

Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/09/2026	
NAME OF PROVIDER OR SUPPLIER HOLMES COUNTY LONG TERM CARE CENTER - DURANT				STREET ADDRESS, CITY, STATE, ZIP CODE 15481 BOWLING GREEN ROAD , DURANT, Mississippi, 39063			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
M0000	Initial Comments The State Agency (SA) conducted an Annual Recertification survey and four (4) Complaint Investigations (CI) MS #3033808, CI MS #3008286, CI MS #2728823, and CI MS #3030522 at the facility from 7/7/26 through 7/9/26. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm and cited, M500, M610, M635, M645, M815, M855, and M1570. The SA investigated CI MS #3033808, CI MS #3008286, CI MS #2728823, and MS #3030522 with no deficiencies cited. The census at the time of the survey was 72 and the facility was licensed for 80 beds.		M0000				
M0000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 7/7/26 to 7/9/26. During the survey, the SA evaluated the facility's compliance with the Minimum Standards of Operations for Alzheimer's Disease/Dementia Care Unit and no deficiencies were cited. The census at the time of the survey was 18 with a bed capacity of 20.		M0000				
M0500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related		M0500				

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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M0500	Continued from page 1 charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse;	M0500					

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M0500	Continued from page 2 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);	M0500					

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M0500	Continued from page 3 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on observation, record review, facility policy review, and staff interviews, the facility failed to ensure the residents' right to be free from physical restraints for one (1) of nineteen (19) sampled residents. (Resident #35) Findings Include: Review of the facility policy titled "Physical Restraints" revealed, "Restraints shall only be used for the safety and well-being of the residents and only after alternatives have been tried unsuccessfully." Record review of Resident #35's Order Summary Report did not reveal a physician order for the use of a seat belt and lack of quarterly assessments for restraints. Record review did not reveal a Care Plan addressing Resident #35's use of the seat belt. During an observation on 7/07/2026 at 11:47 AM, Resident #35 was observed wearing a seat belt while seated in his wheelchair in the dining room. During an observation and interview with Licensed Practical Nurse (LPN) #2 on 7/08/2026 at 11:45 AM, she stated, "I have never seen him take off his seatbelt," and confirmed that the seatbelt would be a restraint. LPN #2 asked resident if he could take off his seat belt independently, Resident #35 was unable to answer the question, and he did not attempt to remove his seat belt. During an interview with the Administrator, she stated she was unaware Resident #35 was using a			M0500			

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M0500	Continued from page 4 seat belt and confirmed that there was not a physician's order for the restraint and that there were no quarterly assessments completed. Record review of the "Admission Record" revealed Resident #35 was admitted to the facility on 3/27/2026 with diagnoses including Unspecified Dementia. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/24/2026 revealed, under Section C, a Brief Interview for Mental Status (BIMS) with no score, indicating Resident #35 was severely cognitively impaired and was unable to answer the questions. Section P "Restraints and Alarms," was coded as "0 not used," related to restraints while in wheelchair.	M0500					
M0610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level IIBased on observation, resident and staff interview, record review, and facility policy review, the facility failed to ensure necessary nail care services were provided for residents requiring assistance for two (2) of eight (8) residents reviewed for activities of daily living (ADLs). Resident #37 and Resident #60 Findings Include: Review of facility policy titled "Nail Care Policy" dated 2/2026, revealed, "...4. Routine nail care, to include trimming and filing, will be provided on a regular schedule identified by the facility. Nail care will be provided between scheduled occasions as the need arises..."	M0610					

