

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/19/2019  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>255142</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                                                     |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>06/27/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>OCEAN SPRINGS HEALTH &amp; REHABILITATION CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1199 OCEAN SPRINGS ROAD<br/>OCEAN SPRINGS, MS 39564</b>                      |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                                    | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ID<br>PREFIX<br>TAG                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE                             |
| F 000                                                                                       | <p><b>INITIAL COMMENTS</b></p> <p>The State Agency (SA) conducted an annual recertification survey from 6/24/19 through 6/27/19. During the survey, the facility was found not to be in compliance with the Requirements of Participation for Medicare and Medicaid. The SA cited deficiencies at F641, F656, F657, F658, F758, and F880.</p> <p>The SA identified an Immediate Jeopardy (IJ) which began on 6/25/19, when facility staff failed to wash their hands and/or clean and disinfect the Glucometer (a machine to check blood glucose levels) per manufacturer's recommendations of a minimum of 30 seconds of "wet" time, prior and after use, for eight (8) of 13 observations for blood glucose checks, Residents #13, #20, #52, #77, #84 and #89. The failure to disinfect the Glucometer per manufacturer's recommendations, and failure to perform hand hygiene, posed a threat of bloodborne pathogen cross-contamination between the residents who received blood glucose checks.</p> <p>The facility's failure to ensure that staff washed their hands before and after performing a blood glucose test, and failure to ensure the Glucometer was cleaned and disinfected, prior and after use between residents, placed Resident #13, #20, #52, #77, #84, #89, and other residents who required the use of a Glucometer (24 residents total), in a situation that was likely to cause serious injury, harm, impairment or death.</p> <p>The SA notified the Administrator on 6/25/19 at 7:00 PM, of the Immediate Jeopardy that existed at:<br/>42 CFR(s): 483.21 (b)(3)(i)-Services Provided to</p> | F 000                                                                      |                                                                                                                          |  |                                                        |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/26/2019

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



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| F 000                                                                                       | Continued From page 1<br>Meet Professional Standards (F658), and<br>42 CFR(s): 483.80 (a)(1)(2)(4)(e)(f)-Infection<br>Prevention and Control (F880).<br><br>The facility submitted an acceptable Removal<br>Plan (RP) on 6/26/19, in which the facility alleged<br>all corrective actions to remove the IJ were<br>completed on 6/25/19, and the IJ removed as of<br>6/26/19. The SA validated the Removal Plan and<br>determined the IJ was removed on 6/26/19, prior<br>to exit.<br><br>Therefore, the scope and severity for 42 CFR(s):<br>483.21 (b)(3)(i)-Services Provided to Meet<br>Professional Standards (F658), and 42 CFR(s):<br>483.80 (a)(1)(2)(4)(e)(f)-Infection Prevention and<br>Control (F880) were lowered from a "K" level to<br>an "E" level, while the facility develops and<br>implements a plan of correction, and monitors the<br>effectiveness of the systemic changes, to ensure<br>the facility sustains compliance with the<br>regulatory requirements.<br><br>The facility's census was 93, and the facility held<br>a license for 115 beds. | F 000                                                                      |                                                                                                                                                                                                                      |                            |                                                        |
| F 641<br>SS=D                                                                               | Accuracy of Assessments<br>CFR(s): 483.20(g)<br><br>§483.20(g) Accuracy of Assessments.<br>The assessment must accurately reflect the<br>resident's status.<br>This REQUIREMENT is not met as evidenced<br>by:<br>Based on observation, record review, facility<br>policy review, and staff interview, the facility failed<br>to accurately code the Minimum Data Set (MDS)<br>to include Hospice services for one (1) of four (4)<br>MDS assessments reviewed for hospice,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | F 641                                                                      | Responses to the cited deficiencies do<br>not constitute an admission or agreement<br>by the Provider of the truth of the facts<br>alleged or conclusions set forth in the<br>Statement of Deficiencies. The Plan of | 7/25/19                    |                                                        |



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| F 641                                                                                       | <p>Continued From page 2<br/>Resident #90.</p> <p>Findings include:</p> <p>A review of the facility's policy, dated November 2017, revealed a comprehensive assessment of a resident's needs shall be made following the guidelines set forth in the CMS Resident Assessment Instrument (RAI) Manual. The CMS's RAI Version 3.0 Manual dated October 2018, revealed nursing homes are responsible for ensuring that all participants in the assessment have a requisite knowledge to complete an accurate assessment.</p> <p>Review of the most recent Quarterly MDS assessment for Resident #90, with an Assessment Reference Date (ARD) of 6/8/19, was not coded to include Hospice services.</p> <p>Record review of the physician orders, dated 9/14/18, had an order to admit Resident #90 to (name) Hospice.</p> <p>On 6/26/19 at 11:14 AM, an interview with Registered Nurse (RN) #6 revealed the most recent Quarterly MDS assessment with an ARD of 6/8/19, was not coded to include hospice services for Resident #90. She then looked at the current June 2019 physician orders and verified the order, dated 9/14/18, for (name) Hospice.</p> <p>On 6/26/19 at 3:33 PM, an interview with the Director of Nursing (DON) revealed she would expect the MDS to be coded accurately.</p> <p>On 6/24/19 at 10:30 AM, Resident #90 was observed lying in bed awake with his wife at the</p> | F 641                                                                      | <p>Corrections is prepared solely as a matter of compliance with Federal and State Law.</p> <p>* On 6/26/19, a modification of Quarterly Minimum Data Set (MDS) with assessment reference date of 6/8/19 was completed for resident #90 to code Hospice services. On 6/26/19, the Director of Nursing (DON) in-serviced the MDS Coordinator on accurate completion of the MDS as set forth in the Resident Assessment Instrument (RAI) Manual, Section O (Special Treatments, Programs and Procedures).</p> <p>* On 6/26/19, the DON completed an audit of MDS assessments for seven residents receiving Hospice services with no further coding issues noted.</p> <p>* The DON or Assistant Director of Nursing (ADON) will complete an audit of most recent MDS assessment for each resident receiving Hospice services to monitor accuracy of MDS assessments monthly for three months then quarterly thereafter to ensure compliance is achieved. Monthly audit was initiated on 6/26/19.</p> <p>* On 6/26/19, a Performance Improvement Plan (PIP) was initiated by the DON and Risk Manager (RM) to monitor accuracy of MDS assessments. The findings will be documented and submitted by the DON at the monthly</p> |                            |                                                        |



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| F 641                                                                                       | Continued From page 3<br>bedside.<br><br>A review of the facility's Face Sheet revealed the facility admitted Resident #90 on 9/14/18, with diagnoses of Malignant Neoplasm of prostate and Unspecified Dementia.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | F 641                                                                      | Quality Assurance Performance Improvement (QAPI) Meeting for further review and corrective action.                       |                            |                                                        |
| F 656<br>SS=D                                                                               | Develop/Implement Comprehensive Care Plan<br>CFR(s): 483.21(b)(1)<br><br>§483.21(b) Comprehensive Care Plans<br>§483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -<br>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and<br>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).<br>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.<br>(iv) In consultation with the resident and the resident's representative(s)-<br>(A) The resident's goals for admission and | F 656                                                                      |                                                                                                                          | 7/25/19                    |                                                        |



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| F 656                                                                                       | <p>Continued From page 4</p> <p>desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review, facility policy review, and staff interview, the facility failed to implement the care plan related to catheter care for one (1) of five (5) catheter care plans reviewed. (Resident #57)</p> <p>Findings include:</p> <p>Review of the facility's policy, "Care Plan Comprehensive", dated November 2017, revealed that the care is developed and maintained for each resident.</p> <p>Review of facility policy titled, "Suprapubic Catheter Care," dated December 2018, revealed that the facility should be sure that the catheter tubing and drainage bag are kept off the floor.</p> <p>Review of Resident #57's Care Plan, revealed a focus problem for the risk for Urinary Tract Infection (UTI), initiated on 3/28/2019. Resident #57's Care Plan revealed an intervention that the Nursing Department should ensure the drainage bag is kept off the floor.</p> <p>During an observation of catheter care for</p> | F 656                                                                      | <p>*On 6/25/19, Registered Nurse(RN)#1/Treatment Nurse changed Resident #57's suprapubic catheter tubing and genitourinary bag. A 72-hour observation was initiated for resident #57 to observe for signs/symptoms of infection. On 6/26/19, the Risk Manager(RM) in-serviced RN #1 on Infection Control Practices (which included keeping the urinary bag off floor).</p> <p>*On 6/26/19, the Assistant Director of Nursing (ADON) and RM completed infection control rounds to ensure infection control practices were being followed for the five residents with an indwelling urinary catheter as indicated on the care plan. On 6/26/19, the DON completed a review of the comprehensive care plan of the five residents with an indwelling urinary catheter to ensure a care plan related to catheter care was implemented.</p> <p>*DON and RM will complete daily infection control rounds (to ensure catheter bags are kept off the floor) for one month, then</p> |  |                                                        |



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| F 656                                                                                       | <p>Continued From page 5</p> <p>Resident #57, on 6/25/2019 at 10:40 AM, Registered Nurse (RN) #1/Treatment Nurse positioned Resident #57 on his right side. RN #1 removed the urinary catheter drainage bag from the side of the bed. After completing all of the care, RN #1 left the room. Before and after RN #1 left the room, the urinary catheter bag was laying on the floor.</p> <p>During a subsequent observation of Resident #57's room, on 6/25/2019 at 2:14 PM, the urinary catheter drainage bag was still laying on the floor.</p> <p>During an interview, on 6/25/2019 at 2:16 PM, Registered Nurse (RN) #1/Treatment Nurse stated that she did remove the catheter drainage bag in order to prevent any discomfort or injury, related to any tugging from the catheter tubing during care. RN #1 stated that she did not place it on the floor, but she really didn't notice. RN #1 stated that having a urinary drainage bag on the floor is an infection control concern. RN #1 stated that the tubing should not touch the floor..</p> <p>During an interview on 6/27/2019 at 10:45 AM, the Care Plan Coordinator revealed that the Care Plan for Resident #57 had not been followed in reference to the urinary catheter bag touching the floor, which could possibly cause a urinary tract infection.</p> <p>During an interview, on 6/27/2019 at 3:58 PM, the Director of Nursing (DON) confirmed that Resident #57's Care Plan had not been followed, because the urinary drainage bag was laying on the floor.</p> <p>Review of the Face Sheet revealed Resident #57 was admitted by the facility on 2/18/2019, with</p> | F 656                                                                      | <p>weekly thereafter until compliance is achieved. Rounds were initiated on 6/26/19. On 6/26/19, the DON initiated a monthly audit of the care plan of any residents with a newly placed indwelling urinary catheter to ensure that a Risk for Infection Care Plan is developed and implemented to include keeping the urinary bag off the floor. the audit will then be completed quarterly until compliance is achieved.</p> <p>*On 6/26/19 a Performance Improvement Plan was initiated by the DON and RM to perform monthly monitoring of infection control practices regarding indwelling urinary catheters. The findings of infection control rounds and care plan audits will be documented and submitted by the DON at the monthly Quality Assurance Performance Improvement meeting for further review and corrective action.</p> |                            |                                                        |



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| F 656                                                                                       | Continued From page 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | F 656                                                                      |                                                                                                                                                                        |                            |                                                        |
| F 657<br>SS=D                                                                               | diagnoses to include Quadriplegia and the<br>Presence of a Urogenital Implant.<br><br>Care Plan Timing and Revision<br>CFR(s): 483.21(b)(2)(i)-(iii)<br><br>§483.21(b) Comprehensive Care Plans<br>§483.21(b)(2) A comprehensive care plan must<br>be-<br>(i) Developed within 7 days after completion of<br>the comprehensive assessment.<br>(ii) Prepared by an interdisciplinary team, that<br>includes but is not limited to--<br>(A) The attending physician.<br>(B) A registered nurse with responsibility for the<br>resident.<br>(C) A nurse aide with responsibility for the<br>resident.<br>(D) A member of food and nutrition services staff.<br>(E) To the extent practicable, the participation of<br>the resident and the resident's representative(s).<br>An explanation must be included in a resident's<br>medical record if the participation of the resident<br>and their resident representative is determined<br>not practicable for the development of the<br>resident's care plan.<br>(F) Other appropriate staff or professionals in<br>disciplines as determined by the resident's needs<br>or as requested by the resident.<br>(iii) Reviewed and revised by the interdisciplinary<br>team after each assessment, including both the<br>comprehensive and quarterly review<br>assessments.<br>This REQUIREMENT is not met as evidenced<br>by:<br>Based on observation, record review, facility<br>policy review, and staff interview, the facility failed<br>to revise a care plan related to a pressure ulcer<br>for one (1) of three (3) care plans reviewed for | F 657                                                                      |                                                                                                                                                                        | 7/25/19                    |                                                        |
|                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            | * On 6/27/19, Resident #57's care plan<br>was revised to reflect the current status of<br>the resident's pressure ulcers. On<br>6/27/19, the Director of Nursing (DON) |                            |                                                        |



