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	60QC	A. BUILDING: _____ B. WING _____	07/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUITMAN COUNTY HEALTH & REHAB LLC	350 GETWELL DRIVE MARKS, MS 38646

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification at the facility from 07/11/23 through 07/13/23. During the survey, the SA determined that the facility was not was not in compliance with the Minimum Standards of Operation for Institutions of the Aged or Infirm and cited M655, M715, M940, and M1570. The facility held a license for 60 beds, with a census of 49.	M 000		
M 655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This Statute is not met as evidenced by: Level II Based on observation, staff interview, record review, and facility policy review the facility failed to label and date oxygen tubing and a humidifier bottle (Aquapack) for (1) one of (7) seven residents receiving oxygen therapy. Resident #10. Findings include: A review of the facility policy titled, "Oxygen Administration, "with a revised date of October 2022, revealed "Purpose The purpose of this procedure is to provide guidelines for safe oxygen	M 655	" 7/11/2023 Licensed Practical Nurse #1 on duty removed oxygen tubing and humidifier bottle in use and put new oxygen tubing and humidifier bottle with correct date in use on 7/11/2023 for resident #10. Resident #10 was assessed by Director of Nurses and LPN #1 on 7/11/2023 for any negative outcomes from deficient practice. No negatives findings noted. " All 7 residents with oxygen orders were identifed of needing oxygen tubing and humifier bottle changed Mondays have the potential to be affected by this deficient practice.	8/25/23

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M 655	Continued From page 1 administration...Equipment and Supplies: The following equipment and supplies will be necessary when performing this procedure ...6. Label oxygen supplies (tubing, mask. Etc.) with date and initial. Supplies should be changed at least weekly while in use ..." On 7/11/23 at 11:39 AM, an observation of Resident #10 revealed the resident was receiving oxygen (O2) per nasal canula and the oxygen tubing and humidifier bottle were not dated. An observation of Resident #10's O2 tubing and humidifier bottle with Licensed Practical Nurse (LPN) #1 on 7/12/23 at 8:30 AM, confirmed there was not a date on the oxygen tubing or humidifier bottle. State Agency asked how often should the O2 tubing, and humidifier bottle should be changed, and LPN #1 revealed weekly on Mondays. LPN #1 stated she was uncertain of the last time the tubing and humidifier bottle was changed because there was label or date of when it was last changed. LPN #1 confirmed when the tubing is changed it should be dated and revealed concerns from not changing the tubing and humidifier bottle as ordered is dust build up on tubing, increased risk for infection, and giving the resident non humidified oxygen causing sores or dry nostrils. An interview with the Director of Nursing (DON) on 7/12/23 at 9:00 AM, revealed that oxygen tubing and humidifier bottle should be changed weekly and initialed and dated. The DON confirmed if the tubing and humidifier bottle was not dated there was no way to be certain of when it was last changed and confirmed concerns of not changing the tubing as ordered is increased risk of infections.	M 655	" On 7/11/2023 Director of Nurses and LPN #1 assessed 100% of residents in the facility with oxygen orders for correct labeled and dated oxygen tubing as well as humidifier bottles due to the potential negative outcomes of deficient practice. No negative outcomes noted. On 7/11/2023 Director of Nurses In-Serviced 11 LPNs and 2 Registered Nurse's on labeling and dating oxygen tubing as well as humidifier bottle. On 7/11/2023 QA Committee (Administrator, Director of Nurses, Infection Preventionist, charge nurse, Housekeeping Supervisor and Medical Director) reviewed the policy for "Oxygen Administration" with no recommended changes at this time. " The facility Director of Nurses will assess all residents with oxygen orders daily x 1 week then twice a week x 4 weeks then monthly x 2 starting 7/24/2023 to ensure labeling and dating is correct on all oxygen tubing and humidifier bottles. Quality Assurance Committee will evaluate Director Of Nurses monitoring log for observation findings on 8/18/2023 then review quarterly x 2	