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M0610	Continued from page 5 Resident #37 During observations and interviews with Resident #37 on 7/7/2026 at 12:37 PM and again on 7/9/2026 at 8:38 AM, his fingernails were observed to be approximately one and one-half (1½) inches in length with a dark brown/black substance underneath. Resident #37 stated, "They need to be cut." During an observation and interview with the Director of Nursing (DON) on 7/9/2026 at 10:05 AM, she confirmed that Resident #37's fingernails were very long and dirty with a dark black/brown substance underneath. She confirmed Resident #37 had a physician order for weekly diabetic nail care documented on the Treatment Administration Record (TAR). Record review of Resident #37's TAR for July 2026, revealed, "...Diabetic nail care weekly by nurse on Thursday one time a day every Thursday..." Record review of the Admission Record indicated Resident #37 was admitted to the facility on 3/18/2021 with medical diagnoses that included Type 2 Diabetes Mellitus with Hyperglycemia. Record review of the Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 4/21/2026, revealed under Section C a Brief Interview for Mental Status (BIMS) score of 15, indicating Resident #37 was cognitively intact. Resident #60 An observation and interview with Resident #60 on 7/7/26 at 11:09 AM revealed he was diabetic and needed his toenails cut. He stated he had been asking staff for a while but could not get anyone to do it stating, "They didn't seem interested in anything I had to say; Then I was told later on they would have to get podiatry, but I am still waiting." Both his big toenails were excessively long, curved and thick, measuring approximately 2 inches in length. His other toenails were long, measuring approximately one-fourth (1/4) inch with jagged outer edges. An observation and interview on 7/8/26 at 3:21 PM with Registered Nurse (RN) #1 revealed the facility has podiatry that comes to the facility monthly to cut the residents toenails. RN #1 stated she was not sure the last time the resident was seen explaining that Resident #60 goes to dialysis and he may have missed the podiatrist. She stated she was not aware		M0610				

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M0610	Continued from page 6 of the residents' need for nail care. RN #1 confirmed his toenails were excessively long and jagged stating, "I didn't know they had gotten this bad." She revealed the resident could have a skin concern and infection risk since he had diabetes. An interview with the Director of Nursing (DON) on 7/9/26 at 8:36 AM revealed that the staff should have addressed Resident #60's nailcare specifically because he was a diabetic. She acknowledged staff should have coordinated podiatry care on his offsite dialysis days confirming his risk were infection and skin concerns. Record review of the "Admission Record" revealed the facility admitted Resident #60 on 8/19/22 with medical diagnoses that included End Stage Renal Disease and Type 2 Diabetes Mellitus with other Diabetic Kidney Complications. Record review of the BIMS dated 4/17/26 revealed a summary score of 15, indicating Resident #60 was cognitively intact.		M0610				
M0635	45.21.7 Gastric feeding Gastric feeding. Residents who are eating alone or with assistance are not fed by a gastric tube unless their clinical condition indicates that the use of a gastric feeding tube is unavoidable. The residents who are fed by a gastric tube receive the treatment and services to prevent complications or to restore if possible, normal eating skills. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on observation, record review, interviews and facility policy review, the facility failed to provide uninterrupted enteral feedings for a resident who received nutrition through Percutaneous Endoscopic Gastrostomy (PEG) tube for one (1) of three (3) residents reviewed with PEG tubes for nutrition. Resident #21 Findings Include: Record review of the facility policy, with no date, titled "Transcribing Physician Orders," stated, "It is the policy of this facility to follow the attending physician's orders as written... Procedure: Orders will be followed and medications will be administered according to the prescribed physician's instruction...."		M0635				

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M0635	Continued from page 7 Record review of the Medication Administration Record (MAR) revealed a physician's order dated 04/17/26, "Enteral feed order two times a day for enteral feeding to run 22 hours daily related to Dysphagia. Two Cal @ (at) 50 milliliters (ml) hour (hr.) for 22 hr. Start at eight (8) PM to provide 2200 kcal (kilocalories), 92-gram protein..." Observation on 07/08/2026 at 8:30 AM revealed that Resident #21's PEG feedings were not infusing and that there was a full bottle of Two Cal feeding with the tubing wrapped in paper that had not been set up and the feeding machine pump was turned off. Interview with Licensed Practical Nurse (LPN) #1 on 07/08/26 at 8:45 AM confirmed that the PEG feeding was not on, was not infusing and confirmed that she had arrived at work around 6:30 AM this morning and had not been in the resident's room until now to see that it wasn't infusing. LPN #1 confirmed that the feeding should only be off for two (2) hours and that it would have been turned off at 1800 (6:00 PM) last night and should have been turned back on at 2000 (8:00 PM) last night. Record review of the Treatment Administration Record (TAR) July 2026 revealed that on 07/07/26 it was initialed as turned off at 1800 and initialed as turned on at 2000. Interview with the Director of Nursing (DON) on 07/09/26 at 2:00 PM confirmed that LPN #1 had shared with her that the PEG feeding for Resident #21 was not infusing when she walked into the room. The DON confirmed that it should have been infusing in order to maintain eternal nutrition and because it was a physician's order that it should have been turned back on after two hours. Record review revealed that Resident #21 was admitted to the facility on 12/21/22 with diagnosis that Dysphagia and Encounter for Attention to Gastrostomy. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/22/26 revealed Item C0100 was coded "0" on the Brief Interview for Mental Status Score (BIMS) indicating that the resident is rarely or never understood and interview should not be conducted.			M0635			
M0645	45.21.9 Nutrition Nutrition. Residents shall maintain acceptable parameters of nutritional status, such as body			M0645			