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| F 657                                                                                       | <p>Continued From page 7<br/>pressure ulcers, Resident #57.</p> <p>Findings include:</p> <p>Review of the facility policy titled, "Care Plan-Comprehensive," dated November 2017, revealed that it is the policy of this facility that a Comprehensive Care Plan, that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs, shall be developed for each resident. The facility policy noted that the Comprehensive Care Plan has been designed to incorporate identified problem areas and reflect treatment goals and objectives in measurable outcomes. The facility policy also noted that Care Plans are revised as changes in the resident's condition dictate.</p> <p>Review of Resident #57's Care Plan, revealed that a focus problem regarding Skin Integrity was initiated on 2/19/2019. Resident #57's Care Plan does not reflect a revision to include the Stage 2 pressure ulcer to the right (R) buttocks area that began treatment on 6/5/2019. Resident #57's Care plan does not reflect a revision to include the most current status of the pressure ulcer to the left (L) buttocks. Resident #57's Care Plan also does not reflect a focused problem regarding the Stage 2 pressure ulcer to the left (L) inner ankle.</p> <p>Review of the facility's medical records document titled, "Pressure Ulcer Report," dated 6/20/2019, revealed that on 6/5/2019, Resident #57 was being treated for both a Stage 2 pressure ulcer to the left (L) buttocks area and a Stage 2 pressure ulcer to the right (R) buttocks area. The report also revealed that Resident #57 had a Stage 2</p> | F 657                                                                      | <p>in-serviced the Care Plan Coordinator and Registered Nurse #1 on the facility policy regarding Care Plan Revision (i.e. with emphasis on revising care plan when changes in resident conditions occur).</p> <p>*On 6/27/19, the Care Plan Coordinator completed a review of the comprehensive care plan for six residents with an active pressure ulcer present for accuracy. Care plans were updated as needed.</p> <p>*Beginning on 6/27/19, the Care Plan Coordinator will complete a review of the comprehensive care plan for each resident with an active pressure ulcer to ensure accuracy regarding current status of pressure ulcers weekly for four weeks, then monthly thereafter until compliance is achieved.</p> <p>*On 6/27/19, a Performance Improvement Plan was initiated by the Care Plan Coordinator and Director of Nursing to monitor revision/accuracy of care plans weekly for four weeks, then monthly. The findings will be documented and submitted by the Care Plan Coordinator at the monthly Quality Assurance Performance Improvement Meeting for further review or corrective action.</p> |                            |                                                        |



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| F 657                                                                                       | Continued From page 8<br>pressure ulcer to the left (L) inner ankle that was<br>acquired in the facility on 6/18/2019.<br><br>During an observation of Resident #57's wound<br>care, on 6/25/2019 at 10:56 AM, Registered<br>Nurse (RN) #1 provided wound care to the Stage<br>2 pressure areas as ordered and listed on the<br>most current wound report. Three (3) areas were<br>observed, the left inner ankle and the left/right<br>buttock area.<br><br>During an interview on 6/27/2019 at 10:45 AM,<br>the Care Plan Coordinator stated that Resident<br>#57's care plan had not been updated/revised<br>regarding his current pressure ulcer status. The<br>Care Plan Coordinator stated that she did not<br>have a copy of the most current wound report and<br>had not been informed of any new changes.<br><br>During an interview, on 6/27/2019 at 3:54 PM, the<br>Director of Nursing (DON) stated that the Care<br>Plan needed to be updated each time there is a<br>change in the resident's wound status.<br><br>Review of the Face Sheet revealed Resident #57<br>was admitted by the facility on 2/18/2019, with<br>diagnoses to include Quadriplegia and the<br>Presence of a Urogenital Implant. | F 657                                                                      |                                                                                                                          |                            |                                                        |
| F 658<br>SS=K                                                                               | Services Provided Meet Professional Standards<br>CFR(s): 483.21(b)(3)(i)<br><br>§483.21(b)(3) Comprehensive Care Plans<br>The services provided or arranged by the facility,<br>as outlined by the comprehensive care plan,<br>must-<br>(i) Meet professional standards of quality.<br>This REQUIREMENT is not met as evidenced<br>by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | F 658                                                                      |                                                                                                                          | 7/25/19                    |                                                        |



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| F 658                                                                                       | <p>Continued From page 9</p> <p>Based on observation, staff interview, record review, review of the Mississippi Board of Nursing Administrative Code, and facility policy review, the facility failed to follow standards of practice for cleaning/disinfecting glucometers (blood glucose testing device), per manufacturer's recommendations, for a minimum of 30 seconds "wet" time, before, and after use, to ensure bloodborne viral and bacterial pathogens were killed. The facility also failed to ensure that staff washed their hands before, during, and after performing a blood glucose finger stick, for eight (8) of 13 observations for six (6) residents who received blood glucose finger sticks, Residents #13, #20, #52, #77, #84 and #89. This practice had the potential and likelihood to pose a threat of blood borne cross-contamination between residents who received blood glucose testing.</p> <p>The facility's failure of not following standards of practice for cleaning/disinfecting the glucometers, per manufacturer's recommendations between residents; and to perform hand hygiene between procedures, placed these and other residents who receive blood glucose finger sticks (24 total residents) in a situation which caused a likelihood of serious injury, harm, impairment, or death, related to the spread of blood borne pathogens due to cross-contamination with the multi-resident use of the glucometer.</p> <p>The situation was determined to be an Immediate Jeopardy (IJ), which began on 6/25/19, when the facility failed to follow the manufacturer's guidelines to clean and disinfect the glucometer for the minimum amount of "wet" time of 30 seconds, prior and after use between residents, to ensure all bacterial/viral pathogens were killed; and failed to perform hand hygiene appropriately</p> | F 658                                                                      | <p>*On 6/25/19, the Administrator completed a one-on-one education with Licensed Practical Nurse (LPN) #1, Licensed Practical Nurse (LPN) #2, and Licensed Practical Nurse (LPN) #3 on Infection Control Practices with focus on cleaning/disinfecting glucometers with emphasis on 30 second timeframe, hand washing, and safety. On 6/25/19, the Director of Nursing (DON) and Assistant Director of Nursing (ADON) assessed Residents #13, #20, #52, #77, #84 and #89 for exposure complications with no noted complications. On 6/25/19, the Care Plan Coordinator revised the Diabetic Care Plan for Residents #13, #20, #52, #77, #84 and #89 to include the proper cleaning of the glucometer. On 6/25/19, a Quality Assurance Performance Improvement Meeting was held to discuss Infection Control Practices, Hand washing, Cleaning of Glucometer, and Safety.</p> <p>*On 6/25/19, all nurses on duty consisting of four Licensed Practical Nurses (LPN) and two Registered Nurses (RN) cleaned all eight glucometers (to include those used with Residents #13, #20, #52, #77, #84 and #89) by disinfecting for a full 30 seconds. On 6/25/19, the Director of Nursing(DON)and Risk Manager(RM) in-serviced all nurses on duty to include 4 LPN's and 2 RN's on Infection Control Practices with focus on hand washing, safety, and Cleaning of Glucometers, Manufacturer's Guidelines for glucometer, and disinfecting bleach wipe. A return demonstration was performed by all six</p> |                            |                                                        |



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| F 658                                                                                       | <p>Continued From page 10<br/>between residents.</p> <p>The State Agency (SA) notified the Administrator on 6/25/19, of the IJ. An acceptable Removal Plan was received on 6/26/19, in which the facility alleged all corrective actions to remove the IJ were completed on 6/25/19, and the IJ was removed as of 6/26/19.</p> <p>The SA validated the Removal Plan and determined the IJ was removed on 6/26/19, prior to exit. Therefore, the scope and severity for CFR(s): 483.21 (b)(3)(i), F658; Services Provided Meet Professional Standards, was lowered from a "K" level to an "E" level, while the facility develops and implements a plan of correction and monitors the effectiveness of systemic changes to ensure the facility sustains compliance with the regulatory requirements.</p> <p>Findings include:</p> <p>A review of the Mississippi Board of Nursing Position Statement, titled "Blood Borne Pathogens", with a revision date of 4/6/2000, revealed the Board recognized the Centers of Disease Control (CDC) and Prevention Guidelines as the accepted standard of nursing practice and required all nurses to practice accordingly. In accordance with the CDC guidelines, in the provision of nursing care, all nurses should adhere to standard precautions, including washing of hands and comply with current guidelines for disinfection and sterilization of re-useable devices.</p> <p>A review of the Centers for Disease Control (CDC) and Prevention guidelines, updated 6/8/17, which regarded shared blood glucose meters,</p> | F 658                                                                      | <p>nurses. On 6/27/19, the DON and RM completed an in-service with all nurses on Infection Control Practices with focus on hand washing, safety, and Cleaning of Glucometers, Manufacturer's Guidelines for glucometer, and disinfecting bleach wipe. A return demonstration was performed by all nurses. The Staff Development Coordinator will provide new hire and annual training on Infection Control Practices with focus on hand washing, safety, and Cleaning of Glucometers, Manufacturer's Guidelines for glucometer, and disinfecting bleach wipe. A return demonstration will be performed. On 6/25/19 the Care Plan Coordinator revised the care plan for all Diabetic residents receiving a blood glucose check to include the proper cleaning of the glucometer. On 6/25/19, the DON and ADON assessed all twenty four Diabetic residents receiving a blood glucose check for exposure complications with no noted complications.</p> <p>*On 6/25/19, the DON and ADON initiated observation of five nurses per week for three months, performing blood glucose administration regarding glucometer infection control protocol and safety, then monthly thereafter until compliance is achieved. On 6/25/19, the Care Plan Coordinator initiated a monthly audit of all Diabetic care Plans to ensure the care plans include the proper cleaning of the glucometer.</p> <p>*On 6/25/19, an Performance Improvement Plan was initiated by the</p> |                            |                                                        |



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| F 658                                                                                       | <p>Continued From page 11</p> <p>revealed if blood glucose meters were shared, the device should be cleaned and disinfected after every use, per manufacturer instructions, to prevent carry-over of blood and infectious agents.</p> <p>A Review of facility policy titled, "Infection Control Monitoring", dated November 2017, revealed: It is the policy of the Center to investigate the cause of infections (nosocomial and community and hospital acquired) and the manner of spread. The objective of the Infection Control Policies: preventing, identifying, reporting, investigating, and controlling infections and other communicable diseases; designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>A Review of facility policy titled, "Obtaining a Finger stick Glucose Level", dated December 2018, revealed staff were to maintain a clean barrier, maintain clean technique, follow instructions provided by the manufacturer of the glucose monitoring system to obtain a blood glucose reading, and to wash hands after removing gloves. The policy also stated to clean the glucose monitor with approved disinfectant before and after each resident use.</p> <p>A review of the booklet titled, "EvenCare G2 blood glucose monitoring system users guide" (glucose monitor used by the facility), revised January 2018, revealed: Wipe all external areas of the meter or lancing device, including both front and back surfaces until visibly clean. Avoid wetting the meter test strip port. Allow the surface of the meter or lancing device to remain wet at room temperature for the contact time listed on</p> | F 658                                                                      | <p>Administrator, DON, and RM to monitor Infection Control Practices and Proper Cleaning of Glucometer with five nurses per week for three months, then monthly thereafter. The findings of observations and audits will be documented and submitted by the DON at the monthly Quality Assurance Performance Improvement Meeting for further review or corrective action.</p> |  |                                                        |



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| F 658                                                                                       | <p>Continued From page 12</p> <p>the wipe's directions for use. The booklet documented "Micro-Kill bleach germicidal wipes" were validated as an effective agent to use on the glucometer.</p> <p>A review of the label of the Micro-kill Bleach wipes, revealed: Contact time: Allow surface(s) to remain wet for 30 seconds to kill all of the bacteria and viruses **on the label** (virucidal-including but not limited to Hepatitis A/B/C, Human immunodeficiency virus type I, influenzas, norovirus, and Rotavirus) of the wipes except a one (1) minute contact time is required to kill Candida albicans and Trichophyton mentagrophytes and a three (3) minute contact time is required to kill Clostridium difficile spores. Reapply as necessary to ensure that the surface remains wet for the entire contact time.</p> <p>A review of the EvenCare G2 booklet titled, "Healthcare Professional Operators Manual", revised 3/2011, revealed a self-test question which asked, "What is the procedure for disinfecting the EvenCare G2 Meter?" with an answer of: Clean the meter with a disinfecting wipe. Wipe all external areas of the meter including both front and back surfaces until visibly wet. Allow the surface of the meter to remain wet at room temperature for the contact time/kill time listed on the canister. Then, wipe the meter dry or allow to air dry. The Operator's manual also revealed: Cleaning and disinfecting the meter and lancing device is very important in the prevention of infectious disease. Cleaning is the removal of dust and dirt from the meter and lancing device surface, so no dust or dirt gets inside. Cleaning also allows for subsequent disinfection to ensure germs and disease-causing agents are destroyed on the meter and lancing device surface.</p> | F 658                                                                      |                                                                                                                          |                            |                                                        |



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| F 658                                                                                       | <p>Continued From page 13</p> <p>Resident #20<br/>A review of the June 2019 Medication Administration Record (MAR) revealed Resident #20 received finger stick glucose testing twice daily for Diabetes Mellitus. Resident #47 also received Insulin per sliding scale twice daily.</p> <p>During an observation, on 06/24/19 at 3:35 PM, LPN #3 placed two (2) plastic cups on top of the medication cart with each containing a glucometer. LPN #3 stated, "I'm using the plastic cups as barriers, is that alright?" LPN #3 was instructed to go by the facility's policies and procedures. LPN #3 stated that he was new, he had been in Florida, and he didn't know if the rules were different. LPN #3 did not clean either glucometer and never voiced that he cleaned the glucometers prior to the testing procedure. LPN #3 entered Resident #20's room, gloved, and performed the finger stick. LPN #3 removed his gloves, exited the room, and placed the glucometer on the medication cart. LPN #3 retrieved Micro-kill bleach wipes out of a container, shrugged his shoulders and asked, "How long are you supposed to clean the glucometer? I know in Florida it's different. We had to keep it wrapped for several minutes. I'm not sure of the rule here". LPN #3 was instructed again to go by the facility's policy and procedure of cleaning the glucometer. LPN #3 read the label on the back of the Micro-kill Bleach wipe container, and aloud stated that the contact time was 30 seconds to kill all of the bacteria and viruses listed on the label for the virucidal blood borne pathogens, except one (1) and three (3) minute contact time for other pathogens such as Candida albicans and Trichophyton mentagrophytes and Clostridium difficile. LPN #3</p> | F 658                                                                      |                                                                                                                          |  |                                                        |



