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
	15PC	A. BUILDING: _____ B. WING _____	08/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE CREST GUEST HOME INC	133 PINE STREET HAZLEHURST, MS 39083

(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 recertification survey at the facility, from 08/07/23 through 08/10/23. 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: Level II	M1570	M1570	9/6/23

Mississippi State Department of Health

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

Electronically Signed | 08/24/23

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M1570	Continued From page 1 Based on observation, interviews, 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 one (1) of 12 sampled residents. Resident #12 Findings include: A review of the facility's policy, "Infection Prevention Control", with a revision date of 6/8/23 revealed, " Policy: This facility has established and maintains am 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 as per accepted national standards and guidelines...5. Standard Precautions: a. All staff shall assume that all residents are potentially infected or colonized with an organism that could be transmitted during the course of providing resident care services. b. Hand hygiene shall be performed in accordance with CDC (Centers for Disease Control and Prevention) guidelines ..." A review of the facility's policy, "Perineal/Incontinent Care", revised 9/15/22 revealed, " ...Policy Explanation and Compliance Guidelines: 1. Hand Hygiene 2. Gather Supplies ... 9. Expose perineal area keeping resident covered as much as possible. 10. Hand Hygiene 11. Apply Gloves ..." On 8/09/23 at 3:07 PM, during an observation of Certified Nurse Aide (CNA) #1 providing perineal care for Resident #12, revealed CNA #1 performed hand hygiene and applied gloves prior	M1570	1. Resident # 12 was assessed by the Licensed Nurse on 8/10/23 after peri-care with no negative outcomes. Resident # 12 is receiving perineal care from the Certified Nursing Assistants and Licensed Nurses with proper hand hygiene and glove application to prevent the development and/or transmission of infection. 2. All Residents who receive perineal care have the potential to be affected by the alleged deficient practice with Certified Nursing Assistants and Licensed Nurses providing proper hand hygiene and glove application. 3. Licensed Nursing staff and Certified Nursing Assistants have been in-serviced by the Infection Prevention Nurse starting 8/10/23 related to perineal care, peri-care guidelines, hand hygiene, glove application, and infection prevention. 4. Peri-care Observation Audits were started 8/10/23 by the Infection Prevention Nurse with observations to ensure peri-care guidelines are followed with hand hygiene and glove application. Peri-care Observation Audits will be completed on five residents three times weekly times two weeks, two times weekly times two weeks, and weekly thereafter times 8 weeks. Corrective actions will be monitored by the Quality Assurance committee starting 9/1/23 and monthly times three months with reports by the Infection Prevention Nurse related to Peri-Care Observation Audits results with	

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M1570	Continued From page 2 to assisting the resident from the wheelchair to the bed and pulling the privacy curtain. However, prior to beginning perineal care, CNA #1 did not remove the soiled gloves, perform hand hygiene, and apply clean gloves. On 08/09/23 at 3:25 PM, in an interview with CNA #1, she stated she should have removed her gloves and washed her hands before beginning perineal care. She confirmed she had contaminated her gloves when she had assisted the resident out of the wheelchair and closed the privacy curtain. On 08/10/23 at 10:15 AM, in an interview with Registered Nurse (RN)/Charge Nurse, she confirmed CNA #1 should have changed her gloves and performed hand hygiene at appropriate times during the care, as her actions could cause the resident to develop an infection. On 08/10/23 10:43 AM, in an interview with Director of Nursing (DON), she stated CNA #1 should have set everything up properly, provided privacy, and washed her hands and applied clean gloves before beginning care. The DON confirmed the actions of CNA #1, while performing perineal care, had the potential to cause the resident to develop an infection. The DON explained she expects the CNAs to follow procedures and guidelines when providing care. A record review of the "Admission Record" for Resident #12 revealed the facility admitted the resident on 5/30/23, with diagnoses that included Unspecified Dementia, Chronic Kidney Disease, Essential (Primary) Hypertension and Vitamin B12 Deficiency Anemia. A record review of the Admission Minimum Data	M1570	the plan evaluated and recommendations for changes to the plan if indicated.	

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M1570	Continued From page 3 Set (MDS) for Resident #12, with an Assessment Reference Date (ARD) of 6/7/23, revealed a Brief Interview for Mental Status (BIMS) score of 05, which indicated severe cognitive impairment.	M1570		