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M 655	Continued From page 2 A record review of Resident #10's Physician Orders for July 2023, revealed an order dated 1/24/19 for "O2 at 3 L/MIN (liters per minute) continuously Chronic Pulmonary Edema" and an order dated 4/24/23, "Change O2 tubing and AquaPack Q (every) Monday." Record review of the Face Sheet revealed the facility admitted Resident #10 to the facility on 1/17/2018 with diagnoses including Persistent Vegetative State and Chronic Pulmonary Edema.	M 655		
M 715	45.24.4 Labeling of drugs Labeling of drugs. Each facility shall follow the Mississippi State Board of Pharmacy labeling requirements. This Statute is not met as evidenced by: Level II Based on observation, staff interview, record review and facility policy review the facility failed to discard out of date Influenza vaccines and failed to secure injectable Lorazepam in a locked secured box in the refrigerator for (1) one of (1) one medication storage room. Findings include: Review of the facility policy titled, "Storage of Medications" with a revised date of April 2007, revealed, "Policy Statement The facility shall store all drugs and biologicals in a safe, secure, and orderly manner ...Policy Interpretation and Implementation ...The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. All such drugs shall be returned to the	M 715	"on 7/12/2023 Licensed Practical Nurse who is also the Administrator immediately removed all expired vaccines and discarded all vials of ativan from emergency narcotic kit due to not being refrigerated. New refrigerator and Secure box was purchased and put in place on 7/13/2023. " All 49 residents had the potential to be affected by this deficient practice if the medication had been administered. "on 7/12/2023 Director of Nurses checked all 49 residents physician orders for ativan and vaccine orders. No residents had Intramuscular ativan ordered and Flu Vaccine administration according to policy	8/25/23

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M 715	Continued From page 3 dispensing pharmacy or destroyed ...Medications requiring refrigeration must be stored in a refrigerator located in the drug room at the nurse's station or other secured location ..." An observation on 07/12/23 at 03:50 PM, with Licensed Practical Nurse (LPN) #2 revealed 10 Fluzone single dose vaccines with an expiration date of 5/20/23, 11 single dose flu vaccines with an expiration date of 5/11/22, one (1) multidose five (5) milliliter (ml) vial out of date on 1/27/22, and four (4) five (5) ml vials of Flu vaccine out of date on 6/30/23. The observation also revealed nine (9) vials of Lorazepam 2mg(milligram)/ml (millimeter) in a locked drawer in the medication room in plastic box sealed with a zip tie. The Lorazepam vial label revealed to refrigerate. The vials were not refrigerated. The refrigerator did not have a secured lock box inside for the storage of control medications requiring refrigeration. LPN #2 confirmed these findings. An interview, concerning the out-of-date flu vaccines, on 7/12/23 at 3:53 PM with LPN #2 revealed if out of date medications are used, they may not be giving the most effective dose to the resident. LPN #2 confirmed the Lorazepam vials indicated to refrigerate. She stated they have always kept them in this locked drawer. An interview on 7/12/23 at 4:10 PM, with the Administrator (ADM) revealed Ativan (Lorazepam)should be in the refrigerator to maintain its potency. She confirmed the vials are labeled to refrigerate. The ADM confirmed the vials were in a plastic container with other medications sealed with a zip tie and in a locked drawer in the medication room that could easily be taken. She stated the Lorazepam should be in a locked box secured inside the refrigerator. She	M 715	ended on 3/31/2023. no negative findings noted. All nursing staff in-serviced on expired medications and proper storage of ativan on 7/12/2023 per Director of Nursing and Administrator. Quality Committee which included Administrator, Medical Director, Charge Nurse, Director of Nurses reviewed policy Storage of Medications on 7/12/2023 with no recommended changes at this time "Director of Nurses and Administrator to check 2 Medication Carts and 1 Medication supply room for expired medication and improperly stored medication twice a week x 2 weeks then weekly x 2 weeks then monthly x 2 months starting 7/24/2023. Quality Assurance committee will reviewing monitoring log (observation of completed findings) on 8/18/2023 the review quarterly x 2	

