STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255210	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) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey at the facility from 8/7/23 through 8/10/23. During the survey, the SA determined the facility was not in compliance with requirements for participation in Medicare and Medicaid. The SA cited F623, F625, F690, and F880. The census was 45 and the facility was licensed for 50 beds.	F 000		
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	F 690		9/6/23

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

Electronically Signed | 08/24/2023

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F 690	Continued From page 1 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 possible. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review, and facility policy review, the facility failed to provide the appropriate care and services to ensure a resident with an indwelling catheter received appropriate care and services to prevent urinary tract infections for one (1) of two (2) residents reviewed with indwelling catheters. Resident #44 Findings include: On 8/08/23 at 10:47 AM, an observation revealed Resident #44 sitting up in his recliner with an indwelling drainage catheter bag attached to the bed. The drainage bag was empty, the tubing was not attached to the resident and was lying on the floor. On 8/08/23 at 12:00 PM, an observation of Resident #44 revealed the resident continued to sit in his recliner, with the indwelling catheter bag attached to the bed and the drainage tubing lying on the floor, unattached to the resident. On 8/09/23 at 11:06 AM, during an observation and interview with Licensed Practical Nurse (LPN) #1 providing suprapubic catheter care for	F 690	F690 1. Resident # 44 catheter drainage bag and catheter tubing was discarded and replaced by the Licensed Nurse 8/9/23. Resident # 44 is receiving appropriate care and services to ensure catheter tubing is secured to catheter drainage bag in a privacy bag and not touching the floor. 2. All Residents with catheters have the potential to be affected by the alleged deficient practice with the catheter bag and tubing secured in a privacy bag and not touching the floor. 3. Licensed nursing staff have been in-serviced by the Infection Prevention Nurse starting 8/9/23 related to catheter care and services provided to prevent urinary tract infections and catheter tubing and catheter drainage bag secured in a privacy bag and not touching the floor. Catheter Observation Audits were started 8/9/23 by the Infection Prevention Nurse for all residents with catheters with	

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F 690	Continued From page 2 Resident #44, LPN #1 revealed that the tubing should never be on the floor when the resident is switched to a leg bag as this could possibly cause an infection. On 8/09/23 an 11:36 AM, in an interview with Registered Nurse (RN) #3/Infection Preventionist, she explained she spot checks catheter care weekly. RN #3 revealed to prevent infection, catheter drainage bags and the catheter tubing should not touch the floor. Record review of the "Order Summary Report" with active orders as of 8/8/23, revealed a physician order dated 8/7/23 revealed, "DRAINAGE BAG FOR SUPRA PUBIC CATHETER WHEN IN BED. KEEP BELOW WAIST AND HAVE PRIVACY BAG IN PLACE ..." and another physician order dated 8/7/23 revealed, "FOLEY LEG BAG AT HIS REQUEST WHEN OUT OF BED. KEEP LEG BAG BELOW WAIST ..." Record review of the "Admission Record" for Resident #44 revealed the facility admitted the resident on 6/28/23, with diagnoses that included Retention of Urine, Muscle Weakness, and Urinary Tract Infection. Record review of the Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 7/11/2023, Section H revealed the resident had an indwelling catheter.	F 690	observations to ensure catheter tubing and catheter drainage bags are secured in a privacy bag and not touching the floor. Catheter Observation Audits will be completed three times weekly times two weeks, two times weekly times two weeks, and weekly thereafter times 8 weeks. The Infection Prevention Nurse will monitor and evaluate the Catheter Observation Audits results. 4. Corrective actions will be monitored by the Quality Assurance committee starting 9/1/23 monthly times three months with reports by the Infection Prevention Nurse with the plan evaluated and recommendations for changes to the plan if indicated. completion date: 9/6/23	
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	F 880		9/6/23

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F 880	Continued From page 3	F 880		

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 resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and

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F 880	Continued From page 4 (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, 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	F 880	F880 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	

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F 880	Continued From page 5 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 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.	F 880	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 the plan evaluated and recommendations for changes to the plan if indicated.	

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F 880	Continued From page 6 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 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.	F 880		