STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255214	A. BUILDING _____ B. WING _____	05/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWRENCE CO NURSING CENTER	700 JEFFERSON STREET SOUTH/PO BOX 398 MONTICELLO, MS 39654

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey from 5/13/19 through 5/16/19. During the survey the SA determined the facility was not in compliance with the Medicare and Medicaid requirements for participation. The SA cited F656, F690, and F695. The facility census was 56 and the facility was licensed for 60 beds at the time of survey.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §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 - (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 (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). (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	F 656		6/13/19

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

Electronically Signed | 06/18/2019

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 656	Continued From page 1 rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (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. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review, and facility policy review, the facility failed to follow the comprehensive care plan related to catheter care for three (3) of 21 resident comprehensive care plans reviewed, Resident #2 and Resident #49. Findings include: A review of the facility's "Care Plan Process" policy, with a latest revision date of 8/17, revealed the facility staff shall follow the care plan. The care plan is driven by a resident's unique characteristics, strengths, and needs. A care plan that is based on a thorough assessment, effective clinical decision making, and is compatible with current standards of clinical practice can provide a strong basis for optimal approaches to quality of care and quality of life needs of individual residents. Resident #2	F 656	By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceeding and submit these responses pursuant to our regulatory obligations. It is the policy of this facility to develop and implement comprehensive person-centered care plans for its residents. Resident #2 and Resident #49 were assessed on 5/16/19 by Director of Nursing (DON) with no adverse effects noted from the deficient occurrence. All residents have the potential to be affected by failure to follow care plans. Nursing staff were inserviced by the Staff	

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F 656	Continued From page 2 The review of Resident #2's care plan, dated 11/19/18, revealed to provide peri-care/catheter care every shift and as needed. This would include providing the care appropriately. An observation on 05/15/19 at 05:05 PM, revealed Resident #2's catheter care was provided by Certified Nursing Assistant (CNA) #1; assisted by CNA #2. CNA #1 washed her hands and donned gloves. While performing catheter care, CNA #1 held the catheter tubing and wiped the tubing three (3) times towards the urinary meatus. An observation during the care revealed the wipes CNA #1 was using had brown stains on the edges when she wiped. CNA #1 confirmed Resident #2 had a bowel movement. CNA #1 then positioned Resident #2 on her right side and wiped over the buttocks and sacrum area from the back to the front towards the urinary meatus. CNA #1 and CNA #2 turned Resident # 2 to her back and continued the perineal care. CNA #1 observed to have never changed her gloves or washed her hands after cleaning the resident's incontinent bowel movement. CNA #1 then wiped the front perineal area with the soiled gloves and wiped the area around the catheter from back to front. During an interview on 5/15/19 at 5:30 PM, CNA #1 confirmed the wipes had brown stains when she wiped, and said she believed the resident had a bowel movement. CNA #1 stated she always completed the catheter care first, then cleaned the bowel movement. CNA #1 confirmed she should have changed her gloves after touching soiled items. In an interview on 05/16/19 at 12:00 PM, the Director of Nursing (DON) said the correct	F 656	Development Coordinator (SDC) on 5/15/19 to follow and execute care plans correctly including peri-care, catheter care, and inhaler administration and inserviced by the Consultant Pharmacist and DON on 6/12/19 and again on 6/13/19 by the SDC. Beginning 5/17/19, performance will be monitored by the Minimum Data Set (MDS) Nurse or SDC who will observe three (3) resident care plans performance per day, five (5) days per week for four (4) weeks then three (3) resident care plans, one (1) time per week for two (2) months and then three (3) resident care plans one (1) per month for three (3) months to assure compliance with care plans and report findings to the Administrator weekly for three (3) months and to the Quality Assessment and Assurance Committee (QAA) monthly for three (3) months. Administrator and QAA Committee will modify corrective actions based on reports to assure ongoing compliance.	

