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
	76AA	A. BUILDING: _____ B. WING _____	05/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER HEIGHTS HEALTHCARE CENTER	402 ARNOLD AVENUE GREENVILLE, MS 38701

(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 Survey Agency (SA) conducted an annual recertification survey at the facility from 5/14/19 - 5/16/19. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for the Institutions of the Aged and Infirm. The SA cited the state statute M645. At the time of survey, the census was 56, and the facility held a license for 60 beds.	M 000		
M 645	45.21.9 Nutrition Nutrition. Residents shall maintain acceptable parameters of nutritional status, such as body weight and protein levels, unless residents ' clinical condition indicates that this is unavoidable. All residents shall receive diets as orders by their physician or nurse practitioner/physician assistant. Residents identified with significant nutritional problems shall receive appropriate medical nutrition therapy based on current professional standards. This Statute is not met as evidenced by: Level II Based on observation, record review, staff interview, and facility policy review, the facility failed to follow up on dietary recommendations for one (1) of five (5) residents reviewed for nutrition, Resident #45. Findings include: Review of the facility's "Weight Assessment and Intervention" policy, revised September 2008, revealed, the multidisciplinary team will strive to	M 645	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth or the facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because is required by the provision of Federal and State law. This plan of correction constitutes the facilities credible allegation of compliance. Resident #45 suffered no adverse affects from this deficient practice. Resident #45	6/19/19

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		06/13/19

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
	76AA	A. BUILDING: _____ B. WING _____	05/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER HEIGHTS HEALTHCARE CENTER	402 ARNOLD AVENUE GREENVILLE, MS 38701

(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 645	Continued From page 1 prevent, monitor and intervene for undesirable weight loss for residents. Record review revealed, the Registered Dietician (RD) documented an assessment for Resident #45, dated 5/8/19, which indicated the staff had reported the resident was requesting Ensure Plus daily with breakfast. The RD's assessment documented, Resident #45's current weight was 122# (pounds), and the weight change for 33 days was -2.71%, for 91 days was 8.55%, and for 110 days was -18.77%. The recommended intervention, by the RD, revealed to offer Ensure Plus with breakfast daily to help promote a gradual WG (weight gain). Record review of Resident #45's documented weights, revealed, on 1/14/19 his weight was 150.20#, on 5/4/19 was 122#, and on 5/14/19 was 114#. Resident #45 showed a 6.56% weight loss from 5/4/19 to 5/14/19 (10 days). On 5/14/19 at 3:21 PM, an observation of Resident #45 revealed, he appeared thin. On 5/16/19 at 8:55 AM, Resident #45 was observed sitting at a table, in the dining room feeding himself. He consumed 75% of his meal with 360 cubic centimeter (cc) of liquids. Resident #45 stated, he was full, got plenty to eat, and does not want anything else. Resident #45 stated, he had a Pepsi to drink when he gets to his room. On 5/16/19 at 9:30 AM, an interview with the Dietary Manager, revealed, she passes on the Dietary recommendations to the Assistant Director of Nursing (ADON). On 5/16/19 at 10:04 AM, an interview with the	M 645	now receives Ensure Plus per Physician's order as of 05/22/2019. All residents who received dietary recommendations have the potential to be affected by this deficient practice. A 100% audit of all dietary recommendations for May and June 2019 by Nurse Consultant to ensure all dietary recommendations were completed in a timely manner. The results of the audit revealed that all of the dietary recommendations were completed timely. On 06/11/2019, Dietary Manager, Assistant Director of Nursing, and Director of Nursing were educated by Nurse Consultant of the facility's protocol for dietary recommendations. Dietary Recommendations will be monitored beginning 6/11/2019 by the Assistant Director of Nursing daily after they are received until all are completed for three months and then ongoing to ensure compliance. Dietary Manager will monitor the completion of dietary recommendations monthly. Adverse findings will be forwarded monthly to the Quality Assurance Performance Improvement Committee by the Dietary Manager for further action. Completion Date 06/19/2019	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	76AA	A. BUILDING: _____ B. WING _____	05/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER HEIGHTS HEALTHCARE CENTER	402 ARNOLD AVENUE GREENVILLE, MS 38701

(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 645	Continued From page 2 ADON, revealed, she does not get the recommendations from the Dietician, the Director of Nursing (DON) does. On 5/16/19 at 10:05 AM, an interview with the DON, revealed, she had not seen the dietary recommendation written on 5/8/19 at 11:09 AM, which revealed the staff reported Resident #45 had been asking for Ensure Plus with breakfast and that she recommended an order be written for this. The DON revealed, she did not know how the recommendation got on the chart, or if the physician had been notified of the recommendation. The DON confirmed, the recommendation was in Resident #45's chart, but she did not know if it had ever been communicated to Resident #45's physician; and the recommendation in the chart was flagged to be signed by the physician, but no signature was noted and no order had been written for Ensure . The DON revealed, the process for dietary recommendations has been that the Dietician will hand them out to the DON, ADON or a nurse, then the staff member that received the recommendation, writes the order for the recommendation and places the order on the chart. They fax the recommendation to the physician and implement the order after they have received confirmation from the physician. The DON revealed, the facility does not have a procedure to log and monitor implementation of the dietary recommendations.	M 645		