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| F 658                                                                                       | <p>Continued From page 14</p> <p>cleaned the contaminated glucometer for approximately 10 seconds (timed by watch), then placed the glucometer back into the same dirty cup. LPN #3 retrieved the FlexPen from the cart, placed it in his un-gloved hands, and entered Resident #20's room. LPN #3 gloved, administered the insulin to Resident #20, removed his gloves and exited the room, all without washing or sanitizing his hands. LPN #3 laid the insulin pen on the cart, without a barrier, opened the cart, and placed the insulin pen inside, without sanitizing the pen. LPN #3, without hand hygiene, proceeded to the next resident.</p> <p>Resident #84<br/>A review of the June 2019 MAR revealed Resident #84 received finger stick glucose monitoring twice daily.</p> <p>During an observation on 06/24/19 at 3:45 PM, LPN #3 removed the glucometer from a second cup. He did not clean the glucometer, nor did he voice that he had cleaned it prior to the procedure. LPN #3 went to Resident #84's room door, donned a gown due to isolation set up, then proceeded down the hall to find out why the resident was on isolation. LPN #3 carried the cup/glucometer, not covered, down the hall with him. LPN #3 returned to the Resident's room, still holding the cup/glucometer, entered and crossed over to the B bed, and found the resident wasn't there. LPN #3 stated, "Resident #84 is not on isolation, however her roommate is on contact isolation". LPN #3 placed the glucometer/cup back on the medication cart, without cleaning the glucometer or removing the testing strip. LPN #3 did not perform hand hygiene at any time prior, during, or after the procedures. He proceeded to the next resident.</p> | F 658                                                                      |                                                                                                                          |                            |                                                        |



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| F 658                                                                                       | <p>Continued From page 15</p> <p>Resident #13<br/>A review of the June 2019 MAR revealed Resident #13 received finger stick blood glucose testing twice daily, and received insulin per sliding scale.</p> <p>During an observation on 6/24/19, at 3:55 PM, LPN #3 entered Resident #13's room with the glucometer that was previously taken to Resident #84's isolation room. LPN #3 gloved and obtained the resident's blood sugar (BS). LPN #3 exited the room, placed the cup/glucometer on the medication cart, removed his gloves, obtained the Micro-kill Bleach wipes, and wiped the glucometer for approximately nine (9) seconds, and then placed the glucometer back into the same contaminated plastic cup. LPN #3 opened the medication cart and obtained Resident #13's FlexPen, entered the resident's room, gloved, and administered the insulin. He removed his gloves, exited the room, opened the medication cart, and placed the insulin pen inside the medication cart, without wiping and/or sanitizing the FlexPen. LPN #3 did not perform hand hygiene prior, during, or after the procedure. He proceeded to another resident and gave oral medications. LPN #3 still had not washed or sanitized his hands between all four (4) of these rooms.</p> <p>LPN #3 Interview:<br/>During an interview on 06/24/19 at 4:45 PM, LPN #3 stated, "When I come out of a room, I wash the glucometer for 30 seconds. But, I did not know to clean it 30 seconds until you told me to read the Micro-kill bleach wipes and then I saw it. I'm from Florida and we kept the glucometer covered for two (2) minutes". When asked about</p> | F 658                                                                      |                                                                                                                          |  |                                                        |



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| F 658                                                                                       | <p>Continued From page 16</p> <p>washing his hands, LPN #3 stated, "I didn't wash my hands except me handling the bleach wipes when I cleaned the glucometer. You're right, I don't think I washed my hands in all of the rooms I went into, now that I think about it. When I came back to the cart I didn't wash or sanitize my hands". When asked about the insulin pens, LPN #3 stated he did recall laying the pens on the cart and putting them back in the medication cart without cleaning them. He stated that he was extremely nervous. He stated taking the plastic cup with the glucometer into more than one room, without cleaning it, is an infection control issue. He stated that he should have cleaned the glucometer for the 30 seconds. He stated, "But again, I didn't know that until you told me to read the Micro-kill Bleach wipe container". He stated that he had received training on infection control and cleaning the glucometer after he was hired.</p> <p>Review of a facility document, "Day Five New Hire Orientation", dated 6/5/19, revealed LPN #3 had received training on infection control bloodborne pathogens and use of Glucose Monitors.</p> <p>Resident #84</p> <p>During an observation on 06/25/19 at 3:40 PM, LPN #1 placed two (2) plastic cups on a tray on top of the medication cart, with each cup containing a glucometer. LPN #1 gloved and retrieved a Micro-kill Bleach wipe from the cart's bottom drawer. She obtained the glucometer (glucometer #1) and cleaned the glucometer for approximately five (5) seconds (timed by watch). She then placed the glucometer back into the plastic cup. LPN #1 then took glucometer #2 out of the other cup and cleaned it with a Micro-kill wipe for approximately four (4) seconds, then</p> | F 658                                                                      |                                                                                                                          |  |                                                        |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>OCEAN SPRINGS HEALTH &amp; REHABILITATION CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1199 OCEAN SPRINGS ROAD<br/>OCEAN SPRINGS, MS 39564</b>                      |  |                                                        |
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| F 658                                                                                       | <p>Continued From page 17</p> <p>placed the glucometer back into the cup. LPN #1 removed her gloves and took the cup containing glucometer #1 to Resident #84's room. LPN #1 gloved, performed the finger stick, removed her gloves, and exited the room. LPN #1 gloved and retrieved a Micro-kill Bleach wipe from the medication cart and wiped the glucometer approximately seven (7) seconds (timed with watch) and then placed it into a clean cup on the medication cart. LPN #1 did not perform hand hygiene at any time prior, during, or after the procedure. She proceeded to the next resident.</p> <p>Resident #13 (second observation for resident)<br/>During an observation on 06/25/19 at 3:49 PM, LPN #1 retrieved glucometer #2, entered Resident #13's room, gloved, and performed the finger stick. LPN #1 placed the glucometer back into the plastic cup, removed her gloves, and exited the room. LPN #1 gloved, obtained a Micro-kill Bleach wipe and cleaned the glucometer for approximately eight (8) seconds (timed by watch). LPN #1 placed the clean glucometer into a clean plastic cup. LPN #1 removed her gloves and obtained the resident's FlexPen. LPN #1 administered the insulin to Resident #13, then placed the insulin FlexPen back into the medication cart drawer, without cleaning/sanitizing the pen. LPN #1 did not perform hand hygiene prior, during, or after the procedure. She proceeded to the next resident.</p> <p>Resident #89 (procedure not performed)<br/>A review of the June 2019 MAR revealed Resident #89 received finger stick glucose testing, with sliding scale insulin twice daily.</p> <p>During an observation on 06/25/19 at 3:55 PM, LPN #1 obtained the plastic cup containing</p> | F 658                                                                      |                                                                                                                          |  |                                                        |



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| F 658                                                                                       | <p>Continued From page 18</p> <p>glucometer #1, (previously used on Resident #84) entered Resident #89's room, but the resident was not in the room. LPN #1 placed the cup/glucometer on top of the medication cart and covered it with a Kleenex, stating she would leave it there until Resident #89 returned to her room. LPN #1 went to the medication room and returned. She opened the medication box, and obtained a paper cut to her left finger. LPN #1's finger was bleeding and she wiped it with an alcohol wipe. She then placed a band-aid on her finger. LPN #1 still had not performed any type of hand hygiene.</p> <p>Resident #20 (second observation for resident) During an observation on 06/25/19 at 4:05 PM, LPN #1 obtained the glucometer, covered with the Kleenex, and entered Resident #20's room. LPN #3 gloved, performed the finger stick, removed her gloves, and exited the room. LPN #1 took Micro-kill Bleach wipes and cleaned glucometer #1 for approximately 15 seconds (timed with watch), then placed it into a clean plastic cup to dry. LPN #1 stated, "I rotate the glucometers to allow one (1) to dry while I use the other one. I've never really timed how long I let it dry, all I know is that it's dry by the time I get ready to use it". LPN #1 failed to perform hand hygiene prior, during, and after the procedure, then continued to the next resident.</p> <p>Resident #89<br/>During an observation on 06/25/19 at 4:20 PM, LPN #1 obtained the cup/glucometer #2, entered Resident #89's room, gloved, and performed the finger stick. LPN #1 removed her gloves, and exited the room. LPN #1 gloved, retrieved a Micro-kill Bleach wipe, and cleaned glucometer #2 for approximately seven (7) seconds (timed</p> | F 658                                                                      |                                                                                                                          |                            |                                                        |



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| F 658                                                                                       | <p>Continued From page 19</p> <p>with watch), placed glucometer #2 into a clean plastic cup, and removed her gloves. LPN #1 retrieved Resident #89's Novolog FlexPen from the medication cart, entered Resident #89's room, performed the injection, removed her gloves, and exited the room. LPN #1 did not perform hand hygiene prior, during, or after the procedures.</p> <p>LPN #1 interview:<br/>During an interview, with RN #4 present, on 06/25/19 at 4:35 PM, LPN #1 stated that she washed her hands prior to beginning work on the medication cart. She stated she used a glucometer that had been cleaned with the Micro-kill wipes and air dried. LPN #1 stated, "I wipe the glucometer I guess two (2) minutes, but that seems like a long time to me. I don't time it, I just clean it. I can say I thoroughly clean it and set it up-right to dry". She stated she had two (2) glucometers that she used, both cleaned with Micro-kill wipes. She stated she used one glucometer, cleaned it, and returned it to the cart. She stated she donned gloves, used Micro-kill wipes, and cleaned the glucometer for an estimated two (2) minutes, put it up-right in a clean plastic cup. She stated she moved on to the next resident and used the second glucometer for the next resident. She stated she rotated the glucometers, letting them dry. LPN #1 stated that she cleaned each glucometer approximately two (2) minutes between residents, with the Micro-kill Bleach wipes. She stated that she had been in-serviced yearly on infection control and more often for cleaning of the glucometer. When asked if she felt that she cleaned the glucometer for two (2) minutes like she previously stated, LPN #1 stated, "No I don't feel like I cleaned it for 1-2 minutes; time passes". When asked if she</p> | F 658                                                                      |                                                                                                                          |  |                                                        |



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| F 658                                                                                       | <p>Continued From page 20</p> <p>washed her hands at any time while obtaining the finger stick glucose tests, LPN #1 stated she had forgotten to wash her hands, she usually did, but she was nervous. LPN #1 stated she thought she was doing the correct wiping time, but she didn't time the cleaning of the glucometer. When asked if she thought not cleaning the glucometer per the manufacturer recommendation was an infection control issue, she stated, "I do think it was an infection control issue. You have to make sure stuff gets killed". LPN #1 was not observed to use the hand sanitizer at any time during the observations, nor did she voice that she had used the sanitizer. LPN #1 was observed by the surveyor continuously throughout the process of performing the finger sticks of the four (4) residents, Resident #13, #20, #84, and #89, and did not observe any type of hand hygiene prior, during, or after the procedures between residents.</p> <p>A review of a facility document titled, "Competency Check List", dated 5/20/19, revealed LPN #1 signed that she was checked off on handwashing and cleaning the glucometer according to manufacturer's guidelines. A facility document titled, "Glucometer Cleaning Skills Checklist", dated 5/20/19, revealed LPN #1 was checked off to disinfect the glucometer, by cleaning the meter surface with Medline Micro-kill Bleach Germicidal wipes by the following instructions: Wipe all external areas of the meter, including front and back surfaces, until visibly clean. Avoid wetting the meter strip port. Allow the surface of the meter to remain wet at least 30 seconds at room temperature.</p> <p>Resident #52<br/>Review of the June 2019 MAR, revealed Resident</p> | F 658                                                                      |                                                                                                                          |                            |                                                        |



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| F 658                                                                                       | <p>Continued From page 21</p> <p>#52 received finger stick glucose checks daily, scheduled at 4:30 PM.</p> <p>During an observation on 6/25/19 at 3:40 PM, LPN #2 completed the narcotic medication count and prepared to perform a finger stick procedure. LPN #2 cleaned the glucometer with a Micro Kill germicidal wipe for approximately 10 seconds, then placed it on a tray on the medication cart. She obtained the glucometer, entered Resident #52's room, applied clean gloves, and performed the finger stick. LPN #2 returned to the medication cart and cleaned the glucometer with a Micro Kill germicidal wipe for approximately 10 seconds and allowed it to air dry. LPN #2 did not wash her hands or use any Alcohol Based Hand Gel (ABHG) after counting the narcotic medications, prior to entering the resident's room, before the procedure, during the procedure, after the procedure, or after leaving the resident's room. LPN #2 proceeded to the next resident.</p> <p>Resident #77<br/>Review of the June 2019 MAR revealed Resident #77 received finger stick glucose testing twice daily.</p> <p>During an observation on 6/25/19 at 3:50 PM, LPN #2 entered Resident #77's room, retrieved some paper towels, and placed the silver tray with the glucometer on the resident's nightstand, on the paper towels. LPN #2 applied clean gloves, cleaned the resident's left middle finger, and performed the glucose testing. She then returned to the medication cart, cleaned the glucometer with a Micro Kill germicidal wipe for approximately eight (8) seconds, and placed it in the medication cart. LPN #2 did not wash her hands or use hand sanitizer prior to entering the resident's room,</p> | F 658                                                                      |                                                                                                                          |                            |                                                        |



