

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

PRINTED: 01/31/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255164	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/29/2021
NAME OF PROVIDER OR SUPPLIER JEFFERSON COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 910 MAIN STREET FAYETTE, MS 39069		
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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual re-certification survey at the facility from 12/27/21 through 12/29/21. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements for participation. Deficiencies were cited at F641 and F880.	F 000			
F 641 SS=D	The facility held a license for 60 beds, with a census of 35. Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to accurately complete the Minimum Data Set (MDS) reflecting anticoagulant medications for four (4) residents of twelve (12) sampled residents whose MDS Assessments were reviewed for accuracy. (Resident #1, Resident #10, Resident #20, Resident #36). Findings include: A record review of the facility's statement, dated 12/29/21 and signed by the Director of Nursing (DON) revealed, "(Proper Name of facility) uses the Resident Assessment Instrument (RAI) manual for Minimum Data Set (MDS) completion". A record review of the "Davis's Drug Guide for Nurses" Fifteenth Edition 2015 revealed the	F 641	1. On 01/04/2022 through 01/13/2022, Director of Nurses and Minimum Data Set Coordinator reviewed anticoagulant medications in Section N of Minimum Data Set for Resident #1, Resident #10, Resident #20, and Resident #36 for accuracy of medication classification. On 01/12/2022 and 01/13/2022 Minimum Data Set Coordinator corrected Section N to accurately code medication for Resident #1, Resident #10, Resident #20, and Resident #36 using the Resident Assessment Instrument instructions for the modification process of the Minimum Data Set. 2. On 01/04/2022, Minimum Data Set Coordinator, Director of Nurses and Quality Assurance Nurse reviewed and	2/15/22	

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

TITLE

(X6) DATE

Electronically Signed

01/21/2022

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 641	<p>Continued From page 1</p> <p>classification of Clopidogrel (Plavix) is listed as "therapeutic: antiplatelet agents" and "Pharmacologic: platelet aggregation inhibitors".</p> <p>On 12/29/21 at 2:29 PM, during an interview with Registered Nurse (RN) #2 MDS nurse, she reviewed the most recent MDS assessments as well as the corresponding Medication Administration Records (MARs) for Resident #1, Resident #10, Resident #20, and Resident #36 and confirmed they did not receive an anticoagulant medication during the look back periods. She stated Resident #10 was previously on an anticoagulant medication, but several of her medications had been discontinued and that it was "just my error" to code the resident as receiving an anticoagulant. The MDS nurse stated she is new in the MDS nurse position and it is "a learning curve" because she incorrectly coded Plavix as an anticoagulant medication.</p> <p>On 12/29/21 at 2:40 PM, during an interview with the DON, she confirmed Plavix should not have been classified as an anticoagulant medication. She stated that the MDS assessments should be coded accurately.</p> <p>Resident #1</p> <p>A record review of the resident's "Face Sheet" revealed the facility admitted Resident #1 on 8/28/2011 and diagnoses include Muscle Weakness, Chronic Obstructive Pulmonary Disease, Other Specified Peripheral Vascular Diseases, and Unspecified Atrial Fibrillation.</p> <p>A record review of Resident #1's "Physician Orders" for the month of December 2021 revealed a physician order with an order date of</p>	F 641	<p>completed a focused audit or anticoagulant medications of Section N of Minimum Data Set assessments for all 31 remaining Residents other inaccuracies identified in Section N, these inaccuracies were corrected.</p> <p>3. On 12/29/2021, a one-on-one in-service was done with Minimum Data Set Coordinator by the Director of Nurses focusing on the accurate coding of anticoagulant medications in Section N in the Minimum Data Set using the manual for the Resident Assessment Instrument. Medication Classification will be determined by the "Physicians' Desk Reference", which is readily available for use by the Minimum Data Set Coordinator. On 12/30/2021, a one-on-one in-service was done with back up Minimum Data Set Coordinator by the Director of Nurses focusing on the accurate coding of anticoagulant medications in Section N in the Minimum Data Set using the manual for the Resident Assessment Instrument. On 12/30/2021, Quality Assurance Performance Improvement Committee reviewed current Minimum Data Set collection process for accurate coding of anticoagulant medications in Section N with no recommendations to change the procedure.</p> <p>4. Beginning 01/06/2022, Quality Assurance Nurse or Director of Nurses will monitor Section N of scheduled Minimum Data Set assessments for accurate coding of anticoagulant</p>		