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F 656	Continued From page 3 procedure was to wipe front to back and away from the body when cleaning the catheter tubing. Resident #49 The comprehensive care plan with an onset date of 3/7/19, revealed Resident #49 had a catheter related to the inability to void after surgery. Interventions included letting the resident know what care was to be provided and to have the catheter secured to prevent pulling. On 5/15/19 at 4:36 PM, an observation revealed Resident #49 lying in bed with his eyes open and alert. Certified Nursing Assistants (CNAs) #1 and #2 performed catheter care on Resident #49. Both CNAs washed their hands and applied clean gloves. CNA #2 pulled the resident's covers back, placed a clean barrier underneath the resident, and removed the resident's brief. Resident #49 was noted not to have a catheter securing device in place. CNA #2 washed, rinsed and dried the resident's penis and groin areas. Both CNA #1 and CNA #2 then turned the resident onto his right side while the catheter drainage bag remained on the opposite side of the bed and cleaned the resident's buttock areas. Both CNAs then applied a clean brief to the resident. On 5/15/19 at 4:54 PM, an interview with LPN #1 revealed the CNAs should have taken the catheter drainage bag to the other side when they positioned the resident onto his right side to keep it from pulling. She stated the resident should also have a strap to his leg, to secure the tubing. An interview on 05/16/19 at 10:44 AM, with the Registered Nurse (RN) #1, Minimum Data Set (MDS)/Care Plan Nurse, revealed the expectation	F 656		

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F 656	Continued From page 4 was to follow the care plan according to standards of practice. On 5/16/19 at 11:14 AM, an interview with Registered Nurse (RN), revealed she would expect the staff to follow the comprehensive care plan, (which included the correct procedures). Resident #4 A review of the facility's "Metered Dose Inhalers - Inhaled Medications" policy, with a revised date of 10/17, revealed if more than one (1) inhalation of a single medication is ordered, wait one (1) minute, then repeat the administration. The policy also revealed to instruct the resident to rinse mouth following a steroid inhaler. A review of Resident #4's care plan, initiated 9/3/18, revealed an intervention to administer Atrovent inhaler as ordered. This would include the proper procedures for the medication administration. During an observation on 05/15/19 at 08:15 AM, Licensed Practical Nurse (LPN) #2 administered the following medication to Resident #4: Atrovent inhaler 17 microgram (mcg) handheld HFA. LPN #2 administered two (2) puffs orally back to back without any time spaced between puffs. LPN #2 did not offer water to rinse Resident #4's mouth after administration of the inhaler. Resident #4 drank chocolate milk after the inhaler. An interview on 05/15/19 at 9:52 AM with Registered Pharmacist (RP), revealed the correct procedure and standard of practice to administer the inhaler would be to wait several minutes between puffs and for the resident to inhale deeply. The RP also said after the inhaler dose, it	F 656		

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F 656	Continued From page 5 was expected Resident #4 would rinse her mouth out with water to prevent irritation. RP said using chocolate milk was not appropriate to rinse Resident #4's mouth. In an interview on 05/15/19 at 10:02 AM, LPN #2 confirmed she did not wait between puffs of the inhaler. LPN #2 confirmed the correct procedure was to rinse the mouth out with water after administering an inhaler.	F 656		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore	F 690		6/13/19

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F 690	Continued From page 6 continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review, and facility policy review, the facility failed to provide an anchoring device to prevent possible trauma to the bladder for one (1) of two (2) residents observed during catheter care, Resident #49; and, failed to provide catheter care in a manner to help prevent possible spread of infection for (1) of two (2) residents observed during catheter care, Resident #2. Findings include: A review of the facility's "Perineal Care" policy, with a latest revision date of 10/18, revealed while performing perineal care, secure catheter tubing to one (1) leg without causing traction of the urethra. Do not let the tubing cause traction on the urethra at any time. Re-secure the tubing to the resident's legs once it has been cleaned. The policy also revealed to start at the meatus and wash the tubing in a circular motion away from the body about four (4) to five (5) inches. The policy also stated to wash the genital area, moving from front to back using a clean portion of the wash cloth with each wipe. Resident #49 On 5/15/19 at 4:36 PM, observation of catheter	F 690	It is the policy of this facility to provide appropriate incontinent care for its residents. Resident #2 and Resident #49 were assessed 5/16/19 by Director of Nursing (DON) with no adverse effects noted from the deficient occurrence. CNA #1 and CNA #2 received 1:1 inservice training 5/15/19 by Staff Development Coordinator (SDC) on proper catheter care including cleaning procedures and catheter tube/bag positioning to avoid traction. All residents with a catheter, a total of three (3) residents, have the potential to be affected by a deficient practice and all were assessed 5/16/19 by DON and found no adverse effects from the performance of such a deficient practice. Nursing staff were inserviced by the SDC on 5/15/19 to follow established procedures for peri-care and catheter care and inserviced again on 6/13/19. Review inservices of peri-care and catheter care procedures will be conducted quarterly for nursing staff for	