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| F 658                                                                                       | <p>Continued From page 22</p> <p>before the procedure, during the procedure, or after the procedure.</p> <p>During an interview on 6/25/19 at 3:55 PM, LPN #2 stated, related to the procedures she'd performed for Resident #52 and Resident #77, that she had gotten all of her supplies out and wiped everything down. She stated she brought her items into the room, put a barrier down, and wiped the resident's finger with alcohol. She stated she did the fingersticks, wiped the resident's finger again, and wiped everything before she put it in the cart. She stated she cleaned the glucometer with the germicidal wipe for one (1) minute she guessed. She stated she would have to use a timer to know for sure. She stated, "I don't know what to tell you anymore." She stated she should wash her hands between residents and/or when her hands were soiled. She stated she didn't understand why she had to wash her hands, since she had used gloves to perform the fingersticks.</p> <p>During an interview on 06/25/19 at 6:09 PM, RN #2/Infection Control Nurse/Risk Management Nurse, stated, "If there is a pathogen in the blood, by not cleaning the glucometer, you could pass it on. If there is something that could be considered an infectious process, then you could pass it on". RN #2 stated that nurses are taught to clean the glucometer for 30 seconds, with a five (5) minute dry time. She stated there were two (2) glucometers on the cart so one can be cleaned and let dry, while the other is used. She stated she wasn't going to say there couldn't be a problem by not cleaning the glucometer between residents, because it could very well be. She stated she had provided an in-service recently about infection control, but the nurse's weren't</p> | F 658                                                                      |                                                                                                                          |                            |                                                        |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>OCEAN SPRINGS HEALTH &amp; REHABILITATION CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1199 OCEAN SPRINGS ROAD<br/>OCEAN SPRINGS, MS 39564</b>                      |  |                                                        |
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| F 658                                                                                       | <p>Continued From page 23</p> <p>there. She stated that she touched on infection control every six (6) months at a minimum, but if there was an issue, she did the in-service more often. She stated that staff were taught to wash their hands when gloves are removed, because there could be pin-holes in the gloves.</p> <p>During an interview on 06/26/19 at 3:25 PM-3:30 PM, RN #3/ Staff Development Nurse stated, "Not cleaning the glucometer could cause an infection to go from person to person. If one (1) person has something, then by not cleaning the glucometer, it could spread. Yes, I see it as an infection control issue. I see it as an opportunity for education because we know better". She stated that hand-washing was an issue for the same reasons and that handwashing was always the best practice.</p> <p>During an interview on 06/25/19 at 6:20 PM, the Director of Nursing (DON) stated that not cleaning the glucometer is an infection control issue, because of the potential for transmitting infections or germs. She stated that it could cause cross-contamination. She stated the recommended time of cleaning the glucometer is 30 seconds, with a dry time of three (3)-five (5) minutes. The DON stated education was provided many times about cleaning the glucometer per manufacturer recommendations, as well as handwashing. She stated if staff were not cleaning the glucometers for the allotted time, to make sure there is no blood or body fluids, cross-contamination could occur. She stated hands should be washed before going into a room, when having contact with a resident, afterwards, and sometimes in-between, depending on the procedure.</p> | F 658                                                                      |                                                                                                                          |  |                                                        |



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| F 658                                                                                       | <p>Continued From page 24</p> <p>During an interview, on 06/25/19 at 7:05 PM, the Administrator stated, "What is the difference in cleaning the glucometer for 10-11 seconds and 30 seconds?" She stated that the glucometer was cleaned, just not the 30 seconds.</p> <p>During an interview on 06/26/19 at 9:08 AM, the Medical Director stated that the glucometer itself should not actually touch any blood; the lancet and the glucometer strip touches the blood. He stated that it was his understanding that they are supposed to wipe the glucometer before and after use. He stated that the Center for Disease Control (CDC) recommended handwashing for 20 seconds, so if the glucometer doesn't touch blood, then 20 seconds cleaning the glucometer should be adequate. He stated, "If I walk in a room and my hands are in my pocket and I never take them out of my pocket, then they are not dirty. However, if I do physical activity in that room, then I should wash my hands to prevent the spread of germs".</p> <p>The facility submitted an acceptable Removal Plan on 6/26/19, for the Immediate Jeopardy. Review of the facility's Removal Plan revealed the facility took the following actions to remove the Immediate Jeopardy:</p> <p>Brief Summary: On 6/25/19 at 7:00 PM, CST, the State Agency informed the Administrator and the Director of Nursing of an immediate jeopardy with infection control due to a glucometer not being cleaned for a full 30 seconds, according to the manufacturer's guidelines by LPN #1, LPN #2 and LPN #3 prior/after performing a finger stick blood glucose check, which is a standard of practice.</p> | F 658                                                                      |                                                                                                                          |                            |                                                        |



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| F 658                                                                                       | <p>Continued From page 25</p> <p>Corrective Actions:</p> <p>1. On 6/25/19 at 7:30 PM, the Administrator called a mandatory meeting with the nursing staff to notify Immediate Jeopardy had been called. Nurses on duty, including a total of four (4) Licensed Practical Nurses (LPN) and two (2) Registered Nurses (RN) were instructed to clean all eight (8) glucometers (by disinfecting for a full 30 seconds) and perform proper handwashing. LPNs that were currently on the medication cart completed proper handwashing and cleaning of the glucometers. Education was then initiated by the DON to follow current policies on glucometer use and infection control with handwashing. This was completed on 6/25/19, by 10:00 PM.</p> <p>2. On 6/25/19 at 8:00 PM, the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) initiated an in-service, including a skills check-off list, in regards to glucometer infection control protocol, handwashing, and safety by following the manufacturer guidelines for cleaning the glucometers. This included four (4) LPNs and two (2) RNs.</p> <p>3. On 6/25/19 at 9:15 PM, an Emergency Quality Assurance (QA) meeting was held with the Medical Director, Administrator, DON, ADON, Infection control Officer, Business Office Manager, Housekeeping Supervisor, Laundry Supervisor, Life Enrichment Director, Minimum Data Set (MDS) Nurse Coordinators, Restorative Nurse, Maintenance Director, Admissions/Marketing Nurse, and Food Service Director, to discuss the events after Residents #13, #20, #52, #77, #84, and #89 were exposed to the surface of the glucometer and the importance of following the policy for infection control protocol, handwashing, and safety in</p> | F 658                                                                      |                                                                                                                          |                            |                                                        |



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| F 658                                                                                       | <p>Continued From page 26</p> <p>regards to the cleaning manufacturer guidelines for the glucometers. The QA committee also reviewed policies on infection control, care planning, manufacturer guidelines for the blood glucose monitoring system/disinfecting bleach wipes, and infection control protocol safety in relation to glucose monitoring systems and proper handwashing with no changes to any of the current policies.</p> <p>4. On 6/25/19 at 9:00 PM, the Care Plan Coordinator revised all diabetic Care Plans to include the proper cleaning of the glucometer machines for all residents that require blood glucose monitoring. There are currently 24 residents receiving blood glucose monitoring.</p> <p>5. On 6/25/19 at 8:00 PM, the Infection control Officer initiated an all nursing staff that were currently on duty (total of four (4) LPNs and two (2) RNs) on infection control, care planning, manufacturer guidelines for the blood glucose monitoring system/disinfecting bleach wipes, and infection control/handwashing protocol safety in relation to glucose monitoring systems, which is a nursing Standard of Practice. We currently have 40 Licensed Nursing staff members.</p> <p>6. On 6/25/19 at 8:15 PM, the Administrator completed a one-on-one (1:1) education with LPN #1, LPN #2, and LPN #3 on cleaning/disinfecting glucometers with emphasis on the 30 second time frame for cleaning/disinfecting as well as handwashing protocols.</p> <p>7. On 6/25/19 at 8:55 PM, all 24 residents who receive blood glucose finger sticks were assessed for exposure complications by the DON and the ADON, with no complications noted. In</p> | F 658                                                                      |                                                                                                                          |                            |                                                        |



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| F 658                                                                                       | <p>Continued From page 27</p> <p>addition, the assessments completed of the 24 residents, there were no signs and/or symptoms of any acute infection from blood borne pathogens noted. There are currently no residents receiving blood glucose monitoring with a diagnosis of a blood borne pathogen infection.</p> <p>8. No nursing staff will be allowed to work until they have completed this in-service and competency return demonstration, in regards, to proper handwashing and glucometer cleaning/disinfecting by professional standards.</p> <p>The facility alleges that all corrective actions to remove the immediate jeopardy were completed on 6/25/19, and the immediate jeopardy removed as of 6/26/19.</p> <p>The State Agency (SA) validated through observation, interview, and record review, that the facility completed the following actions to remove the IJ:</p> <p>Corrective Actions:</p> <p>1. The SA validated through interview, that on 6/25/19, the Administrator called a mandatory meeting with the nursing staff and notified them of the Immediate Jeopardy. Nurses on duty, including a total of four (4) Licensed Practical Nurses (LPNs) and two (2) Registered Nurses (RNs) were instructed to clean all eight (8) glucometers (by disinfecting for a full 30 seconds) and perform proper handwashing. LPNs that were currently on the medication cart completed proper handwashing and cleaning of the glucometers. Review of sign-in sheets and staff interview validated that education was initiated by the DON to follow current policies on glucometer use and infection control with handwashing. This</p> | F 658                                                                      |                                                                                                                          |  |                                                        |



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| F 658                                                                                       | <p>Continued From page 28<br/>was completed on 6/25/19, by 10:00 PM.</p> <p>2. The SA validated through staff interview, review of skills check offs and sign-in sheets, that on 6/25/19, the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) initiated an in-service, including a skills check-off list, in regards to glucometer infection control protocol, handwashing, and safety, by following the manufacturer guidelines for cleaning the glucometers. This included four (4) LPNs and two (2) RNs.</p> <p>3. The SA validated by review of the sign-in sheet and staff interview, that on 6/25/19, an Emergency Quality Assurance (QA) meeting was held with the Medical Director, Administrator, DON, ADON, Infection control Officer, Business Office Manager, Housekeeping Supervisor, Laundry Supervisor, Life Enrichment Director, Minimum Data Set (MDS) Nurse Coordinators, Restorative Nurse, Maintenance Director, Admissions/Marketing Nurse, and Food Service Director, to discuss the events after Residents #13, #20, #52, #77, #84, and #89 were exposed to the surface of the glucometer, and the importance of following the policy for infection control protocol, handwashing, and safety, in regards to the manufacturer cleaning guidelines for the glucometers. The QA committee also reviewed policies on infection control, care planning, manufacturer guidelines for the blood glucose monitoring system/disinfecting bleach wipes, and infection control protocol safety, in relation to glucose monitoring systems and proper handwashing, with no changes to any of the current policies.</p> <p>4. The SA validated through interview and record</p> | F 658                                                                      |                                                                                                                          |                            |                                                        |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>OCEAN SPRINGS HEALTH &amp; REHABILITATION CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1199 OCEAN SPRINGS ROAD<br/>OCEAN SPRINGS, MS 39564</b> |                                                                                                                          |                                                        |                            |
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| F 658                                                                                       | <p>Continued From page 29</p> <p>review, that on 6/25/19, the Care Plan Coordinator revised all diabetic Care Plans to include the proper cleaning of the glucometer machines for all residents that require blood glucose monitoring. Record review revealed that there are currently 24 residents receiving blood glucose monitoring.</p> <p>5. The SA validated through staff interview and review of sign-in sheets, that on 6/25/19, the Infection control Officer initiated an all-nursing staff in-service for staff that were currently on duty (total of four (4) LPNs and two (2) RNs) on infection control, care planning, manufacturer guidelines for the blood glucose monitoring system/disinfecting bleach wipes, and infection control/handwashing protocol safety in relation to glucose monitoring systems, which is a nursing Standard of Practice. Record review revealed the facility had 40 Licensed Nursing staff members.</p> <p>6. The SA validated through sign-in sheets and staff interview that on 6/25/19, the Administrator completed a one-on-one (1:1) education with LPN #1, LPN #2, and LPN #3, on cleaning/disinfecting glucometers, with emphasis on the 30 second time frame for cleaning/disinfecting as well as handwashing protocols.</p> <p>7. The SA validated through interview and record review, that on 6/25/19, all 24 residents, who received blood glucose finger sticks, were assessed for exposure complications by the DON and the ADON, with no complications noted. Assessments revealed no signs and/or symptoms of any acute infection from blood borne pathogens. Record review revealed there were no residents receiving blood glucose monitoring with a diagnosis of a blood borne pathogen infection.</p> |                                                                            |  | F 658                                                                                               |                                                                                                                          |                                                        |                            |



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| F 658                                                                                       | Continued From page 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | F 658                                                                      |                                                                                                                          |                            |                                                        |
| F 758<br>SS=E                                                                               | <p>8. The SA validated through staff interview and record review that no nursing staff were allowed to work until they had completed this in-service and competency return demonstration, in regards, to proper handwashing and glucometer cleaning/disinfecting by professional standards.</p> <p>The SA validated that all corrective actions were completed to remove the immediate jeopardy on 6/25/19, and the immediate jeopardy removed on 6/26/19.</p> <p>Free from Unnec Psychotropic Meds/PRN Use<br/>CFR(s): 483.45(c)(3)(e)(1)-(5)</p> <p>§483.45(e) Psychotropic Drugs.<br/>§483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:<br/>(i) Anti-psychotic;<br/>(ii) Anti-depressant;<br/>(iii) Anti-anxiety; and<br/>(iv) Hypnotic</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically</p> | F 758                                                                      |                                                                                                                          | 7/25/19                    |                                                        |



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| F 758                                                                                       | <p>Continued From page 31</p> <p>contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interviews, record reviews, and facility policy review, the facility failed to document a rationale for gradual dose reduction recommendations made by the Pharmacy Consultant for three (3) of five (5) residents reviewed for unnecessary medications, for Resident #79, Resident #16, and Resident #65.</p> <p>Findings include:</p> <p>Review of the facility policy, "Medical Director", dated November 2017, noted Physician Services shall be under the supervision of the Medical Director and assuring these services are in</p> |                                                                            |  | F 758                                                                                               | <p>*On 6/27/19, the Primary Care Physician/Medical Director completed a review of Resident's #79, #16, and #64 psychotropic medication regimen with documented rationale for declining Pharmacy Consultant Recommendations. On 6/27/19, the Administrator and Director of Nursing held a meeting with the Primary Care Physician/Medical Director in regards to the expectations set forth for regulatory compliance with F758 (i.e. especially ensuring gradual dose reductions with documentation and rationales by the physician).</p> |                                                        |                            |



