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
	25BH	A. BUILDING: _____ B. WING _____	C 11/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHADWICK NURSING AND REHABILITATION CENTEI	1900 CHADWICK DRIVE JACKSON, MS 39204

(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 Complaint Investigation (CI), MS #22119 at the facility from 11/09/23 through 11/13/23. MS #21496 was investigated related to Safety/Falls, Notification of Responsible Party (RP), Medications Improperly Administered, Client Services not performed per Plan of Care or Physician Orders, per Physician Instructions, Adequate Grooming, Staffing and Resident Abuse/Verbal. 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. No deficient practice was determined related to the complaints, however, the SA determined that medications were not securely stored in a locked compartment within a medication cart and cited M705.	M 000		
M 705	45.24.2 Policies and procedures Policies and procedures. Each facility shall have policies and procedures to assure the following: 1. Accurate acquiring; 2. Receiving; 3. Dispensing; 4. Storage; and 5. Administration of all drugs and biologicals. This Statute is not met as evidenced by: Level II Based on observation, facility policy review and staff interviews the facility failed to provide safe and secure storage of medications for one (1) of	M 705	1. On November 14, 2023 LPN #1 was in-service on providing safe and secure storage of medications which includes to	12/15/23

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M 705	Continued From page 1 three (3) medications carts observed. Findings Include: Record review of the facility provided "Medication Administration-General Guidelines" dated 8/16, revealed, ..." 4. Medications are administered at the time they are prepared for each resident. Medications are not pre-poured ...16 ... No medications are left unattended on top of the cart. The cart is to be locked if not clearly visible and under the control of the personnel administering medications ..." On 11/09/23 at 8:20 AM, an observation revealed the medication cart outside room 102 was unattended, unlocked, and had three medication packets, containing four pills lying on top of the medication cart. There were no residents in the hallway. The medication packets lying on top of the medication cart were labeled "Divalproex Sprinkles mcg (micrograms) 2 CAPSULES, Losartan 50 MG (milligrams) one (1) TABLET, Olanzapine 7.5 MG one (1) CAPSULE". On 11/09/23 at 8:24 AM, an interview with Licensed Practical Nurse (LPN) #1 she stated she had gone into a resident's room to obtain their vital signs and left the medication cart unattended and unlocked with a Resident's medications lying on top of the cart. LPN #1 confirmed that the medications should not have been left out on top of the cart but had no explanation; she stated, "I just went to get the vital signs." On 11/09/23 at 8:35 AM, during an interview with the Director of Nurses (DON), she stated that medication carts were never to be left unattended and unlocked and that medications were never to	M 705	keep unattended medication cart locked and no medications left unattended on top of the cart. 2. All residents who receive medication have the potential to be affected from this deficient practice. 3. An in-service was initiated on November 14, 2023 by the Staff Development Coordinator (SDC) for all Licensed Practical Nurses (LPN) and Registered Nurses (RN) on providing safe and secure storage of medications which includes to keep unattended medication cart locked and no medications left unattended on top of the medication cart. 4. Starting on November 20, 2023 the Unit Manager audited three (3) medication carts a day for five (5) times a week for eight (8) weeks to ensure that medication is stored securely in medication carts which includes to keep unattended medication cart locked and no medications left unattended on top of the medication cart. Any concerns noted by the Unit Manager are reported to the Interim Director of Nursing (IDNS). The IDNS will immediately address safe and secure storage of medications. The IDNS	

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M 705	Continued From page 2 be left on top of an unattended medication cart. The DON confirmed that the medications were not appropriately stored or secured. She stated that the facility policy was that all medications were to be stored and secured in a locked medication cart or medication room. The DON commented that medication errors could result from unsecured medications if a resident were to take the unsecured medication. On 11/09/23 at 12:00 PM, an interview with the Administrator revealed that nurses were expected to secure all medications and that leaving medications lying on top of an unattended, unlocked medication cart did not secure medications.	M 705	will forward the results on safe and secure medication audits to the Quality Assurance Committee monthly times two (2) starting with the Quality Assurance Committee meeting on December 15, 2023.	