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M0645	Continued from page 8 weight and protein levels, unless residents ' clinical condition indicates that this is unavoidable. All residents shall receive diets as orders by their physician or nurse practitioner/physician assistant. Residents identified with significant nutritional problems shall receive appropriate medical nutrition therapy based on current professional standards. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level IIBased on observations, resident and staff interviews, record review, facility document review, and facility policy review, the facility failed to provide the necessary care and services to meet a resident's nutritional needs by failing to implement a physician-ordered dietary intervention for one (1) of fifty-six (56) residents reviewed. (Resident #76). Findings include: Review of facility policy titled "Large Portions" with review date 12/23, revealed, "Policy: Large portions will be served when ordered by the physician or requested by the consultant dietitian, Director of Food and Nutrition Services, or resident. Resident requests will be honored..."Double portions" are discouraged, but if ordered, two complete trays are delivered to the resident..." During an interview on 7/7/2026 at 10:30 AM, Resident #76 stated he was supposed to receive double portions with his meals but had not received them since his admission. Review of Resident #76's Order Summary Report revealed, "Regular diet Regular texture, Regular liquids consistency, Double Portions Active 06/26/2026." During an interview on 7/7/2026 at 12:32 PM, Resident #76 confirmed he did not receive double portions on his lunch tray. During an observation on 7/8/2026 at 12:13 PM, Resident #76's lunch tray was observed and did not include double portions. During an interview on 7/8/2026 at 12:18 PM, the Registered Dietitian (RD) confirmed Resident #76 had a physician order for double portions and stated, "Typically I tell them to give two (2) trays when they have an order for double portions." She further stated the order for double portions was requested by the resident's family upon admission because he was a big eater.			M0645			

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M0645	Continued from page 9 Record review of the Admission Record indicated Resident #76 was admitted to the facility on 6/26/2026 with medical diagnoses that included Heart Failure. Record review of the Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 7/2/2026, revealed under Section C a Brief Interview for Mental Status (BIMS) score of 10, indicating Resident #76 had moderate cognitive impairment.	M0645					
M0815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II WidespreadBased on observations, staff interviews, and facility policy review, the facility failed to ensure food was reheated and held in accordance with safe food handling standards for one (1) of one (1) meal service observed. Review of the facility policy titled "Monitoring Temperatures of Cooked Foods" with review date 3/24, revealed, "1...cooked foods, after being cooked to the required minimum internal temperature, will be held on hot holding equipment that will keep the food at a minimum 135 degrees Fahrenheit or higher...2...b. When the food is placed in the hot holding equipment. The temperature of the food should be 135 degrees Fahrenheit or higher. If it is below 135 degrees Fahrenheit, the food is reheated to 165 degrees Fahrenheit for 15 seconds and placed back in the holding equipment...All parts of reheated cooked foods must reach 165 degrees Fahrenheit for 15 seconds...5. Foods are discarded after being reheated once..." During a follow-up visit to the kitchen on 7/8/2026 at 10:49 AM to check temperatures on the holding/steam table, the following food items did not meet the required hot holding temperature of 135 degrees Fahrenheit: Pureed Pork Chops read 120 degrees Fahrenheit Pureed Tomatoes read 100 degrees Fahrenheit Pureed Roll 110 degrees Fahrenheit	M0815					