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| F 758                                                                                       | <p>Continued From page 32</p> <p>compliance with current rules, regulations, and guidelines concerning long-term care.</p> <p>Resident #79<br/>Review of the Pharmacy Consultant report, dated 4/9/19, revealed that Resident #79 was taking Depakote 375 milligrams (mg) twice a day, Risperdal 0.75 mg twice a day, Aricept 5 mg every night at bedtime, Celexa 20 mg daily, Klonopin 0.25 mg every eight (8) hours, Fentanyl 25 micrograms (mcg) patch every 72 hours, Norco 7.5 mg every six (6) hours as needed, and Remeron 15 mg at bedtime. The Pharmacist recommended a review with perhaps consideration of any possible taper or discontinuation, while monitoring for re-emergence of target behaviors and/or withdrawal symptoms. The Physician documented that he did not wish to implement the changes, but documented no rationale.</p> <p>The Pharmacy Consultant Reports, dated 12/7/18 and 1/8/19, revealed Resident #79 had orders for Klonopin 0.5 mg every six (6) hours as needed (PRN), without a stop date. The Pharmacy Consultant recommended to discontinue the PRN Klonopin (noted Resident had a routine order for Klonopin 0.5 mg every six (6) hours). The Physician documented that he declined the recommendation, but did not document a rationale.</p> <p>In an interview on 6/27/19 at 10:20 AM, the Director of Nursing (DON) confirmed record review with no rationale documented for Resident #79, for the three (3) Pharmacy Consultant reports. She stated that she started to work one (1) month ago and has started Gradual Dose Reduction (GDR) attempts with the Nurse</p> | F 758                                                                      | <p>*On 6/27/19, the Director of Nursing (DON) and Risk Manager (RM) completed an audit of the Pharmacy Consultant Recommendations for each of the potential seventy nine residents receiving a Psychotropic medication to ensure a rationale was documented for any recommendations that were declined.</p> <p>* Beginning 6/27/19, the Director of Nursing (DON) and Assistant Director of Nursing (ADON) will complete a random audit of five Pharmacy Recommendations (regarding psychotropic medications) each month for three months, then quarterly thereafter to ensure gradual dose reductions with documentation and rationales by the physician are completed until compliance is achieved.</p> <p>* On 6/27/19, a Performance Improvement Plan was initiated by the DON and RM to monitor Pharmacy Recommendation monthly for three months, then quarterly for documented rationale as indicated. The findings will be documented and submitted by the DON at the monthly Quality Assurance Performance Improvement Meeting for further review or corrective action.</p> |                            |                                                        |



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| F 758                                                                                       | <p>Continued From page 33</p> <p>Practitioner (NP), but has not reviewed Resident #79's record yet, nor some of the other residents.</p> <p>Resident #16<br/>Record Review of the Order Summary Report, dated 6/27/19, revealed Resident #16 had orders for Lexapro 10 mg daily for depression; Seroquel 25 mg by mouth one (1) time daily, and Seroquel 50 mg po at bedtime, related to Psychological and behavioral factors associated with disorders of diseases classified elsewhere.</p> <p>Record review of the Pharmacy Consultation Report, dated 2/7/19, for Resident #16, revealed a recommendation to attempt a Gradual Dose Reduction (GDR) for Lexapro 10 mg daily, if possible, while concurrently monitoring for re-emergence of depressive and/or withdrawal symptoms. The GDR was declined by the Physician, with no patient-specific rationale given.</p> <p>Record review of the Pharmacy Consultation Report, dated 4/8/19, revealed Resident #16 was prescribed Seroquel 25 mg BID and Seroquel 50 mg at bedtime. The Consultant Pharmacist recommended an attempt for a GDR, if possible, while concurrently monitoring for re-emergence of target behaviors and/or withdrawal symptoms. The GDR was declined by the Physician, with no patient-specific rationale given.</p> <p>Resident #64<br/>Record Review of the Order Summary Report, dated 6/27/19, revealed Resident #64 had orders for Cymbalta delayed release particles, 30 mg one (1) capsule twice daily for depression, and Cymbalta Capsule delayed release particles, 30 mg give two (2) capsules once daily, for</p> | F 758                                                                      |                                                                                                                          |  |                                                        |



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| F 758                                                                                       | <p>Continued From page 34<br/>depression.</p> <p>Review of a Pharmacy Consultation Report, dated 4/8/19, for Resident #64, revealed a recommendation by the Consultant Pharmacist to please evaluate the medications Cymbalta 30 mg every AM as possibly causing or contributing to falls in this individual, and minimize or discontinue any of these therapies if possible, in order to minimize the risk of falls, due to adverse drug effects. The record revealed the Medical Director declined to implement any changes, with no patient-specific rationale given.</p> <p>In an interview on 6/27/19 at 10:20 AM, the Director of Nursing (DON) stated, "The regulations say they have to give a rationale", when asked about the physician's continuation of medications without a rationale.</p> <p>In a phone interview, with Resident #79's, Resident #16's and Resident #65's Primary Care Physician/Medical Director, on 6/27/29 at 9:29 AM, he stated, "All I know to do is tell you I am sorry for not doing those." He stated, "It's a spur under my saddle every time someone hands me one of those." (Pharmacy Consultant Report) "If I did all of those it would take me all day." The Medical Director confirmed he reviewed the consultation reports; he also confirmed no rationale to continue the medications were listed for the three (3) residents reviewed.</p> <p>During an interview on 06/27/19 at 11:00 AM, the RN Nurse Consultant revealed the facility had attempted to get the Medical Director/Physician to write a rationale for not changing orders for the recommendations made by the Pharmacy Consultant, but had not been able to get him to</p> | F 758                                                                      |                                                                                                                          |                            |                                                        |



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| F 758                                                                                       | Continued From page 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | F 758                                                                      |                                                                                                                          |                            |                                                        |
| F 880<br>SS=K                                                                               | <p>Infection Prevention &amp; Control<br/>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control<br/>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.</p> <p>§483.80(a) Infection prevention and control program.<br/>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§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;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:<br/>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;<br/>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> | F 880                                                                      |                                                                                                                          | 7/25/19                    |                                                        |



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| F 880                                                                                       | <p>Continued From page 36</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens.<br/>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review.<br/>The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:<br/>Based on observation, staff interview, record review, review of the Mississippi Board of Nursing Administrative Code, and facility policy review, the facility failed to follow standard precautions of infection control, during the performance of routine finger-stick testing of blood sugars. The facility failed to clean/disinfect the glucometer,</p> | F 880                                                                      | <p>*On 6/25/19, the Administrator completed a one-on-one education with Licensed Practical Nurse (LPN) #1, Licensed Practical Nurse (LPN) #2, and Licensed Practical Nurse (LPN) #3 on Infection Control Practices with focus on cleaning/disinfecting glucometers with</p> |                            |                                                        |



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| F 880                                                                                       | <p>Continued From page 37</p> <p>per manufacturer's recommendation of a minimum of 30 seconds "wet" time, before, and after use, to ensure bloodborne viral and bacterial pathogens were killed; and failed to ensure that staff washed their hands before and after performing a blood glucose finger stick, for eight (8) of 13 observations, for six (6) residents who received blood glucose finger sticks, Residents #13, #20, #52, #77, #84 and #89. This practice had the potential and/or likelihood to pose a threat of blood borne cross-contamination between residents who received blood glucose testing.</p> <p>The facility's failure of not following standard precautions for infection control, by not providing handwashing and not disinfecting the glucometer per manufacturer's recommendations between residents, placed these and other residents who receive blood glucose finger sticks (24 total residents) in a situation which caused a likelihood of serious injury, harm, impairment, or death, related to the spread of blood borne pathogens due to cross-contamination with the multi-resident use of the glucometer.</p> <p>The situation was determined to be an Immediate Jeopardy (IJ), which began on 6/25/19, when the facility failed to clean and disinfect the glucometer for the minimum amount of "wet" time of 30 seconds, prior and after use between residents, per manufacturer's recommendations, to ensure all bacterial/viral pathogens were killed.</p> <p>The State Agency (SA) notified the Administrator on 6/25/19, of the IJ. An acceptable Removal Plan was received on 6/26/19, in which the facility alleged all corrective actions were completed on 6/25/19, and the IJ was removed as of 6/26/19.</p> | F 880                                                                      | <p>emphasis on 30 second timeframe, hand washing, and safety. On 6/25/19, the Director of Nursing (DON) and Assistant Director of Nursing (ADON) assessed Residents #13, #20, #52, #77, #84 and #89 for exposure complications with no noted complications. On 6/25/19, the Care Plan Coordinator revised the Diabetic Care Plan for Residents #13, #20, #52, #77, #84 and #89 to include the proper cleaning of the glucometer. On 6/25/19, a Quality Assurance Performance Improvement Meeting was held to discuss Infection Control Practices, Hand washing, Cleaning of Glucometer, and Safety.</p> <p>*On 6/25/19, all nurses on duty consisting of four Licensed Practical Nurses (LPN) and two Registered Nurses (RN) cleaned all eight glucometers (to include those used with Residents #13, #20, #52, #77, #84 and #89) by disinfecting for a full 30 seconds. On 6/25/19, the Director of Nursing(DON)and Risk Manager(RM) in-serviced all nurses on duty to include 4 LPN's and 2 RN's on Infection Control Practices with focus on hand washing, safety, and Cleaning of Glucometers, Manufacturer's Guidelines for glucometer, and disinfecting bleach wipe. A return demonstration was performed by all six nurses. On 6/27/19, the DON and RM completed an in-service with all nurses on Infection Control Practices with focus on hand washing, safety, and Cleaning of Glucometers, Manufacturer's Guidelines for glucometer, and disinfecting bleach wipe. A return demonstration was</p> |  |                                                        |



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| F 880                                                                                       | <p>Continued From page 38</p> <p>The SA validated the Removal Plan and determined the IJ was removed on 6/26/19, prior to exit. Therefore, the scope and severity for CFR(s): 483.80(a)(1)(2)(4)(e)(f), F880; Infection Prevention and Control, was lowered from a "K" level to an "E" level, while the facility develops and implements a plan of correction and monitors the effectiveness of systemic changes to ensure the facility sustains compliance with the regulatory requirements.</p> <p>The facility also had an infection control issue that did not rise to the IJ level, related to a urinary catheter drainage bag laying on the floor for one (1) of (6) six residents with urinary catheters observed, Resident #57.</p> <p>Findings include:</p> <p>A review of the Mississippi Board of Nursing Position Statement, titled "Blood Borne Pathogens", with a revision date of 4/6/2000, revealed the Board had regulations in place to recognize the Centers of Disease Control (CDC) and Prevention Guidelines as the accepted standard of nursing practice, and to require all nurses to practice accordingly. In accordance with the CDC guidelines in the provision of nursing care, all nurses should adhere to standard precautions, including washing of hands, and comply with current guidelines for disinfection and sterilization of re-useable devices.</p> <p>A review of the Centers for Disease Control (CDC) and Prevention guidelines, last updated 6/8/17, regarding shared blood glucose meters, revealed if blood glucose meters were shared,</p> | F 880                                                                      | <p>performed by all nurses. The Staff Development Coordinator will provide new hire and annual training on Infection Control Practices with focus on hand washing, safety, and Cleaning of Glucometers, Manufacturer's Guidelines for glucometer, and disinfecting bleach wipe. A return demonstration will be performed. On 6/25/19 the Care Plan Coordinator revised the care plan for all Diabetic residents receiving a blood glucose check to include the proper cleaning of the glucometer. On 6/25/19, the DON and ADON assessed all twenty four Diabetic residents receiving a blood glucose check for exposure complications with no noted complications.</p> <p>*On 6/25/19, the DON and ADON initiated observation of five nurses performing blood glucose administration regarding Infection Control Practices (with focus on hand washing, safety, and Cleaning of Glucometers, Manufacturer's Guidelines for glucometer, and disinfecting bleach wipes) per week for three months, then monthly thereafter until compliance is achieved. On 6/25/19, the Care Plan Coordinator initiated a monthly audit of all Diabetic care Plans to ensure the care plans include the proper cleaning of the glucometer.</p> <p>*On 6/25/19, an Performance Improvement Plan was initiated by the Administrator, DON, and RM to monitor Infection Control Practices and Proper Cleaning of Glucometer with five nurses per week for three months, then monthly</p> |                            |                                                        |



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| F 880                                                                                       | <p>Continued From page 39</p> <p>the device should be cleaned and disinfected after every use, per manufacturer instructions, to prevent carry-over of blood and infectious agents.</p> <p>Review of facility policy titled, "Infection Control Monitoring", dated November 2017, revealed: It is the policy of the Center to investigate the cause of infections (nosocomial and community and hospital acquired) and the manner of spread. The objective of our Infection Control Policies are: preventing, identifying, reporting, investigating, and controlling infections and other communicable diseases. It is designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>Review of a facility policy titled, "Obtaining a Finger stick Glucose Level", dated December 2018, revealed staff were to maintain a clean barrier, maintain clean technique, follow instructions provided by the manufacturer of the glucose monitoring system to obtain a blood glucose reading, and to wash hands after removing gloves. The policy also stated to clean the glucose monitor with approved disinfectant before and after each resident use.</p> <p>A review of the booklet titled "EvenCare G2 blood glucose monitoring system users guide" (glucose monitor used by the facility), revised January 2018, revealed: Wipe all external areas of the meter or lancing device, including both front and back surfaces, until visibly clean. Avoid wetting the meter test strip port. Allow the surface of the meter or lancing device to remain wet at room temperature for the contact time listed on the wipe's directions for use. The booklet</p> | F 880                                                                      | <p>thereafter. The findings of observations and audits will be documented and submitted by the DON at the monthly Quality Assurance Performance Improvement Meeting for further review or corrective action.</p> |  |                                                        |