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F 641	<p>Continued From page 2</p> <p>10/16/2014 for Plavix 75 mg tablet 1 PO (by mouth) daily.</p> <p>A record review of Resident #1's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/11/21 revealed coding in Section N as Resident #1 received anticoagulant medication for seven (7) days out of the seven (7) day look back period.</p> <p>A record review of Resident #1's "Medication Record (Administration Record) (MAR)" for December 2021 revealed Plavix 75 mg was administered daily and there were no anticoagulant medications administered.</p> <p>Resident #10</p> <p>A record review of Resident #10's "Face Sheet" revealed the resident was readmitted by the facility on 1/11/21 with diagnoses including Acute Embolism and Thrombosis of the left femoral vein.</p> <p>A record review of the "Physician Orders" for October 2021 revealed Resident #10 does not have an order for an anticoagulant medication.</p> <p>A record review of the MDS with an ARD of 10/6/21 revealed Resident #10 was coded as receiving an anticoagulant for seven (7) days.</p> <p>A record review of the MAR for October 2021 revealed an anticoagulant medication was not given.</p> <p>Resident #20</p> <p>A record review of Resident #20's "Face Sheet"</p>	F 641	<p>medications weekly x 4 weeks. After 4 weeks, Quality Assurance Nurse or Director of Nurses will monitor monthly x 3 months beginning 02/03/2022 to ensure accurate coding of anticoagulant medications in Section N of Minimum Data Set assessments. After 3 months, Quality Assurance Nurse or Director of Nurses will continue to monitor quarterly x 2 quarters for accurate coding of anticoagulant medications in Section N of the Minimum Data Set using the Resident Assessment Instrument instructions. On 01/11/2022, findings of monitoring results were taken to the Quality Assurance Performance Improvement Committee to evaluate the process and will continue to be reviewed by the Quality Assurance Performance Improvement Committee monthly x 3 months for further evaluation and recommendations as needed to ensure substantial compliance.</p>		

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F 641	<p>Continued From page 3</p> <p>revealed the facility admitted the resident on 6/25/18 with the diagnoses of Cerebral Infarction, Type 2 Diabetes, High Blood Pressure, Anxiety, Vascular Dementia with Behavioral Disturbances, and Major Depressive Disorder.</p> <p>A record review of "Physician Orders" for Resident #20 for the month of October 2021 and November 2021 revealed an order for Plavix 75 mg tablet one tablet by mouth daily with a start date of 03/20/20 and no anticoagulant medications were ordered.</p> <p>A record review of annual MDS with an ARD of 11/04/21 revealed Resident #20 received five (5) days of an anticoagulant in the seven (7) days look back reference period.</p> <p>A record review of the MAR" for Resident #20 for October 2021 and November 2021 revealed no anticoagulant medication was given in the seven (7) day look back reference period.</p> <p>Resident #36 Review of the "Face Sheet" revealed Resident #36 was readmitted by the facility on 12/15/20 with diagnoses including history of Transient Ischemic Attack and Cerebral infarction.</p> <p>A record review of "Physician Orders" for November and December of 2021 revealed a physician's order dated 12/15/20 for "Clopidogrel 75 mg tablet give one tab by mouth" daily. There were no orders for an anticoagulant medication.</p> <p>A record review of the MDS with an ARD of 12/4/21 revealed it was coded as Resident #36 received an anticoagulant for seven (7) days.</p>	F 641					

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F 641	Continued From page 4 A record review of the MAR for November and December 2021 revealed no anticoagulant medication was given.	F 641			
F 880 SS=D	<p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control 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. 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:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be</p>	F 880		2/15/22	

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F 880	<p>Continued From page 5</p> <p>reported;</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. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record review, and facility policy review, the facility failed to prevent the possible spread of infection by not changing gloves after removing a soiled dressing during wound care for one (1) of three (3) residents observed during wound care. (Resident</p>	F 880	<p>1. On 12/30/2021 the Director of Nurses performed one-on-one training with Registered Nurse #2 regarding performing treatments according to the facility Wound Treatment Policy and Procedure to ensure that she was able to verbalize and</p>		

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F 880	<p>Continued From page 6 #30).</p> <p>Findings include:</p> <p>Record review of the facility policy titled, "Hand Hygiene Policy" , reviewed 11/21, revealed, "All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors...Hand Hygiene Table...After handling contaminated objects...Before and after handling clean or soiled dressings, linens, etc....After handling items potentially contaminated with blood, body fluids, secretions, or excretions... (marked X) Either Soap and Water or Alcohol Based Hand Rub..."</p> <p>Record review of the facility policy titled "Infection Prevention and Control Program Policy" dated 8/21, revealed "...4. Standard Precautions:...b. Hand hygiene shall be performed in accordance with our facility's established hand hygiene procedures.</p> <p>Record review of the facility policy titled, "Wound Treatment Policy" Reviewed 2021, revealed "Policy: It is the policy of this facility to provide wound care in a manner to decrease potential for infection and /or cross-contaminations...Policy Explanation and Compliance Guidelines:...12. Loosen the tape and remove existing dressing...13. Remove gloves, pulling inside out over the dressing...14. Wash hands and put on clean gloves..."</p> <p>During the wound care observation, on 12/28/21 at 11:26 AM, for Resident #30, Registered Nurse (RN) #1 did not change her gloves, wash or sanitize her hands, or don clean gloves after removing the soiled wound dressings and before</p>	F 880	<p>demonstrate compliance with removing soiled gloves, performing handwashing and donning a new pair of gloves after removing a soiled dressing before proceeding with the treatment procedure.</p> <p>2. On 12/30/2021 the Director of Nursing and Infection Preventionist assessed residents that were receiving treatments for any possible signs and symptoms of wound infections. Residents that are receiving treatments are at risk to be potentially affected, however, none were affected.</p> <p>3. Beginning 12/30/2021 the Assistant Director of Nursing performed in-service training to the nurses regarding performing treatments according to the facility wound treatment policy and procedure focusing on removing soiled gloves, handwashing and donning a new pair of gloves after removing a soiled dressing before proceeding with the treatment procedure. This training included return demonstration of providing treatments per the facility Wound Treatment Policy. On 12/30/2021 the Infection Preventionist and the Director of Nursing with participation of the Quality Assurance Performance Improvement Committee conducted a root cause analysis with the following findings: The data reviewed was the surveyor's observation of RN #2 not changing her gloves nor washing her hands after removing a soiled dressing from the resident, and not donning a new pair of gloves before proceeding with the</p>		