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M 715	Continued From page 4 confirmed the refrigerator did not have a secured box, but they would get one. An interview on 07/13/23 at 10:20 AM, with the Director of Nursing (DON) confirmed the flu vaccines were out of date and should have been removed from the refrigerator. She stated that the Lorazepam should be in the refrigerator in a secured locked box. An interview on 07/13/23 at 10:29 AM, with Licensed Practical Nurse (LPN) #3 concerning flu vaccines revealed that she was responsible for them and should have discarded them. She stated that none of the out-of-date vaccines had been given to a resident. A telephone interview on 7/13/23 at 12:58 PM, with the facility Consultant Pharmacist revealed he was in the facility during the survey. He confirmed they probably should have caught the out-of-date flu vaccine in the refrigerator. He stated the resident could be at risk for not receiving an effective dose if an out-of-date vaccine was given. The Consultant Pharmacist stated that ideally Lorazepam should be stored in the refrigerator and the facility should have a secured lock box in the refrigerator. Review of the inpatient influenza vaccination record revealed the last influenza vaccine given was on 2/3/23 from a vial with an expiration date of 6/30/23.	M 715		
M 940	45.32.3 Dishwashing Dishwashing. Commercial or institutional type dishwashing equipment shall be provided in homes with more than twenty-four (24) beds. The	M 940		8/25/23

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M 940	Continued From page 5 dishwashing area shall be separated from the food preparation area. If sanitizing is to be accomplished by hot water, a minimum temperature of one hundred eighty (180) degrees Fahrenheit shall be maintained during the rinsing cycle. An alternate method of sanitizing through use of chemicals may be provided if sanitizing standards of the Mississippi State Department of Health Food Code Regulations are observed. Adequate counter-space for stacking soiled dishes shall be provided in the dishwashing area at the most convenient place of entry from the dining room, followed by a disposer with can storage under the counter. There shall be a pre-rinse sink, then the dishwasher and finally a counter or drain for clean dishes. This Statute is not met as evidenced by: Level II Based on record review, staff interview and facility policy review the facility failed to ensure kitchen sanitation was maintained in a manner that meets professional standards for 44 of 49 residents whose meals are prepared in the kitchen. Findings include: Review of the facility policy titled "Machine Warewashing", with a revision date of 6/14, revealed, " ...Procedure...3. The dishmachine operator documents the machine temperature and concentration of the sanitizing solution for warewashing after each meal on the Dishmachine Temperature/Chemical Log..." Review of the facility policy titled, "Manual Warewashing", with a revision date of 10/17, revealed, "...Procedure... 6. The concentration of the sanitizing solution is checked with an	M 940	" On 7/11/2023, The Dietary manager immediately checked sanitation level and temperature for the Dish Machine, pot/pan sink. Temperature reading for dish machine was 126 (normal is above 120). Water Temperature for Pot/pan sink was 130 (above 110 is normal) Sanitation level was 310 (betweeen 200-400 is normal) " 44 of 49 residents have potential for illness related to this deficient practice. " All 44 of the 49 residents were assessed for sign and or symptoms of any food-borne illness on 7/12/2023 by Infection Preventionist and Director of Nurses with no negative findings. on 7/11/2023 Dietary manager immediately in-serviced all dietary staff on proper Dish Machine/ pot pan sink sanitation levels and temperatures according to manufacturer recommendations.	