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M0815	Continued from page 10 Chopped Pork Chops 125 degrees Fahrenheit Hamburger Patty (Alternate) 125 degrees Fahrenheit The Dietary Manager instructed her staff to reheat the above items in the oven. After the first reheating, the following items reached temperatures above the minimum hot holding temperature of 135 degrees Fahrenheit; however, they did not reach the required reheating temperature of 165 degrees Fahrenheit for 15 seconds: Pureed Roll reached 140 degrees Fahrenheit Chopped Pork Chops reached 140 degrees Fahrenheit Hamburger Patty reached 145 degrees Fahrenheit The Dietary Manager instructed staff to reheat the pureed pork chops and pureed tomatoes a second time. The pureed pork chops then reached 140 degrees Fahrenheit, and the pureed tomatoes reached 130 degrees Fahrenheit. The Dietary Manager then instructed her staff to reheat the pureed tomatoes in a pot on the stove. The pureed tomatoes then reached 150 degrees Fahrenheit. In an interview on 07/08/26 at 11:00 am with the Dietary Manager about the reheating process, the Dietary Manager stated, "They normally do reheat the food items twice, sometimes three times." It was observed during that interview that one of the reheated food items reached the required reheating temperature of 165 degrees Fahrenheit for 15 seconds before being returned to hot holding equipment. During an interview on 7/8/2026 at 11:34 AM, the Registered Dietitian (RD) confirmed food items should only be reheated one time. She stated reheating food multiple times increased the potential for bacterial growth and contamination, and food should be discarded after one reheating.	M0815					
M0855	45.30.7 Food Preparation Food Preparation. Foods shall be prepared by methods that conserve optimum nutritive value, flavor, and appearance. Also, the food shall be acceptable to the individuals served. A file of tested recipes shall be maintained to assure uniform	M0855					

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M0855	Continued from page 11 quantity and quality of products. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on observation, resident and staff interviews, record reviews, and facility policy review, the facility failed to ensure hot meals were served at a palatable temperature for two (2) of four (4) residents reviewed for dining services. Residents #6 and #43 Findings Include: Review of the facility policy titled "Food Palatability Policy" dated 4/26 revealed under, "Purpose: To ensure all residents receive meals that are palatable, appetizing, nutritious, and served at appropriate temperatures to promote adequate nutritional intake, resident satisfaction, and quality of life." Also revealed under, "Procedure: ... 2. Hot foods will be served hot ... 6. Dietary leadership will routinely evaluate appearance, taste, texture, temperature, and acceptability..." An interview with Resident #6 during the initial tour on 7/7/26 at 12:06 PM revealed she ate her meals in her room and stated her food was cold almost every meal. Resident #43, her roommate, stated her food was cold as well but reported she never voiced her concerns to the staff because she just ate it. An observation of the lunch meal served at 12:16 PM revealed Resident #6 was served a hot dog on a bun with French fries. She stated the meal was cold. The plate was not warm to the touch, and the resident touched a French fry stating, "Here, feel." The French fry was observed cold to the touch. An observation of the dining room on 7/8/26 at 12:07 PM revealed lunch trays for C and D Hall were brought to the floor in a metal rolling food cart and picked up by an aide at 12:08 PM. Resident #43 received her tray first at 12:10 PM, followed by Resident #6. The meal consisted of fried pork chop, creamed potatoes, stewed tomatoes, and a biscuit. Both residents stated their food was cold. Resident #43 stated, "Mine might be lukewarm bordering on cold and the biscuit is not warm at all." At that time, immediately after Resident #6 received her meal tray, it was requested the tray temperatures be obtained. The Dietary Manager (DM) came to the resident's room and tested the food temperatures at 12:17 PM. The pork chop measured 80 degrees, the stewed tomatoes measured 90 degrees, and the mashed potatoes measured 110 degrees. Both residents stated the food temperature was not acceptable and		M0855				

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M0855	Continued from page 12 verbalized they preferred their food to be served warm. An interview with the Dietary Manager (DM) on 7/8/26 at 12:28 PM confirmed hot foods should be served warm and palatable to the residents. She stated staff check food temperatures in the kitchen, use dome plate covers, and transport hall trays in a covered cart. She further stated the kitchen did not use plate warmers because none were available, which could allow food to lose heat after it was plated. Record review of the "Admission Record" revealed the facility admitted Resident #6 on 10/3/18 with medical diagnoses that included Major Depressive Disorder, Schizophrenia, Unspecified, and Anxiety Disorder. Record review of the Brief Interview for Mental Status (BIMS) dated 4/10/26 revealed a summary score of 15, indicating Resident #6 was cognitively intact. Record review of the "Admission Record" revealed the facility admitted Resident #43 on 1/18/24 with medical diagnoses that included Allergic Rhinitis and Unspecified Dementia. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/14/26 revealed under Section C a BIMS summary score of 8, indicating Resident #43 was moderately cognitively impaired.		M0855				
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized		M1570				