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| F 880                                                                                       | <p>Continued From page 40</p> <p>documented "Micro-Kill bleach germicidal wipes" were validated as an effective agent to use on the glucometer.</p> <p>A review of the label of the Micro-kill Bleach wipes, revealed: Contact time: Allow surface(s) to remain wet for 30 seconds to kill all of the bacteria and viruses **on the label** (virucidal-including but not limited to Hepatitis A/B/C, Human immunodeficiency virus type I, influenzas, norovirus, and Rotavirus) of the wipes except a one (1) minute contact time is required to kill Candida albicans and Trichophyton mentagrophytes and a three (3) minute contact time is required to kill Clostridium difficile spores. Reapply as necessary to ensure that the surface remains wet for the entire contact time.</p> <p>A review of the EvenCare G2 booklet titled, "Healthcare Professional Operators Manual", revised 3/2011, revealed a self-test question which asked, "What is the procedure for disinfecting the EvenCare G2 Meter?" with an answer of: Clean the meter with a disinfecting wipe. Wipe all external areas of the meter including both front and back surfaces until visibly wet. Allow the surface of the meter to remain wet at room temperature for the contact time/kill time listed on the canister. Then, wipe the meter dry or allow to air dry. The Operator's manual also revealed: Cleaning and disinfecting the meter and lancing device is very important in the prevention of infectious disease. Cleaning is the removal of dust and dirt from the meter and lancing device surface, so no dust or dirt gets inside. Cleaning also allows for subsequent disinfection to ensure germs and disease-causing agents are destroyed on the meter and lancing device surface.</p> | F 880                                                                      |                                                                                                                          |                            |                                                        |



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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>255142</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                                                     |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>06/27/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>OCEAN SPRINGS HEALTH &amp; REHABILITATION CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1199 OCEAN SPRINGS ROAD<br/>OCEAN SPRINGS, MS 39564</b>                      |                            |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                                    | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ID<br>PREFIX<br>TAG                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETION<br>DATE |                                                        |
| F 880                                                                                       | <p>Continued From page 41</p> <p>Record review of a facility document titled, "Order Listing Report", dated 6/25/19, revealed that a total of 24 residents received finger stick blood glucose testing at the facility.</p> <p>Resident #20<br/>A review of the June 2019 Medication Administration Record (MAR) revealed Resident #20 received finger stick glucose testing twice daily for Diabetes Mellitus. Resident #47 also received Insulin via FlexPen, per sliding scale, twice daily.</p> <p>An observation on 06/24/19 at 3:35 PM, revealed LPN #3 placed two (2) plastic cups on top of the medication cart with each containing a glucometer. LPN #3 turned and stated, "I'm using the plastic cups as barriers, is that alright?" The LPN was instructed to go by his facility's policies and procedures. LPN #3 stated "I'm new here and I came from Florida and the rules are different there. I don't know the rules here yet". LPN #3 did not clean either glucometer and LPN #3 never voiced that he had cleaned the glucometers before starting the testing procedure. LPN #3 entered Resident #20's room, without performing hand hygiene. LPN #3 gloved and set the plastic cup containing the glucometer on the over-bed table. LPN #3 obtained Resident #20's Blood Sugar (BS). LPN #3 put the glucometer back into the same plastic cup. LPN #3 removed his gloves and exited the room, without washing or sanitizing his hands. LPN #3 placed the cup/glucometer back on the medication cart. LPN #3 took Micro-kill bleach wipes out of a container, shrugged his shoulders and asked, "How long are you supposed to clean the glucometer? I know in Florida it's different. We had to keep it wrapped for several minutes.</p> | F 880                                                                      |                                                                                                                          |                            |                                                        |



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| F 880                                                                                       | <p>Continued From page 42</p> <p>I'm not sure of the rule here". LPN #3 was encouraged to go by facility's policy and procedure of cleaning the glucometer and also to look on the back of the Microkill wipes for contact time. LPN #3 read out loud the label on back of the Micro-kill Bleach wipe container, as he pointed with his forefinger, that the contact time was 30 seconds to kill all of the bacteria and viruses listed on the label for the virucidal blood borne pathogens, except one (1) and three (3) minute contact time for other pathogens such as Candida albicans and Trichophyton mentagrophytes and Clostridium difficile. LPN #3 then placed the Micro-kill Bleach wipes back on the medication cart and took the contaminated glucometer out of the cup and cleaned it for approximately 10 seconds (timed by watch). After wiping the glucometer, LPN #3 then placed the glucometer back into the same dirty cup. Without performing hand hygiene, LPN #3 opened the medication cart, pulled out the Novolog insulin FlexPen, and laid it on the medication cart, without a barrier. LPN #3 obtained a needle from the cart drawer and applied the needle to the pen. LPN #3 put the insulin pen in his un-gloved hands and entered Resident #20's room. LPN #3 laid the insulin pen on the over-bed table, without a barrier. LPN #3 gloved, administered the insulin to Resident #20, removed his gloves, and exited the room; all without washing or sanitizing his hands. LPN #3 went back to medication cart, laid the insulin pen on the cart, without a barrier, opened the cart, and placed the insulin pen inside, without sanitizing the pen. LPN #3, without hand hygiene, proceeded to the next resident.</p> <p>Resident #84<br/>A review of the June 2019 MAR, revealed Resident #84 received finger stick glucose</p> | F 880                                                                      |                                                                                                                          |                            |                                                        |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>OCEAN SPRINGS HEALTH &amp; REHABILITATION CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1199 OCEAN SPRINGS ROAD<br/>OCEAN SPRINGS, MS 39564</b>                      |                            |                                                        |
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| F 880                                                                                       | <p>Continued From page 43</p> <p>monitoring twice a day, related to hypoglycemia.</p> <p>An observation on 06/24/19 at 3:45 PM, revealed LPN #3 removed the glucometer from the second cup. LPN #3 did not clean the glucometer, nor did he voice that he had cleaned it prior to the procedure. LPN #3 placed the glucometer strip into the glucometer, approached Resident #84's room door, and donned a gown due to isolation set up. LPN #3 proceeded down the hall to find out why the resident was on isolation. LPN #3 carried the cup/glucometer with the strip inserted into the glucometer, which were not covered, down the hall with him. LPN #3 returned to the Resident's door, still holding the cup/glucometer, and stated that "Resident #84 is not on isolation, however her roommate is on contact isolation". LPN #3 entered the room, crossed over to the B bed area, and found that Resident #84 was not there. LPN #3 placed the glucometer/cup back on the medication cart. LPN #3 did not destroy the strip or clean the glucometer. LPN #3 left the plastic cup/glucometer sitting on the cart and did not wash his hands or perform hand hygiene at any time prior, during, or after the procedures. He proceeded to the next resident.</p> <p>Resident #13</p> <p>A review of the June 2019 MAR revealed Resident #13 received finger stick blood glucose testing twice daily, with sliding scale Novolog FlexPen Insulin.</p> <p>An observation on 6/24/19, at 3:55 PM, revealed LPN #3 entered Resident #13's room with the glucometer that was previously taken to Resident #84's isolation room. He did not perform hand hygiene, nor clean the glucometer. The glucometer still had the unused strip in the slot.</p> | F 880                                                                      |                                                                                                                          |                            |                                                        |



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| F 880                                                                                       | Continued From page 44<br>LPN #3 entered Resident #13's room, sat the plastic cup holding the glucometer on the over-bed table, gloved, and obtained the resident's blood sugar (BS). LPN #3 put the contaminated glucometer back into the same plastic cup. LPN #3 picked up the plastic cup, still having his gloves on, walked out into the hall, and placed the cup/glucometer on the medication cart. LPN #3 removed his gloves, obtained the Micro-kill Bleach wipes, and wiped the glucometer for approximately nine (9) seconds, and then placed the glucometer back into the same contaminated plastic cup. LPN #3 opened the medication cart and obtained Resident #13's Novolog insulin FlexPen, laid it on top of the cart without a barrier, obtained and applied a needle from the cart, and laid the pen on a sheet of paper (census sheet) that was lying on the cart. LPN #3 picked up the insulin pen and entered the resident's room, laid the insulin pen on the over-bed table without a barrier, and gloved. LPN #3 did not wash or sanitize his hands. LPN #3 administered the insulin, then laid the FlexPen on the over-bed table, without a barrier, and removed his gloves. LPN #3 exited the room, laid the insulin pen on the medication cart without a barrier, opened the medication cart, and placed the insulin pen inside the medication cart, without wiping and/or sanitizing the FlexPen. LPN #3 did not perform hand hygiene prior, during, or after the procedure. He proceeded to administer oral medications to Resident #192, on 06/24/19, at 4:05 PM. During this medication administration, LPN #3 used a spoon to help get the Sucralfate pill out of a medication cup and placed it on the pill splitter. LPN #3 then used his un-gloved hands to help balance the pill into the splitter. He administered the medication to the resident. LPN #3 still had not washed or sanitized his hands | F 880                                                                      |                                                                                                                          |                            |                                                        |



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| F 880                                                                                       | <p>Continued From page 45<br/>between all four (4) of these rooms.</p> <p>LPN #3 Interview:<br/>During an interview on 06/24/19 at 4:45 PM, LPN #3 revealed his process during the blood glucose testing for Resident's #13, #20, and #84. He stated that he put the glucometer in a cup that was used as a barrier. Then, he checked the blood sugars. LPN #3 stated that when he came out of a room, he put the glucometer back into the same cup, then after he cleaned the glucometer, he again placed it in the same dirty cup. He stated he had always used the same cups over and over. He stated, "When I come out of a room, I wash the glucometer for 30 seconds. But, I did not know to clean it 30 seconds until you told me to read the Micro-kill bleach wipes and then I saw it. I'm from Florida and we kept the glucometer covered for two (2) minutes. Now that I think about it, I probably should have put the cup in the garbage can after I used it, but I sat it back on the medication cart and I should have just thrown it away". He stated that he took the same plastic cup into two (2) different rooms. When asked about washing his hands, LPN #3 stated, "I didn't wash my hands except me handling the bleach wipes when I cleaned the glucometer. You're right, I don't think I washed my hands in all of the rooms I went into, now that I think about it. When I came back to the cart I didn't wash or sanitize my hands". When asked about touching the pill with his bare hands, LPN #3 stated "I didn't realize I touched the pill with my hands. I was using a spoon and maybe I inadvertently touched the pill with my hand and didn't realize it. I was so nervous. You're right. At that point I still had not washed my hands". When asked about the insulin pens, LPN #3 stated he did recall laying the pens on the cart without a</p> | F 880                                                                      |                                                                                                                          |  |                                                        |



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| F 880                                                                                       | <p>Continued From page 46</p> <p>barrier and without cleaning them. He stated that he was extremely nervous. He stated, "It all was stupid of me. Yes, I do see for sure that not washing my hands and taking the plastic cup with the glucometer into more than one room, without cleaning it, is an infection control issue. I also know that placing the cleaned glucometer into the dirty cup is an infection control issue. I should have cleaned the glucometer for the 30 seconds, but again, I didn't know that until you told me to read the Micro-kill Bleach wipe container. Thank you for explaining it all to me. I could have done better, and I should have done better. I did receive training when I was hired on infection control and cleaning the glucometer".</p> <p>A review of facility document titled "Day Five New Hire Orientation", dated 6/5/19, revealed LPN #3 signed that he had received training on infection control bloodborne pathogens and use of Glucose Monitors.</p> <p>Resident #84</p> <p>An observation on 06/25/19 at 3:40 PM, revealed LPN #1 placed two (2) plastic cups on a tray, that was on top of the medication cart, with each cup containing a glucometer. LPN #1 took one (1) of the glucometers and laid it on a Kleenex on the medication cart. LPN #1 gloved and retrieved a Micro-kill Bleach wipe from bottom drawer on medication cart. LPN #1 picked up the glucometer (glucometer #1) and cleaned the glucometer for approximately five (5) seconds (timed by watch), and then placed it back into the plastic cup. LPN #1 then took glucometer #2 out of the other cup and cleaned it with a Micro-kill wipe for approximately four (4) seconds and placed the glucometer back into the cup. LPN #1 removed her gloves and took the cup containing</p> | F 880                                                                      |                                                                                                                          |  |                                                        |



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| F 880                                                                                       | <p>Continued From page 47</p> <p>glucometer #1 to Resident #84's room. LPN #1 gloved, performed the finger stick for Resident #84, and placed the glucometer back into the cup. She removed gloves, and exited the room, all without washing or sanitizing her hands. LPN #1 gloved and retrieved a Micro-kill Bleach wipe from the medication cart and wiped the glucometer approximately seven (7) seconds (timed with watch) and then placed it into a clean cup on the medication cart. LPN #1 removed her gloves and proceeded to the next resident. LPN #1 did not perform hand hygiene at any time prior, during, or after the procedure.</p> <p>Resident #13 (second observation for resident) Observation on 06/25/19 at 3:49 PM, revealed LPN #1 took the plastic cup containing glucometer #2, entered Resident #13's room, gloved, and performed the finger stick. LPN #1 placed the glucometer back into the plastic cup, removed gloves, and exited the room. LPN #1 laid the tray with the cup/glucometer on the medication cart and then gloved. LPN #1 reached into the bottom drawer of the cart and obtained a Micro-kill Bleach wipe and cleaned the glucometer for approximately eight (8) seconds (timed by watch). LPN #1 placed the clean glucometer into a clean plastic cup. LPN #1 removed her gloves, placed the cup/glucometer #2 behind cup/glucometer #1, and obtained the Novolog FlexPen Insulin. LPN #1 administered the insulin to Resident #13, then placed the insulin FlexPen back into the medication cart drawer, without cleaning/sanitizing the pen. LPN #1 did not perform hand hygiene prior, during, or after the procedure. She proceeded to the next resident.</p> <p>Resident #89 (first attempt-procedure not</p> | F 880                                                                      |                                                                                                                          |                            |                                                        |