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F 880	<p>Continued From page 7</p> <p>touching clean supplies to clean and dress the wounds on the left trochanter and sacrum.</p> <p>During an interview with RN #1 on 12/29/21 at 1:19 PM, she stated she had gotten nervous during the procedure and thought she had completed the procedure correctly. She confirmed she should have removed her gloves, performed hand hygiene, and donned a new pair of gloves before touching clean supplies. She also confirmed this infection control breach could cause the resident to have a wound infection.</p> <p>During an interview with the Director of Nursing (DON) on 12/29/21 at 1:32 PM, she stated RN #1 should have changed her gloves and performed hand hygiene after removal of the soiled dressing and before handling clean supplies as per the facility's policies. She confirmed that by not changing her gloves and using hand hygiene, the resident could acquire an infection.</p> <p>A record review of "NIPP: Nursing Home Infection Prevention Program...Nipping Infections in the Bud Hand Washing with Soap and Water Evaluation Form revealed on 1/19/21, RN #1 performed hand washing skills indicating she has been trained on hand washing. A record review of "Validation Checklist Hand Hygiene" dated 12/8/21, revealed RN #1 was observed performing hand hygiene correctly. A record review of training dated 7/21/21 revealed RN #1 received training on Skin/wound care, Pressure Injury/Ulcer Prevention. A record review of training dated 11/3/21 revealed RN #1 received training on Pressure Ulcers. A record review of training dated 8/17/21 revealed RN #1 received training on Infection Control.</p>	F 880	<p>treatment procedure. The team interviewed RN #2 to determine possible reasons that this may have occurred. The interview revealed that RN #2 was experiencing anxiety and nervousness during the procedure due to being observed by the surveyor. She stated that she thought she had completed the procedure correctly, however the anxiousness could have contributed to her not changing her gloves, washing her hands and donning a new pair of gloves before proceeding with the treatment. RN #2 stated that she knew the procedure for performing wound treatments according to the facility policy but didn't perform it according to the procedure due to feeling so anxious while being observed. The Quality Assurance Performance Improvement committee concluded that the root cause of this issue was a lack of attention to the wound care policy and procedure for the steps of removing soiled gloves, performing handwashing and donning a new pair of gloves, due to anxiety while being closely observed. Nurses participated in directed online training from 01/14/2022 through 01/19/2022 using https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fwww.train.org%2fcdctrain%2ftrainingplan%2f3814&c=E,1,oJ5aUMUOH0bllYlqrrO48rb2f-T2XCgBdgpxmochYayMvbaBicuaN82o6EydwxcU0kYs8YYHq8m24hTL7mvVr8P0fbc3DCMJ2aZ-Jc&typo=1 module 10 C titled Infection Prevention during Wound Care. The nurses that completed the course were provided a certificate of completion.</p>		

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F 880	<p>Continued From page 8</p> <p>A record review of "Physician Orders" for the December 2021 revealed an order dated 12/27/21 to "Clean unstageable decubitus to sacrum (slough) with NS(Normal Saline)/Wound Cleanser Pat dry apply calcium alginate and cover with a bordered gauze daily and prn (as needed)" and an order dated 12/10/21 to "Clean Stage II decubitus to left trochanter with NS/Wound Cleanser Pat dry apply hydrogel and cover with a bordered gauze daily".</p> <p>A record review of the "Face Sheet" revealed Resident #30 was admitted on 10/15/2004 with diagnoses including Unspecified Intellectual Disabilities, Schizophrenia, Hypertension, and Other Seizures.</p>	F 880	<p>On 01/18/2022 the Quality Assurance Performance Improvement committee reviewed the facility wound treatment policy with no recommendations to change the policy.</p> <p>4. The Director of Nursing or the Assistant Director of Nursing will ensure that the wound treatment policy is followed with particular attention to the changing of gloves after a soiled dressing is removed, hand washing and donning a new pair of gloves by observing the treatment nurse three times weekly times four weeks starting on 12/30/2021 then every month times three months continuing to quarterly. The results of the observations will be forwarded to the Quality Assurance Performance committee times three months (including 01/18/2022) to evaluate the process for effectiveness and make changes as found necessary to ensure substantial compliance.</p>		