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
	25CR	A. BUILDING: _____ B. WING _____	09/28/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HILL NURSING CENTER	927 COOPER RD JACKSON, MS 39212

(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 a licensure survey at the facility 9/26/17 to 9/28/17. During the survey, the SA determined the facility was not in compliance with State Licensure Regulations for the Aged or Infirm, and cited State Statutes at M620. The facility is licensed for 87 beds and the census at the time of survey was 75.	M 000		
M 620	45.21.4 Urinary incontinence Urinary incontinence. Residents with urinary incontinence shall be assessed for need of bladder retraining program. An indwelling catheter will not be used unless the resident ' s clinical condition indicates that catheterization is necessary. These residents shall receive treatment and services to prevent urinary tract infections. Level II Based on observation, staff interview, record review, and facility policy review, the facility failed to provide incontinent care in a manner to prevent possible infection for one (1) of nine (9) care observations; Resident #2. Findings include: A review of the facility's "Perineal Care" policy, not dated, noted: "Wash perineal area wiping from front to back. Separate labia and wash area downward from front to back. Wash the rectal area thoroughly, wiping from the base of the labia towards and extending over the buttocks."	M 620	On 10/04/2017 the QA Committee meet to discuss the Corrective Actions to be taken to correct the deficiencies found and noted on the Annual Survey. One of the topics discussed was Improper Perineal Care. The following Corrective Actions will be implemented to correct this deficiency. 1)Skill Check Offs were performed with the each Direct Care Worker located in this particular Resident Area by the Unit Manager on 09/28/17. Nursing Supervision attempted to in-service the Direct Care Worker involved in this deficient practice on 09/28/17, but she became angry and resigned her position. The Resident involved in this deficient	10/22/17

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M 620	Continued From page 1 On 9/27/17 at 10:40 AM, observation of Resident #2's incontinent care, provided by Certified Nursing Assistant (CNA) #1, revealed the CNA #1 washed Resident #2's perineal area from back to front. After CNA #1 assisted Resident #1 onto her right side she washed Resident #2's buttock area from back to front and in a circular motion. CNA #1 then assisted Resident #2 onto her left side and washed her buttocks in a circular motion. During an interview on 9/27/17 at 11:25 AM, CNA #1 stated, "I was recently checked off at the (name of the facility). I went back through the program to get my license, they had lapsed", when asked about training on incontinent care. CNA #1 stated she was supposed to wash "from front to back, but if I did that she would not be clean." CNA #1 stated, when asked what the concern would be wiping back to front and in a circular motion, "The problem is infection, you don't want contamination from going from one spot to another." CNA #1 stated that she was nervous at that point, when wiping from back to front and in a circular motion all over the areas during incontinent care. During an interview, on 9/27/17 at 11:55 AM, Licensed Practical Nurse (LPN) #3, stated, "She (CNA #1) should have wiped in a downward motion, never in a circle. She violated all of the infection control procedures, because she is wiping from dirty to clean", while providing incontinent care. A review of the facility's Face Sheet revealed the facility admitted Resident #2 on 01/15/16, with diagnoses of Diabetes Mellitus, Asthma and Neoplasm of Kidney.	M 620	practice was not harmed nor any suffering due to this deficient practice. 2)The ADON and Unit Manger reviewed each Resident located on this Resident Care Area on 09/28/17, and it was revealed 10 other Residents had the potential of being affected by this deficient practice. 3)Perineal Care Skills will be observed and audited monthly by the Unit Managers. Should a staff member be found to improperly perform Perineal Care, the staff member will be re-oriented in Perineal Care by the Unit managers and/ or the ADON. 4)Findings of the Monthly Observations and Audits will brought to the QAPI Committee for review and to make the determination if in fact the Corrective Action is effective. If found in-effective, the QAPI Committee will implement further Corrective Actions pertaining to this deficient practice. This will be an on-going corrective action.	

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M 620	Continued From page 2 A review of the most recent quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/15/17, revealed the facility assessed Resident #2 with severe cognitive impairment.	M 620		