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
	56PH	A. BUILDING: _____ B. WING _____	11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERRY COUNTY NURSING CENTER	202 BAY AVENUE WEST RICHTON, MS 39476

(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 recertification survey at the facility from 10/30/2023 through 11/2/2023. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement and cited M655.	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, interviews, record review, and facility policy review, the facility failed to provide respiratory care consistent with professional standards of practice as evidenced by nebulizer mask and oxygen tubing for a resident (Resident #40) did not have a designated storage bag for two (2) of four (4) observations. Findings include: A review of the facility's policy, "Infection Control Oxygen Equipment Cleaning" revised 08/21 revealed " Use disposable tubing, mask, and cannula's for patients receiving oxygen therapy...10. When not in use, store the mask/cannula in a plastic bag clearly labeled with	M 655	-Resident #40 was assessed by the facility Assessment nurse on 11/20/2023 with no adverse findings noted. The nebulizer mask and oxygen tubing was replaced on 11/20/2023 the by the facility Nurse Case Manager. -All residents requiring nebulizer treatments or oxygen have the potential to be affected by this practice. -Facility nursing staff were in-serviced by the interim Director of Nursing on 11/20/2023 related to Nebulizers and oxygen storage. The facility Medical Director reviewed the policy □Nebulizers□	12/13/23

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

Electronically Signed | 11/20/23

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M 655	Continued From page 1 the resident's name and date ..." A review of the facility's policy "Nebulizer, revised 10/17 revealed " ... Cleaning Nebulizers ... 4 ... Store in clean plastic bag ..." On 10/30/23 at 12:03 PM, during an observation and interview with Resident #40, she explained that she wore oxygen as needed and received breathing (nebulizer) treatments three times a day and once at night. There was an oxygen concentrator in her room in which oxygen tubing with a nasal cannula was stored on top of the oxygen concentrator. There was also a nebulizer machine and mask sitting on the resident's bed, and not in a plastic storage bag. An observation on 10/31/23 at 12:33 PM revealed a nebulizer machine and mask lying on the bed in Resident #40's room. There was also oxygen tubing draped on top of the oxygen concentrator. At 1:50 PM on 10/31/23, during an interview with Certified Nurse Aide (CNA) #5, she explained Resident #40 asked for assistance from the nurses when she needed a nebulizer treatment. CNA #5 said that the resident does not normally use her oxygen. CNA #5 confirmed the nebulizer machine and mask were lying on the resident's bed and the oxygen tubing with the nasal cannula was stored on top of the oxygen concentrator and not in a plastic bag. At 2:00 PM on 10/31/23, during an interview and observation with Licensed Practical Nurse (LPN) #1, she administered a nebulizer treatment for Resident #40. She confirmed the nebulizer mask was on the resident's bed and she used the same mask to administer the treatment. After completing the nebulizer treatment, LPN #1	M 655	with no recommended changes to the policy on 11/20/2023. The facility Quality Assessment and Assurance Committee met on 11/20/2023 to review the plan of correction for F tag 695. -Beginning 11/21/2023, the facility Director of Nursing will monitor nebulizer and oxygen storage 3 times weekly for four weeks and then weekly for two months to ensure ongoing compliance with M tag 655 and will report to the Quality Assessment and Assurance Committee for 3 months. The first Quality Assessment and Assurance Committee meeting will be held on 12/13/2023.	

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M 655	Continued From page 2	M 655		

placed the nebulizer mask and tubing in the top drawer of the nightstand. She did not place it in a storage bag. LPN #1 reported that Resident #40 did not wear oxygen continuously but only as she needed it for shortness of breath. She confirmed the oxygen tubing was stored on top of the concentrator but stated that it is usually in a clear bag.

On 10/31/23 at 2:30 PM, during an interview with the Director of Nursing (DON), she explained all respiratory equipment, including oxygen tubing and nebulizer masks, were to be stored in clear bags. The purpose of storing the equipment in the bags was to prevent the equipment from falling on the floor and to prevent contamination.

A record review of the "Physician Orders" for the month of November 2023, revealed Resident #40 had a Physician's Order, dated 9/13/23, for inhaled nebulization four times daily and a Physician's Order, dated 5/30/23, for Oxygen per nasal cannula as needed.

A record review of the "Face Sheet" revealed the facility admitted Resident #40 on 09/30/21 with diagnoses that included Chronic Obstructive Pulmonary Disease.

A record review of the Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/25/23, revealed Resident #40 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated she was cognitively intact.