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M 940	Continued From page 6 appropriate test kit when the sink is filled...9. The employee using the three compartment sink documents temperature and concentration." A record review of the July Dish Machine and Pot/Pan Sink form revealed that there was no documentation of temperatures or chemical sanitation levels for the low temperature dish machine or the pot/pan sink from 7/1/23 through 7/10/23. During an interview with the Dietary Manager on 7/11/23 at 9:15 AM, she confirmed there were no documented temperatures or chemical sanitation levels for the low temperature dish machine or pot/pan sink from 7/1/23 through 7/10/23. She stated that she was off during that time and did not realize it was not done. The Dietary Manager stated that the tray aids and cooks were responsible for checking and documenting the temperatures and chemical sanitation levels; and that the cooks were responsible for making sure that it was completed when she was out. She verified that the temperatures and chemical sanitation levels should have been checked and documented. During an interview with Tray Aide #1 and Tray Aide #2 on 7/11/23 at 1:20 PM, they both confirmed that they did not check temperature or chemical sanitation levels for the dish machine or pot/pan sink while the Dietary Manager was out. During an interview with the cook on 7/11/23 at 1:22 PM, revealed he had checked some of the temperatures and chemical sanitation levels for the dish machine and pot/pan sink, but he did not document them. He stated that he should have documented the temperatures and chemical sanitation levels. The cook stated that if the	M 940	In-serviced on documentation of logs of both dishwasher temp and sanitation log per Dietary manager. Quality Assurance Committee which included Administrator, Dietary Manager, Infection Preventionist, Director of Nurses, Charge Nurse, Medical Director and Social Worker reviewing Manual Warewashing and Dishwashing Machine Use on 7/13/2023 with no recommended changes to the policy at this time. All dietary staff will be assigned Dishwashing machine Use policy and procedure on Skilled Nursing Facility Clinic to be acknowledged and completed by 8/3/2023. "on 7/24/2023 The Dietary Manager will check daily x 2 weeks then twice a week for 2 weeks then weekly x 1 for correct sanitation levels/temperature level and Administrator will check for correct levels twice a week x 5 weeks then monthly x 2 The Quality Assurance committee will review completed monitoring log of observations on 8/18/2023 then quarterly x 2	

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M 940	Continued From page 7 temperatures and chemical sanitation levels for the dish machine and pot/pan sink are not checked then you cannot be sure the dishes are clean, and this can lead to foodborne illness for the residents. During an interview with the Administrator on 7/11/23 at 3:30 PM, she confirmed that the kitchen staff should have documented temperature and chemical sanitation levels for the dish machine and pot/pan sink. The Administrator stated that failure to ensure temperatures and chemical sanitation levels are adequately maintained could lead to resident illness.	M 940		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases.	M1570		8/25/23

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M1570	Continued From page 8 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by: Level II Based on observations, staff interviews, and facility policy review the facility failed to perform hand hygiene upon removing gloves, failed to dispose of a pill after it fell on the medication cart, and failed to use a barrier when administering eye drops for (2) two of (6) six residents reviewed during medication pass. Resident #15 and #29. Findings include: Review of the facility policy titled, "Handwashing/Hand Hygiene", revised 2015, revealed, "Policy Statement This facility considers hand hygiene the primary means to prevent the spread of infection. Policy Interpretation and Implementation ...2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors ...6. Wash hands with soap (antimicrobial or non-antimicrobial) and water for the following situations: ...m. After removing gloves ..." Review of the facility policy titled, " Installation of Eye Drops", undated, revealed, "Purpose The purpose of this procedure is to provide guidelines for installation of eye drops to treat medical conditions, eye infections and dry eyes." After the eye drops are administered, the steps in the procedure include remove gloves and discard into designated container. Wash and dry your hands	M1570	" Licensed Practical Nurse #1 was counseled and educated on proper hand hygiene, infection control practices and reusable equipment cleaning during medication administration by the Director Of Nursing (DON) on 7/12/2023. Resident #29 was assessed by DON on 7/12/2023 for signs and symptoms of infection with no negative findings related to this deficient practice. All residents that received medications by LPN #1 on 7/12/2023 were assessed by Director of Nurses for signs and symptoms of infection on 7/12/2023 with no negative findings related to the deficient practice. " All residents receiving medications have the potential to be affected by this deficient practice. All residents that were administered medications by LPN#1 have the potential to be affected by this deficient practice. " On 7/12/2023, the facility Quality Assurance Committee including Administrator, Medical Director, Infection Control Preventionist, Director of Nursing, Charge Nurse, and Housekeeping Supervisor reviewed infection control and hand hygiene practice policies and there are no recommended changes at this time. On 7/24/2023, the DON and Infection Control Preventionist began a	