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| F 880                                                                                       | <p>Continued From page 48<br/>performed)<br/>A review of the June 2019 MAR, revealed<br/>Resident #89 received finger stick glucose<br/>testing, with sliding scale Novolog FlexPen<br/>Solution injector twice daily.</p> <p>Observation on 06/25/19 at 3:55 PM, revealed<br/>LPN #1 obtained the plastic cup containing<br/>glucometer #1, (previously used on Resident #84)<br/>to perform the finger stick blood glucose test, but<br/>Resident #89 was not in the room. LPN #1 placed<br/>the cup/glucometer on top of the medication cart<br/>and covered with a Kleenex, stating she would<br/>leave it there until Resident #89 returned to her<br/>room. LPN #1 went to the medication room for<br/>another medication. LPN #1 returned and opened<br/>the medication box, and obtained a paper cut to<br/>her left finger. LPN #1's finger was bleeding and<br/>she wiped it with an alcohol wipe. She then<br/>placed a band-aid on her finger. LPN #1 still had<br/>not performed hand hygiene.</p> <p>Resident #20 (second observation for resident)<br/>Observation on 06/25/19 at 4:05 PM, revealed<br/>LPN #1 picked up the tray, which contained the<br/>cup/glucometer covered with a Kleenex, and<br/>entered Resident #20's room. LPN #3 gloved,<br/>performed the finger stick, removed her gloves,<br/>and exited the room without washing or sanitizing<br/>her hands. LPN #1 took Micro-kill Bleach wipes<br/>and cleaned glucometer #1 for approximately 15<br/>seconds (timed with watch) then placed it into a<br/>clean plastic cup to dry. LPN #1 sat the<br/>cup/glucometer behind the plastic cup containing<br/>glucometer #2. LPN #1 stated that she forgot the<br/>reading of the resident's BS, so she picked up<br/>glucometer #1 with a Kleenex, reviewed the BS,<br/>then placed the glucometer back into the same<br/>cup. LPN #1 stated, "I rotate the glucometers to</p> | F 880                                                                      |                                                                                                                          |                            |                                                        |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>OCEAN SPRINGS HEALTH &amp; REHABILITATION CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1199 OCEAN SPRINGS ROAD<br/>OCEAN SPRINGS, MS 39564</b>                      |  |                                                        |
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| F 880                                                                                       | <p>Continued From page 49</p> <p>allow one (1) to dry while I use the other one. I've never really timed how long I let it dry, all I know is that it's dry by the time I get ready to use it". LPN #1 failed to perform hand hygiene prior, during, and after the procedure, then continued to the next resident.</p> <p>Resident #89 (procedure performed)<br/>An observation on 06/25/19 at 4:20 PM, revealed LPN #1 obtained the cup/glucometer #2, entered Resident #89's room, gloved, and performed the finger stick. LPN #1 removed her gloves, and exited the room. LPN #1 went to the medication cart, gloved, and retrieved a Micro-kill Bleach wipe from the bottom drawer of the medication cart. LPN #1 cleaned glucometer #2 with Micro-kill Bleach wipes for approximately seven (7) seconds (timed with watch) and then placed glucometer #2 into a clean plastic cup. LPN #1 removed gloves and placed the cup/glucometer #2 behind glucometer #1. LPN #1 retrieved Resident #89's Novolog FlexPen from the medication cart and laid it on top of the cart without a barrier. LPN #1 obtained a needle from the med cart and applied it to the FlexPen. LPN #1 entered Resident #89's room, performed the injection, removed her gloves, and exited the room. LPN #1 did not perform hand hygiene prior, during, or after the procedures.</p> <p>LPN #1 interview:<br/>During an interview, in the presence of RN #4, on 06/25/19 at 4:35 PM, LPN #1 stated that she washed her hands prior to working the medication cart. She stated her process was to use a Kleenex or a paper towel for a barrier. She stated she used a glucometer that has been cleaned with the Micro-kill wipes and left to air dry. She stated, "I wipe the glucometer I guess two (2)</p> | F 880                                                                      |                                                                                                                          |  |                                                        |



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| F 880                                                                                       | Continued From page 50<br>minutes, but that seems like a long time to me. I don't time it, I just clean it. I can say I thoroughly clean it and set it up-right to dry". She stated she had two (2) glucometers that she used, both cleaned with Micro-kill wipes, and she placed one in front of the other in plastic cups on top of the cart. She stated she used one glucometer, cleaned it, and returned it to the cart. She stated she donned gloves, used Micro-kill wipes, and cleaned the glucometer for an estimated two (2) minutes, put it up-right in a clean plastic cup, and then place it behind the second glucometer, which had already been cleaned. She stated she moved on to the next resident and used the second glucometer for the next resident. She stated she rotated the glucometers, letting them dry. LPN #1 stated that she cleaned each glucometer approximately two (2) minutes between residents with the Micro-kill Bleach wipes. She stated that she had been in-serviced yearly on infection control and more often for cleaning of the glucometer. She stated that it had been a while, but "yes", she had seen policy and procedure on handwashing and infection control. When asked if she felt that she cleaned the glucometer for two (2) minutes like she previously stated, LPN #1 stated, "No I don't feel like I cleaned it for 1-2 minutes; time passes". When asked if she washed her hands at any time while obtaining the finger stick glucose tests, LPN #1 stated, "Oh man, I forgot to wash my hands. I do it but I'm just nervous". LPN #1 stated "Yes I should do different. I want to do it correctly. I thought I was doing the correct time wiping it. I didn't time the cleaning of the glucometer. It's my issue, not the facility's issue. I'm the one that didn't do it correct. I take whole responsibility of self". When asked if she thought not cleaning the glucometer per the manufacturer | F 880                                                                      |                                                                                                                          |                            |                                                        |



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| F 880                                                                                       | <p>Continued From page 51</p> <p>recommendation was an infection control issue, she stated "I do think it was an infection control issue. You have to make sure stuff gets killed". At this time, RN #4 stated, "We learned in school that you could use hand sanitizer in-between residents if your hands aren't soiled". RN #4 stated that LPN #1 used hand sanitizer. LPN #1 reached into her pocket and pulled out "Germ-x" and said "Yea, I used Germ-x during procedures. I keep Germ-x in my pocket". LPN #1 was not observed to use the hand sanitizer at any time during the observations, nor did she voice that she had used the sanitizer. LPN #1 was observed by the surveyor continuously throughout the process of performing the finger sticks of the four (4) residents, Resident #13, #20, #84, and #89, and did not observe any type of hand hygiene prior, during, or after the procedures between residents.</p> <p>A review of a facility document titled, "Competency Check List", dated 5/20/19, revealed LPN #1 signed that she was checked off on handwashing and cleaning the glucometer according to manufacturer's guidelines. A facility document titled "Glucometer Cleaning Skills Checklist" dated 5/20/19, revealed LPN #1 was checked off to disinfect the glucometer by cleaning the meter surface with Medline Micro-kill Bleach Germicidal wipes by the following instructions: Wipe all external areas of the meter including front and back surfaces until visibly clean. Avoid wetting the meter strip port. Allow the surface of the meter to remain wet at least 30 seconds at room temperature.</p> <p>A review of a facility document titled, "Day Four New Hire Orientation", dated 6/19/18, revealed LPN #1 was in-serviced on Handwashing,</p> | F 880                                                                      |                                                                                                                          |                            |                                                        |



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| F 880                                                                                       | <p>Continued From page 52</p> <p>Bloodborne Pathogens, use of FlexPen, infection control, and use of Glucose Monitors. Review of a facility document titled, "In-Service Training Record", dated 2/13/19, revealed LPN #1 was in-serviced on Cleaning Blood Glucose (CBG's) cleaning the machine storage and other usage.</p> <p>Resident #52<br/>Review of the June 2019 MAR, revealed Resident #52 received finger stick glucose checks daily, scheduled at 4:30 PM.</p> <p>On 6/25/19 at 3:40 PM, after LPN #2 had completed the narcotic medication count, she prepared to perform a finger stick procedure. LPN #2 cleaned a silver tray with a Micro Kill germicidal bleach wipe and cleaned the glucometer with a Micro Kill germicidal wipe for approximately 10 seconds. After cleaning the glucometer, she placed the glucometer on the silver tray and allowed it to air dry. She entered Resident #52's room, applied clean gloves, cleaned the resident's left index finger with an alcohol prep pad and pricked the resident's finger with the lancet. She cleaned the resident's left index finger again with an alcohol prep pad. She placed the soiled lancet in a plastic cup and the alcohol prep pad in another plastic cup. LPN #2 returned to the medication cart, where she discarded the lancet and alcohol prep pad. She cleaned the glucometer with a Micro Kill germicidal wipe for approximately 10 seconds and allowed it to air dry. LPN #2 sat the glucometer on the silver tray. LPN #2 did not wash her hands or use any Alcohol Based Hand Gel (ABHG) after counting the narcotic medications, prior to entering the resident's room, before the procedure, during the procedure, after the procedure, nor after leaving the resident's</p> | F 880                                                                      |                                                                                                                          |                            |                                                        |



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| F 880                                                                                       | <p>Continued From page 53</p> <p>room. She proceeded to the next resident.</p> <p>Resident #77</p> <p>Resident #77's June 2019 MAR revealed he received finger stick glucose testing twice daily.</p> <p>On 6/25/19 at 3:50 PM, observation revealed LPN #2 entered Resident #77's room, retrieved some paper towels, and placed the silver tray with the glucometer on the resident's nightstand on the towels. She applied clean gloves, cleaned the resident's left middle finger with an alcohol prep pad, pricked his left middle finger with the lancet, and performed the glucose testing. She placed the soiled lancet in a plastic cup, and the soiled alcohol prep pad in a plastic cup. She walked back to the medication cart and disposed of the soiled items. She then cleaned the glucometer with a Micro Kill germicidal wipe for approximately eight (8) seconds, and placed it in the medication cart's uppermost top right drawer in an empty alcohol prep pad box. She cleaned the silver tray with the Micro Kill germicidal wipe. LPN #2 did not wash her hands or use hand sanitizer prior to entering the resident's room, before the procedure, during the procedure, nor after the procedure.</p> <p>On 6/25/19 at 3:55 PM, interview with LPN #2 revealed her overview of the steps she had taken while performing the fingersticks on both Resident #52 and Resident #77. She stated she had gotten all of her supplies out and wiped everything down. She stated she brought her items into the room, put a barrier down, and wiped the resident's finger with alcohol. She stated she did the fingerstick, wiped the resident's finger again, and wiped everything before she put it in the cart. She stated she should clean the</p> | F 880                                                                      |                                                                                                                          |  |                                                        |



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| F 880                                                                                       | <p>Continued From page 54</p> <p>glucometer with the germicidal wipe for one (1) minute she guessed. She stated she would have to take a timer out and physically set it to know. She stated "I don't know what to tell you anymore." She stated she knows about hand washing, but she had worn gloves. She stated she should wash her hands between residents and/or when her hands are soiled. She stated, "Wash your hands before care, well, I mean if you wear gloves to do an accucheck, I don't understand, I really don't."</p> <p>An interview on 06/25/19 at 6:09 PM, with RN #2, Infection Control Nurse/Risk Management Nurse, revealed, "If there is a pathogen in the blood, by not cleaning the glucometer, you could pass it on. If there is something that could be considered an infectious process, then you could pass it on". RN #2 stated that nurses are taught to clean the glucometer for 30 seconds, with a five (5) minute dry time. She stated there were two (2) glucometers on the cart so one can be cleaned and let dry, while the other is used. She stated, "I'm not going to say that it couldn't be a problem not cleaning the glucometer between residents, because it could very well be. I'd be crazy to say it wouldn't". She stated that there had just been an in-service on hand-washing, with the Certified Nursing Assistants (CNA's), but not the nurses; they would be next. She stated that she touched on infection control every six (6) months at a minimum, but if there was an issue, she did the in-service more often. She stated, "As a matter of fact, I just did an in-service the other day on infection control". She stated that staff was taught to wash their hands when gloves are removed, because there could be pin-holes in the gloves. She stated that having "Germ-x" in a pocket is an infection control issue. She stated, "You don't put</p> | F 880                                                                      |                                                                                                                          |                            |                                                        |



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| F 880                                                                                       | <p>Continued From page 55<br/>anything in your pockets".</p> <p>An interview on 06/26/19 at 3:25 PM-3:30 PM, with RN #3, Staff Development Nurse, revealed, "Not cleaning the glucometer could cause an infection to go from person to person. If one (1) person has something, then by not cleaning the glucometer, it could spread. Yes, I see it as an infection control issue. I see it as an opportunity for education because we know better". She stated that hand-washing was an issue for the same reasons. She stated, "Spreading germs from one to another is an issue. Safe hand washing is best practice".</p> <p>During an interview on 06/25/19 at 6:20 PM, the Director of Nursing (DON) stated, "Yes ma'am, not cleaning the glucometer is an infection control issue. There is the potential for transmitting infections or germs. It could cause cross contamination". She stated the recommended time of cleaning the glucometer is 30 seconds, with a dry time of three (3)-five (5) minutes. The DON stated that was taught in in-services many, many times. She stated, "It is an infection control issue for a nurse not to wash her hands between caring for residents, because it could spread infection". She stated if staff are not cleaning the glucometer for the allotted time, to make sure there is no blood or body fluids, that could cause cross contamination. The DON stated, "I can tell you, if you have anything in your pocket and you take it out, then yes, it could be a potential infection control issue, because your pocket is considered dirty". She stated that staff are taught to wash their hands when going into a room to perform a procedure, prior to gloving, and after you finish the procedure you remove your gloves and wash your hands.</p> | F 880                                                                      |                                                                                                                          |                            |                                                        |



