Resident #1 Findings Include: Review of the facility's policy, "Infection Control Program", dated 7/16/22, revealed, " ...The facility will establish and maintain an Infection Control Program focused on preventing the transmission of infectious disease ...Purpose ...Decrease the risk of infection for residents ...Insure compliance with federal and state infection control guidelines ..." Review of the facility's policy, "Handwashing/Hand Hygiene", dated June 2010, revealed, "...Policy Interpretation and Implementation...6. In most situations, the preferred method of hand hygiene is with an alcohol-based hand rub. IF hands are not visibly soiled, use an alcohol-based hand rub...for all of the following situations:...before handling clean or soiled dressings...after removing gloves..." During an observation of wound care on 8/10/23 at 10:05 AM, for Resident #1 with Registered Nurse (RN) #1 revealed RN #1 did not wash or sanitizer her hands before applying gloves and initiating wound care. RN #1 removed and discarded the soiled dressing, but did not wash or sanitize her hands before applying a clean pair of gloves.	M1570	*Resident #1 was assessed 08/10/23 by Director of Nursing (DON) with no adverse findings. The package of gauze, spray container of wound cleanser, container of betadine, package of Alginate and container of hand sanitizer that the Registered Nurse #1 put back in wound cart was removed on 08/10/23 by Director of Nursing (DON)and wound cart was disinfected . * All residents have the potential to be effected. * In-service education regarding Handwashing and Hand Hygiene was provided to Registered Nurses and Licensed Practical Nurses 08/10/23 through 08/25/23 and ongoing for all staff to be completed 08/31/23, by Director of Nursing (DON). Skill performance check offs will be conducted 08/14/23 through 08/25/23 by Director of Nursing (DON) or Registered Nurse (RN) and ongoing until all Nurses completed with Registered Nurses and Licensed Practical Nurses to assure staff can demonstrate the correct procedure. Wound Care Nurse Practitioner(NP-C) provided in-serviced education to Registered Nurses and Licensed Practical Nurses on 08/24/23 for proper wound care procedures including hand washing and infection control. All New licensed nursing staff will be in-serviced on Handwashing and Hand Hygiene and checked off on proper wound care procedures before starting on the floor	

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M1570	Continued From page 2 In an interview with RN #1, on 8/10/23 at 10:15 AM, she confirmed that not sanitizing her hands could have caused the wound to become infected. During an interview with the Director of Nursing on 8/10/23 at 10:20 AM, she stated that she expected the nurses to sanitize their hands during wound care. Record review of the "Order Summary Report" with "Active Orders As Of: 08/10/2023" revealed Resident #1 had a Physician's Order, dated 7/22/23, for "Cleanse wound to midline abdomen with wound cleanser, pat dry, apply alginate, paint wound with betadine, cover with bordered gauze, change drsg (dressing) every other day and prn (as needed) ..." Record review of the "Admission Record" revealed the facility admitted Resident #1 on 8/19/20 with diagnoses that included Fistula of Stomach and Duodenum.	M1570	* All Licensed Nurses will be observed individually between 08/14/23-08/31/23 performing wound care by Director of Nursing (DON) or Registered Nurse (RN). Nurses will be chosen randomly for observation of wound care two (2) times a week for four (4) weeks then one time a week for four (4) weeks than one time monthly for three months. Observations up to 08/24/23 were brought to Quality Assessment and performance Improvement committee. Nurses that failed to correctly perform procedure will be required to repeat it. If Licensed Nurses fail second attempt, further education will be provided by Wound care Nurse Practitioner (NP-C) and wound care check offs will be repeated. Any other observations will be discussed 08/31/23 at our Quality Assessment Performance Improvement Committee to discuss findings and if further training or action is necessary and will continue each month until no areas of concern are noted.	