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M1570	Continued From page 9 thoroughly. Clean your equipment and return it to its designated area. An observation during medication pass on 7/12/23 at 8:30 AM, with Licensed Practical Nurse (LPN) #1, revealed during the administration of the Artificial Tears eye drops LPN #1 placed the eye drop box and the eye drop bottle top on the overbed table without a barrier and without disinfecting the table. LPN #1 donned gloves to administer the eye drops. She removed her gloves after administering the eye drops and did not wash her hands before administering the remainder of the residents' medications. LPN #1 exited the resident room and placed the contaminated eye drops in the medication cart drawer. An observation on 7/12/23 at 8:40 AM, with LPN #1 revealed LPN #1 dropped a Folic Acid 1 milligram tablet on the top of the medication cart and picked it up and administered it to Resident #29. An interview on 7/12/23 at 1:30 PM, with LPN #1 confirmed that she did drop a pill on the top of the medication cart during medication pass. She stated that she should have discarded it and got another one because of contamination. She stated that she thought about it but went ahead and put it in the cup. LPN #1 confirmed she should have used a barrier for the eye drops to prevent contamination and placing them in the medication cart drawer contaminated the drawer. She stated that she realized she should have washed her hands after taking her gloves off and before giving the resident the rest of her medication. She stated that she should wash her hands anytime she removes her gloves.	M1570	mandatory training of all staff on Hand Hygiene and Standard practices of Infection Control by assigning Hand Hygiene video in Skilled Nursing Facility Clinic and assigning Hand wash hygiene policy and procedure for all staff to acknowledge and complete by 8/4/2023 Infection Prevention and Director of Nurses assigned videos on Skilled Nursing Facility Clinic Administering eye medication, Administering Oral medication and preventing med errors as well as assigning policy and procedures Instillation of eye drops and examples of donning personal protective equipment to be completed by 8/4/2023. These competencies will be completed by 8/4/2023. After completion of assignments staff will complete a competency check off on 8/7/2023 & 8/8/2023 to accommodate all shifts by the Director of Nurses and Infection Preventionist during medication administration for proper hand hygiene, use of barrier and standard infection control practices. Nursing staff is in-serviced on date of hire, quarterly and as needed for infection control & prevention to ensure proper policy and procedures are followed to ensure no residents will be negatively affected. " The DON and Infection Control Preventionist will monitor hand hygiene, use of disposable tray(barrier) and medication pass to ensure medication is not contaminated twice week for two weeks and weekly for two weeks then weekly x 1 then monthly x 2 for compliance and document. Monitoring began on 07/28/2023. Any issues of	

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M1570	Continued From page 10 An interview on 07/13/23 at 08:30 AM, with the Director of Nursing (DON) revealed staff should wash their hands anytime gloves are removed to prevent contamination and spread of infection. Barriers should be used to prevent the spread of infection or wipe the table with a purple top (disinfectant) wipe because you don't know what is on the tables in resident's rooms. The DON stated that if a medication is dropped on the top of the cart, it should be disposed of and if it was picked up without the nurse having on gloves and put into the medication cup, the whole cup of medications was contaminated.	M1570	noncompliance with infection control practices will be addressed immediately and reviewed in Quality Assurance Committee meeting to review completion of monitoring log findings on 8/18/2023 then quarterly x 2	