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F 690	Continued From page 7 care revealed Resident #49 lying in bed with his eyes open and alert. Certified Nursing Assistants (CNAs) #1 and #2 performed catheter care. Resident #49 was noted not to have a catheter securing device in place. CNA #2 washed, rinsed and dried the resident's penis and groin areas. Both CNA #1 and CNA #2 then turned the resident onto his right side while the catheter drainage bag remained on the opposite side of the bed, and cleaned the resident's buttock areas, causing possible traction to the tubing. On 5/15/19 at 4:54 PM, an interview with LPN #1 revealed the CNAs should have taken the catheter drainage bag to the other side when they positioned the resident onto his right side to keep it from pulling. She stated the resident should have had a strap to his leg (anchoring device) to help prevent the tubing from pulling and causing trauma to the urethra. On 05/16/19 at 11:45 AM, an interview with the Director of Nursing (DON) revealed she definitely wished that CNA #1 and CNA #2 would have moved that bag (referring to the catheter drainage bag). She also stated the catheter strap should have been on the thigh to keep the catheter tubing from pulling and/or causing trauma. Resident #2 An observation on 05/15/19 at 05:05 PM, revealed Certified Nursing Assistant (CNA) #1, assisted by CNA #2, provided catheter care to Resident #2. CNA #1 washed her hands and donned gloves. While performing catheter care, CNA #1 held the catheter tubing and wiped the tubing three (3) times towards the urinary meatus. An observation during the care revealed the wipes CNA #1 was using had brown stains on the	F 690	one (1) year. In order to monitor performance and assure compliance, beginning 5/17/19, the DON or SDC will observe performance of two (2) resident catheter care per day, five (5) days per week for four (4) weeks then two (2) resident catheter/peri-care, one (1) time per week for two (2) months and then two (2) resident catheter/peri-care once per month for three (3) months to assure compliance and report compliance to the Quality Assessment and Assurance (QAA) Committee monthly for three (3) months. QAA Committee will modify corrective actions based on reports to assure ongoing compliance.	

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F 690	Continued From page 8	F 690		

edges when she wiped. CNA #1 confirmed Resident #2 had a bowel movement. CNA #1 then positioned the Resident on her right side and wiped over the buttocks and sacrum area from the back to the front towards the urinary meatus. CNA #1 and CNA #2 turned Resident #2 to her back and continued the perineal care, and CNA #1 never changed her gloves or washed her hands after cleaning the resident's incontinent bowel movement. CNA #1 then wiped the front perineal area with the soiled gloves and wiped the area around the catheter from back to front.

In an interview on 5/15/19 at 5:30 PM, CNA #1 confirmed the wipes had brown stains when she wiped and said she believed the resident had a bowel movement. CNA #1 stated she always completed the catheter care first, then cleaned the bowel movement. CNA #1 said the soiled wipes could "spread germs" and cause the resident a urinary infection. CNA #1 confirmed she should have changed her gloves after touching soiled items. CNA #1 said she did have a skills check off at orientation and had worked at the facility about a month.

In an interview on 5/15/19 at 5:40 PM, Licensed Practical Nurse (LPN) #1, Staff Education Nurse said facility policy was to provide catheter care by wiping front to back and cleaning the catheter by wiping from the urinary meatus away from body. LPN #1 said the care was not given correctly and CNA #1 would need more education.

In an interview on 05/16/19 at 12:00 PM, the Director of Nursing (DON) said the correct procedure was to wipe front to back and away from the body when cleaning the catheter tubing.

