MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	52NO	A. BUILDING: _____ B. WING _____	10/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOXUBEE COUNTY NURSING HOME	78 HOSPITAL RD MACON, MS 39341

(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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted an annual re-certification survey at the facility from 10/16/23 to 10/19/23. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm at M625. The census at the time of the survey was 59 and the facility is licensed for 60 beds.	M 000		
M 625	45.21.5 Range of motion Range of motion. Residents with limited range of motion shall receive treatment and services to increase range of motion or prevent further decline in range of motion. This Statute is not met as evidenced by: Level II Based on observation, staff interview and record review, the facility failed to place hand rolls on a resident with contractures for one (1) of 25 residents reviewed with contractures. Resident #29. Findings Include Review of the typed documentation on facility letterhead dated 10/19/23 and signed by the Administrator revealed, "We have no policy on splints or hand rolls." An observation on 10/16/23 at 11:33 AM revealed Resident #29 had contracted hands bilaterally with no splints. An observation on 10/17/23 at 11:15 AM revealed Resident #29 lying in bed; hands contracted bilaterally with no splints or hand roll.	M 625	1. Immediate action taken for the resident found to have been affected include: A. An in-service was conducted on 10/17/2023 by administrator with treatment nurse including the proper application and proper timing of application of handrolls/splints to prevent any decrease om range of motion/mobility. B. On 10/18/23 resident number 29 handrolls was initiated appropriately at appropriate time according to care plan 2. All residents of the facility who require splints to prevent decline in ROM, according to person-centered care plans, have the potential to be affected by this practice. 3. The following actions were taken to reduce the risk of future occurrence include:	11/28/23

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		11/06/23

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M 625	Continued From page 1 Record review of Resident #29's Physician Orders revealed an order dated 10/14/21 for resident to wear hand roll in bilateral hands, on at 9AM and off at 3PM, to help prevent further contracture. An interview on 10/17/23 at 3:05 PM, with Licensed Practical Nurse (LPN) #1 revealed Resident #29's hand rolls are supposed to be applied by the treatment nurse and are documented on the Treatment Administration Record. An observation and interview on 10/17/23 at 3:10 PM, with Registered Nurse (RN)/Treatment Nurse #1 and LPN #1 revealed Resident #29 lying in bed with hands contracted bilaterally with a hand roll applied to the right hand. This observation revealed the hand roll on the left hand was secured with Velcro around the resident's wrist, but the roll was hanging free and not inserted into the resident's contracted hand. An interview with RN #1 revealed it is her responsibility to apply the resident's hand rolls daily at 9AM and remove them at 3PM. She stated that she knows she did not apply the resident's hand rolls today until about 11:30 AM and that the purpose of the hand rolls is to prevent the resident's hands from further contracture. An interview on 10/17/23 at 4:13 PM, with RN #1 revealed she was late applying Resident #29's hand rolls because the Certified Nursing Assistants (CNAs) were giving the resident a bath between 8AM-9AM. She admitted the hand rolls were applied 2 1/2 hours late and stated that applying the hand rolls late would result in the resident not having them on the amount of time daily that was physician ordered and could lead to	M 625	A. A log of residents requiring use of splints/handrolls were generated and will be monitored by Administrator and/or Director of Nurses monthly starting on 11/6/2023 and will refer to the therapy department if any problems noted. B. Starting on 11/2/23 and completed by 11/9/23 all nursing staff will be in-serviced by Quality Assurance Nurse and/or Director of Nurses including the proper timing of the application of handrolls/splints to prevent any decrease in range of motion/mobility. 4. Administrator and/or Director of Nurses will observe residents requiring splints or handrolls for 3 times a week for 3 months to assure the proper and consistent use of recommended splints/handrolls starting on 11/6/2023 and Quality Assurance Performance Improvement Committee will be meeting on 11/28/23 to discuss results. Results will be taken to the Quality Assurance Performance Improvement Committee starting on 11/28/2023 for three months then re-evaluate to ensure consistent substantial compliance has been answered as determined by the committee.	

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M 625	Continued From page 2	M 625		

worsening contractures.

An interview on 10/18/23 at 12:15 PM, with LPN #2 revealed she was Resident #29's treatment nurse on 10/16/23 and did not apply the hand rolls because she could not find them. She stated that she had asked other staff about the missing hand rolls and went to laundry but did not find them. She stated that laundry was going to look for them, but they were not found before her shift ended at 3PM. She stated that normally she would have just used a rolled-up hand towel in place of the missing hand rolls but was not sure that was ok. She confirmed that she did not ask her supervisor if it would be ok to use a rolled-up hand towel but should have. She revealed the purpose of the resident's hand rolls is to prevent further contracture of the resident's hands or skin breakdown.

An interview on 10/18/23 at 3:22 PM, with the Director of Nurses (DON) confirmed that Resident #29's hand rolls not being applied properly could lead to further contractures or skin breakdown.

An interview on 10/19/23 at 9:40 AM, with the Administrator confirmed that Resident #29's hand rolls not being applied could have led to skin issues for the resident.

Record review of Resident #29's "Face Sheet" revealed the resident was admitted to the facility on 9/19/19 with medical diagnoses that included Contracture, Right Hand and Contracture, Left Hand.

Record review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/28/23 revealed in Section C a Brief

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M 625	Continued From page 3 Interview for Mental Status (BIMS) score of 99, which indicated the resident is severely cognitively impaired.	M 625		