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| F 880                                                                                       | <p>Continued From page 56</p> <p>She stated, "You wash your hands before going into a room, when having contact with a resident, then you wash afterwards and sometimes in-between, depending on what you are doing".</p> <p>During an interview, on 06/25/19 at 7:05 PM, the Administrator stated, "What is the difference in cleaning the glucometer for 10-11 seconds and 30 seconds?" She stated that the glucometer was cleaned, just not the 30 seconds.</p> <p>In an interview on 06/26/19 at 9:08 AM, the Medical Director stated, "As I understand the process, we use a lancet and then use a glucometer strip that touches the blood. The glucometer should not actually touch the blood". He stated that it was his understanding that they are supposed to wipe the glucometer before and after use. He stated that the Center for Disease Control (CDC) recommended hand washing for 20 seconds; and if the CDC recommendation for handwashing is 20 seconds, and the glucometer doesn't touch blood, then 20 seconds cleaning the glucometer, should be adequate. He stated, "I'm not saying we shouldn't strive to be better, but just the practicality of blood getting on the glucometer is basically zero (0)". He stated that in all practicality, blood goes on the lancet then on the glucometer strip, not the glucometer. He stated, "We have gone through a huge transition the last two (2) years and we have strived to care for these residents, but the mechanics, we need to work on". He stated, "If I walk in a room and my hands are in my pocket and I never take them out of my pocket, then they are not dirty. However, if I do physical activity in that room, then I should wash my hands to prevent the spread of germs".</p> | F 880                                                                      |                                                                                                                          |                            |                                                        |



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| F 880                                                                                       | <p>Continued From page 57</p> <p>The facility submitted an acceptable Removal Plan on 6/26/19, for the Immediate Jeopardy. Review of the facility's Removal Plan revealed the facility took the following actions to remove the Immediate Jeopardy:</p> <p>Brief Summary: On 6/25/19 at 7:00 PM, CST, the State Agency informed the Administrator and the Director of Nursing of an immediate jeopardy with infection control due to a glucometer not being cleaned for a full 30 seconds, according to the manufacturer's guidelines by LPN #1, LPN #2 and LPN #3 prior/after performing a finger stick blood glucose check, which is a standard of practice.</p> <p>Corrective Actions:</p> <p>1. On 6/25/19 at 7:30 PM, the Administrator called a mandatory meeting with the nursing staff to notify Immediate Jeopardy had been called. Nurses on duty, including a total of four (4) Licensed Practical Nurses (LPN) and two (2) Registered Nurses (RN) were instructed to clean all eight (8) glucometers (by disinfecting for a full 30 seconds) and perform proper handwashing. LPNs that were currently on the medication cart completed proper handwashing and cleaning of the glucometers. Education was then initiated by the DON to follow current policies on glucometer use and infection control with handwashing. This was completed on 6/25/19, by 10:00 PM.</p> <p>2. On 6/25/19 at 8:00 PM, the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) initiated an in-service, including a skills check-off list, in regards to glucometer infection control protocol, handwashing, and safety by following the manufacturer guidelines for cleaning the glucometers. This included four (4) LPNs and</p> |                                                                            |  | F 880                                                                                               |                                                                                                                          |                                                        |                            |



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| F 880                                                                                       | <p>Continued From page 58<br/>two (2) RNs.</p> <p>3. On 6/25/19 at 9:15 PM, an Emergency Quality Assurance (QA) meeting was held with the Medical Director, Administrator, DON, ADON, Infection control Officer, Business Office Manager, Housekeeping Supervisor, Laundry Supervisor, Life Enrichment Director, Minimum Data Set (MDS) Nurse Coordinators, Restorative Nurse, Maintenance Director, Admissions/Marketing Nurse, and Food Service Director, to discuss the events after Residents #13, #20, #52, #77, #84, and #89 were exposed to the surface of the glucometer and the importance of following the policy for infection control protocol, handwashing, and safety in regards to the cleaning manufacturer guidelines for the glucometers. The QA committee also reviewed policies on infection control, care planning, manufacturer guidelines for the blood glucose monitoring system/disinfecting bleach wipes, and infection control protocol safety in relation to glucose monitoring systems and proper handwashing with no changes to any of the current policies.</p> <p>4. On 6/25/19 at 9:00 PM, the Care Plan Coordinator revised all diabetic Care Plans to include the proper cleaning of the glucometer machines for all residents that require blood glucose monitoring. There are currently 24 residents receiving blood glucose monitoring.</p> <p>5. On 6/25/19 at 8:00 PM, the Infection control Officer initiated an all nursing staff that were currently on duty (total of four (4) LPNs and two (2) RNs) on infection control, care planning, manufacturer guidelines for the blood glucose monitoring system/disinfecting bleach wipes, and</p> | F 880                                                                      |                                                                                                                          |                            |                                                        |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>OCEAN SPRINGS HEALTH &amp; REHABILITATION CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1199 OCEAN SPRINGS ROAD<br/>OCEAN SPRINGS, MS 39564</b>                      |                            |                                                        |
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| F 880                                                                                       | <p>Continued From page 59</p> <p>infection control/handwashing protocol safety in relation to glucose monitoring systems, which is a nursing Standard of Practice. We currently have 40 Licensed Nursing staff members.</p> <p>6. On 6/25/19 at 8:15 PM, the Administrator completed a one-on-one (1:1) education with LPN #1, LPN #2, and LPN #3 on cleaning/disinfecting glucometers with emphasis on the 30 second time frame for cleaning/disinfecting as well as handwashing protocols.</p> <p>7. On 6/25/19 at 8:55 PM, all 24 residents who receive blood glucose finger sticks were assessed for exposure complications by the DON and the ADON, with no complications noted. In addition, the assessments completed of the 24 residents, there were no signs and/or symptoms of any acute infection from blood borne pathogens noted. There are currently no residents receiving blood glucose monitoring with a diagnosis of a blood borne pathogen infection.</p> <p>8. No nursing staff will be allowed to work until they have completed this in-service and competency return demonstration, in regards, to proper handwashing and glucometer cleaning/disinfecting by professional standards.</p> <p>The facility alleges that all corrective actions to remove the immediate jeopardy were completed on 6/25/19, and the immediate jeopardy removed as of 6/26/19.</p> <p>The State Agency (SA) validated through observation, interview, and record review, that the facility completed the following actions to remove the IJ:</p> | F 880                                                                      |                                                                                                                          |                            |                                                        |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>OCEAN SPRINGS HEALTH &amp; REHABILITATION CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1199 OCEAN SPRINGS ROAD<br/>OCEAN SPRINGS, MS 39564</b>                      |                            |                                                        |
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| F 880                                                                                       | <p>Continued From page 60</p> <p>Corrective Actions:</p> <p>1. The SA validated through interview, that on 6/25/19, the Administrator called a mandatory meeting with the nursing staff and notified them of the Immediate Jeopardy. Nurses on duty, including a total of four (4) Licensed Practical Nurses (LPNs) and two (2) Registered Nurses (RNs) were instructed to clean all eight (8) glucometers (by disinfecting for a full 30 seconds) and perform proper handwashing. LPNs that were currently on the medication cart completed proper handwashing and cleaning of the glucometers. Review of sign-in sheets and staff interview validated that education was initiated by the DON to follow current policies on glucometer use and infection control with handwashing. This was completed on 6/25/19, by 10:00 PM.</p> <p>2. The SA validated through staff interview, review of skills check offs and sign-in sheets, that on 6/25/19, the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) initiated an in-service, including a skills check-off list, in regards to glucometer infection control protocol, handwashing, and safety, by following the manufacturer guidelines for cleaning the glucometers. This included four (4) LPNs and two (2) RNs.</p> <p>3. The SA validated by review of the sign-in sheet and staff interview, that on 6/25/19, an Emergency Quality Assurance (QA) meeting was held with the Medical Director, Administrator, DON, ADON, Infection control Officer, Business Office Manager, Housekeeping Supervisor, Laundry Supervisor, Life Enrichment Director, Minimum Data Set (MDS) Nurse Coordinators, Restorative Nurse, Maintenance Director, Admissions/Marketing Nurse, and Food Service</p> | F 880                                                                      |                                                                                                                          |                            |                                                        |



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| F 880                                                                                       | <p>Continued From page 61</p> <p>Director, to discuss the events after Residents #13, #20, #52, #77, #84, and #89 were exposed to the surface of the glucometer, and the importance of following the policy for infection control protocol, handwashing, and safety, in regards to the manufacturer cleaning guidelines for the glucometers. The QA committee also reviewed policies on infection control, care planning, manufacturer guidelines for the blood glucose monitoring system/disinfecting bleach wipes, and infection control protocol safety, in relation to glucose monitoring systems and proper handwashing, with no changes to any of the current policies.</p> <p>4. The SA validated through interview and record review, that on 6/25/19, the Care Plan Coordinator revised all diabetic Care Plans to include the proper cleaning of the glucometer machines for all residents that require blood glucose monitoring. Record review revealed that there are currently 24 residents receiving blood glucose monitoring.</p> <p>5. The SA validated through staff interview and review of sign-in sheets, that on 6/25/19, the Infection control Officer initiated an all-nursing staff in-service for staff that were currently on duty (total of four (4) LPNs and two (2) RNs) on infection control, care planning, manufacturer guidelines for the blood glucose monitoring system/disinfecting bleach wipes, and infection control/handwashing protocol safety in relation to glucose monitoring systems, which is a nursing Standard of Practice. Record review revealed the facility had 40 Licensed Nursing staff members.</p> <p>6. The SA validated through sign-in sheets and staff interview that on 6/25/19, the Administrator</p> | F 880                                                                      |                                                                                                                          |                            |                                                        |



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| F 880                                                                                       | <p>Continued From page 62</p> <p>completed a one-on-one (1:1) education with LPN #1, LPN #2, and LPN #3, on cleaning/disinfecting glucometers, with emphasis on the 30 second time frame for cleaning/disinfecting as well as handwashing protocols.</p> <p>7. The SA validated through interview and record review, that on 6/25/19, all 24 residents, who received blood glucose finger sticks, were assessed for exposure complications by the DON and the ADON, with no complications noted. Assessments revealed no signs and/or symptoms of any acute infection from blood borne pathogens. Record review revealed there were no residents receiving blood glucose monitoring with a diagnosis of a blood borne pathogen infection.</p> <p>8. The SA validated through staff interview and record review that no nursing staff were allowed to work until they had completed this in-service and competency return demonstration, in regards, to proper handwashing and glucometer cleaning/disinfecting by professional standards.</p> <p>The SA validated that all corrective actions were completed to remove the immediate jeopardy on 6/25/19, and the immediate jeopardy removed on 6/26/19.</p> <p>The facility also had an infection control issue that did not rise to the IJ level, related to a urinary catheter drainage bag laying on the floor for one (1) of (6) six residents with urinary catheters observed, Resident #57.</p> <p>Review of the facility's policy for catheter care, dated December 2018, revealed to be sure the catheter tubing and drainage bag are kept off the floor.</p> | F 880                                                                      |                                                                                                                          |                            |                                                        |



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| F 880                                                                                       | <p>Continued From page 63</p> <p>On 06/25/19 at 10:40 AM, observation of Resident #57's wound care, provided by RN #1/Treatment Nurse, revealed the RN removed the catheter drainage bag from the side of the bed. After completing all care, RN #1 left the room, without placing the drainage bag back into the dignity bag. The catheter bag and tubing was observed touching the floor.</p> <p>On 06/25/19 at 2:14 PM, observation revealed the urinary drainage catheter bag remained on Resident #57's floor.</p> <p>During an interview on 06/25/19 at 2:16 PM, RN #1 revealed that she did move the catheter drainage bag, in order to prevent any discomfort or injury, related to any tugging from the tubing. RN #1 stated she did not recall placing the bag on the floor, but really didn't notice. RN #1 stated that having a urinary drainage bag on the floor is an infection control concern. RN #1 stated that the tubing should not touch the floor either.</p> <p>Review of Resident #57's medical records revealed that the resident is currently on Ceftin 500 milligram (mg) daily for a Urinary Tract Infection (UTI), after return from the hospital, with a diagnosis of Sepsis.</p> <p>During an interview on 06/26/2019 at 03:55 PM, RN #2/Infection Control Nurse, revealed the catheter drainage bag or tubing should never be lying on the floor, in order to protect the resident from getting a urinary tract infection. RN #2 stated she had already began in-services for the nursing staff, regarding the catheter drainage bags not lying on the floor, and the infection control concerns it would cause.</p> | F 880                                                                      |                                                                                                                          |  |                                                        |



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| F 880                                                                                       | Continued From page 64<br><br>During an interview on 06/26/2019 at 4:05 PM,<br>the Director of Nursing (DON) revealed that the<br>urinary catheter drainage bag should never be on<br>the floor, because of the possibility of causing a<br>urinary tract infection; it was definitely an infection<br>control concern. | F 880                                                                      |                                                                                                                          |                            |                                                        |



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| K 000                                                                                       | <p>INITIAL COMMENTS</p> <p>42 CFR 483.70 (a)</p> <p>The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA).</p> <p>There were no LSC deficiencies cited during this survey.</p> | K 000                                                                      |                                                                                                                          |                            |                                                        |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/17/2019

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



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| E 000                                                                                       | <p>Initial Comments</p> <p>*****</p> <p>Survey conducted on 06/25/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements.</p> <p>No deficiencies were cited.</p> | E 000                                                                      |                                                                                                                          |                            |                                                        |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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