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F 690	Continued From page 9 The facility did not provide orientation skills check list for either CNA #1 or CNA #2.	F 690		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review and facility policy review, the facility failed to follow standards of practice related to the administration of an inhaled medication for one (1) of 28 medications observed during morning medication pass, Resident # 4. Findings include: A review of the Mississippi Board of Nursing Practice Act, dated July 1, 2017, revealed licensed practical nurses were to utilize standardized procedures in the observation and care of the ill, injured and infirm; in the maintenance of health; in action to safeguard life and health; and in the administration of medications and treatments prescribed by any licensed physician. A review of a facility policy titled, "Metered Dose Inhalers - Inhaled Medications", with a revised date of 10/17, revealed if more than one (1)	F 695	It is the policy of this facility to administer medication in accordance with appropriate standards of practice. Resident #4 was assessed 5/16/19 by Director of Nursing (DON) and found to have not suffered any ill effects from the deficient occurrence. LPN #2 was inserviced 5/15/19 by the Staff Development Coordinator (SDC) on proper procedures for administering inhaled medications. All residents receiving inhaled medications have the potential to be affected by such a deficient practice. DON reviewed all residents receiving inhaled medication, a total of 5 residents, on 5/17/19 and found no adverse effects of a deficient practice and observed the nurse provide proper administration.	6/13/19

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F 695	Continued From page 10 inhalation of a single medication is ordered, wait one (1) minute, then repeat the administration. The policy also revealed to instruct the resident to rinse mouth following a steroid inhaler. Review of a facility policy "Administering Medications", revised 10/17, revealed medications were to be administered in accordance with best practice. An observation on 05/15/19 at 08:15 AM, revealed Licensed Practical Nurse (LPN) #2 administered a Steroid-type inhaler, Atrovent (17 microgram (mcg) handheld HFA). LPN #2 administered two (2) puffs orally to Resident #4, back to back, without any time between puffs. LPN #2 did not offer water to rinse Resident #4's mouth after administration of the inhaler. Resident #4 drank chocolate milk after use of the inhaler. An interview on 05/15/19 at 9:52 AM, with Registered Pharmacist (RP), revealed the correct procedure to administering two (2) puffs of an inhaler would be to wait several minutes between puffs and to inhale deeply. The RP also said after the inhaler dose, it was expected Resident #4 would rinse her mouth out with water to prevent irritation. RP said using chocolate milk was not appropriate to rinse Resident #4's mouth. RP confirmed she did skills checks monthly, randomly selecting nurses. In an interview on 05/15/19 at 10:02 AM, LPN #2 confirmed she did not wait between puffs of the inhaler for Resident #4. LPN #2 confirmed the correct procedure was to rinse the mouth out with water after administering an inhaler. LPN #2 stated that Resident #4 would refuse water and	F 695	Nursing staff were inserviced by the Staff Development Coordinator (SDC) on 5/15/19 to follow proper procedures and technique when administering inhaled medications by the Consultant Pharmacist on 6/12/19 and by the DON on 6/13/19. To monitor performance and assure compliance, the Registered Pharmacist Consultant will observe inhaled medications administration monthly for three (3) months beginning 6/12/19 and report findings to the Quality Assessment and Assurance Committee (QAA) who will monitor and modify actions to assure compliance. QAA Committee will modify corrective actions based on reports to assure ongoing compliance.	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 695	Continued From page 11 wanted chocolate milk. In an interview on 05/15/19 at 10:35 AM, Resident #4 said she was never offered water after using an inhaler and wasn't aware that was something she needed to do. Resident #4 said she had never rinsed her mouth out with water and always had chocolate milk with her medications. In an interview on 05/16/19 at 11:45 AM, the Director of Nursing (DON) said she was unaware of waiting minutes between puffs of an inhaler, but the nurse should have followed standards of practice including rinsing the mouth with water after administration of an inhaler. The DON said they follow the regulations set by the Mississippi Board of Nursing for standards of practice with nursing staff. A review of the training for the LPN #1 revealed an in-service training dated 11/2018, that covered medication administration, signed by LPN #1.	F 695		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255214	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**05/16/2019**

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LAWRENCE CO NURSING CENTER	**700 JEFFERSON STREET SOUTH/PO BOX 398** **MONTICELLO, MS 39654**

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

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

Electronically Signed | 06/18/2019

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255214	A. BUILDING _____ B. WING _____	05/16/2019

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E 000	Initial Comments * EMERGENCY PREPAREDNESS * Survey conducted on 5/16/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were identified.	E 000		

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

Electronically Signed | 06/18/2019

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