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M1570	Continued from page 13 systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II WidespreadBased on observations, interviews, and facility policy review, the facility failed to implement and maintain an effective infection prevention and control program by failing to ensure staff disinfected multi-use glucometers using the manufacturer's required two-minute wet contact time and handled blood-contaminated soiled linens in accordance with facility policy. Specifically, staff failed to properly disinfect multi-use glucometers between resident use for three (3) of four (4) finger-stick blood glucose observations and failed to properly contain and remove blood-contaminated linens for one (1) resident observed on two (2) of three (3) survey days, creating the potential for the transmission of infectious organisms. Findings Include: Review of facility policy titled "Handling Soiled Linen" updated July 2019, revealed, "Policy: It is the policy of this facility to handle, store, process, and transport linen in a safe and sanitary method to prevent the spread of infection..." Review of facility policy titled, "Glucometer Control Monitoring and Cleaning," dated, 11/25, revealed, "The glucose monitors are to be cleaned before and after each use by a moist cloth dampened with a multi-germicide cleaning solution per manufacturer's recommendations." Review of facility, "Disposable Germicide Wipes," revealed, "This product kills.... bacteria in two (2) minutes..." On 07/08/2026 at 11:02 AM through 11:19 AM during observation of finger stick blood glucose (FSBG) with a multi-use glucometer for three (3) residents it was observed that Licensed Practical Nurse (LPN) #2 wiped the glucometer between resident FSBG checks for four to five seconds with the disposable germicide wipe and each time then			M1570			

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M1570	Continued from page 14 laid the glucometer machine back on top of the medication cart without a barrier present. Interview with LPN#2 on 07/08/26 at 11:50 AM with the Administrator present, stated she wasn't sure how long she was supposed to clean and keep the glucometer wet with the germicidal wipe or how long she should wipe it and stated I think I wiped it for about 10 seconds. LPN #2 stated, "I just wipe it off and reuse it." Interview with the Administrator confirmed that the wipe showed it was a two-minute wet contact time in order to properly disinfect the glucometer machine and confirmed that a few seconds wasn't an appropriate kill time for bacteria. During a medication pass observation on 7/8/2026 at 12:05 PM with LPN #4, she performed a blood glucose check for Resident #6. After obtaining the blood sample, LPN #4 placed the used glucometer, with the used lancet still inserted, directly on the resident's bedside table without a protective barrier while the glucometer processed the blood sample. After obtaining the blood glucose reading, she placed the used glucometer directly onto the medication cart without a protective barrier. LPN #4 then wiped the glucometer with a Disposable Germicidal Surface Wipe for approximately four (4) to five (5) seconds before storing the glucometer in the medication cart. Soiled Linen During initial rounds on 7/7/2026 at 10:35 AM, observation of Resident #47's room (A2-A) revealed soiled linens lying on the floor. Upon further observation, the towels contained a red substance consistent with blood. During an interview on 7/7/2026 at 10:43 AM, Certified Nursing Assistant (CNA) #2 stated Resident #47 had fallen earlier that morning and had been transported to the emergency department. She stated, "I came in late and didn't get here until 8:30 AM today so this was left by the other shift." She further stated the towels contained blood because the resident sustained a head laceration. When questioned regarding proper handling of the soiled linens, she stated, "I have to put gloves on and put the items in the laundry cart in the hall." During an interview on 7/7/2026 at 10:47 AM with LPN #5, she confirmed the linens were contaminated with blood from the resident's fall and should have been placed in a yellow biohazard bag and transported to the laundry biohazard barrel for processing.		M1570				

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M1570	Continued from page 15 During an interview on 7/9/2026 at 9:52 AM, the Director of Nursing (DON) confirmed blood-contaminated soiled linens should not be left on the floor. She stated the linens should be placed in a yellow biohazard bag and transported to the laundry biohazard barrel for processing. She further confirmed this process should be followed by all clinical staff to help prevent the spread of infection.			M1570			