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
	32JE	A. BUILDING: _____ B. WING _____	05/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEFFERSON COUNTY NURSING HOME	910 MAIN STREET FAYETTE, MS 39069

(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 recertification survey from 05/28/19 to 05/30/19. During the survey the SA determined the facility was not in compliance with the Minimum Standards for The Institutions For The Aged And Infirm. The SA cited the state statutes M615 and M635. The census at the time of the survey entrance was 46, and the facility was certified for 60 beds.	M 000		
M 615	45.21.3 Pressure sores Pressure sores. Residents with a pressure sore shall receive necessary treatment and service to promote healing and prevent the development of new pressure sores. Residents without pressure sores will not develop pressure sores unless the residents' clinical condition indicates they were unavoidable. This Statute is not met as evidenced by: Level II Based on observation, staff interview, record review, and facility policy review, the facility failed to prevent a pressure ulcer for one (1) of one (1) residents reviewed for pressure ulcers, Resident #9. Findings include: Review of a facility's policy titled, "Pressure Injury Prevention Guidelines", dated 04/2017, revealed to avoid positioning the resident directly onto medical devices and utilize pillows and wedges to maintain proper positioning.	M 615	1. Resident #9 had an Occupational Therapy evaluation completed on 6/5/2019. The physician order was written on 6/5/2019 for Occupational Therapy to evaluate and treat as indicated along with clarification orders for Resident #9 to receive skilled Occupational Therapy intervention three times a week times two weeks for therapeutic activities, orthotic management, positioning and patient/caregiver education. The Resident's Representative was notified by the Registered Charge Nurse on 6/5/2019. The positioning equipment has been ordered for his Geri chair to ensure comfort and to help prevent pressure.	7/10/19

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M 615	Continued From page 1 On 05/29/19 at 2:13 PM, an observation revealed Resident #9's wound care was provided by Licensed Practical Nurse (LPN) #1/Treatment Nurse. LPN #1 measured the wound bed at 0.6 (centimeters) cm length and 0.6 cm width. Resident #9's wound bed was pink with dark scars surrounding the wound located on the side of the left knee. The wound had no foul odors or discharge. A review of Resident #9's Physician Orders, dated 04/29/19, revealed an order to treat the Stage 2 decubitus to knee with ns (Normal Saline), pat dry, apply Hydrogel and Collagen powder, nonstick tefla, and wrap with kerlix daily. A review of Resident #9's, "Wound Assessment Report", dated 04/29/19, revealed the wound was identified, on 04/28/19, on the left knee that was not present upon admission, and indicated the wound was a Stage 2 that measured 2 centimeters (cm) length, 1.7 cm width and 0.10 cm depth. An observation, on 05/28/19 at 3:14 PM, revealed Resident #9 was in a geri chair with a sheep skin covering the left arm rest. Resident #9's left leg was bent at the knee and rested against the arm rest. An observation, on 05/29/19 at 11:15 AM, revealed Resident #9 was in a geri chair. Resident #9 had his left leg bent at the knee, and was rested on the arm rest with a sheep skin over the arm rest. On 05/30/19 at 11:07 AM, Resident #9 was observed up in a geri-chair with his left leg bent towards, but not resting on the arm rest. Resident #9's left leg was not propped up on	M 615	Licensed Practical Nurse (LPN) #1 was re-educated by the Quality Assurance Nurse on 5/30/2019 on the policy and procedure of cleaning Percutaneous Endoscopic Gastrostomy tube (PEG). 2. The Interdisciplinary Team reviewed the care plans from 5/30/2019 through 6/4/2019 of residents that are at high risk for skin breakdown to ensure that the care plan addressed positioning interventions and that the positioning interventions were followed by the staff. All residents have the potential to be affected by this practice. The Registered Nurses assessed all residents for the potential for skin breakdown due to positioning from 6/4/2019 through 6/6/2019. Residents will be assessed upon admission, quarterly, annually and upon any significant change for the potential of skin breakdown due to positioning. Eleven facility residents with Percutaneous Endoscopic Gastrostomy tubes (PEG/GT) have the potential to be affected by this practice. Licensed Practical Nurse (LPN) #1 was re-educated by the Quality Assurance Nurse on 5/30/2019 on the policy and procedure of cleaning Percutaneous Endoscopic Gastrostomy tube (PEG/GT). Licensed Practical Nurse (LPN) #1 will be monitored weekly times four weeks beginning the week of 6/3/2019 and ending the week of 6/24/2019. Registered Nurses and Licensed Practical Nurses were re-educated beginning 6/5/2019 to be completed 7/10/2019 on the policy and procedure of cleaning Percutaneous Endoscopic Gastrostomy tube (PEG/GT). Newly hired Registered Nurses and	

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M 615	Continued From page 2 anything. A sheep skin covered the arm rest. A review of Residents #9's facility form titled, "Assessment of Pressure Sore Potential", dated 03/22/19, revealed a total score of 11, which indicated the facility should follow pressure sore protocol. A review of Resident #9's, "Activity of Daily Living (ADL) Assistant and Support", revealed Resident #9 was coded 4/2 in bed mobility and locomotion on the unit, which indicated he was totally dependent on one person for the Activities of Daily Living (ADLs). A review of Resident #9's Minimum Data Set (MDS), with an Assessment Reference Date of 03/25/19, revealed Section M - Skin Conditions listed M0150 "is resident at risk of developing pressure ulcers/injuries" was marked Yes. Section M0210 "Resident has 1+ unhealed pressure ulcers/injuries" marked as No. Resident #9's Comprehensive Care Plan revealed Resident #9 had a Stage 2 decubitus to the left knee with an onset date of 04/28/19. The care plan also listed Resident #9 used a geri chair for socialization and mobility with an onset date of 07/1/15. The interventions listed for the geri chair included staff to reposition the resident every two hours, and as needed with pressure release every two hours. An interview, on 05/29/19 at 11:36 AM, with Certified Nursing Assistant (CNA) #1 revealed she said she was Resident #9's CNA, and the resident needed assist to move his left side. She said the resident could move his right leg independently.	M 615	Licensed Practical Nurses will be educated upon hire and every six months by the Staff Development Nurse on the policy and procedure of cleaning Percutaneous Endoscopic Gastrostomy tube (PEG/GT). 3. Facility nurses and nursing assistants were re-educated by the Staff Development Nurse on 6/25/19 on the importance of ensuring that residents that are at a high risk for skin breakdown have proper positioning interventions. Facility nurses were re-educated on the policy and procedure for cleaning Percutaneous Endoscopic Gastrostomy tubes (PEG) by the Staff Development Nurse on 5/30/2019. 4. The Quality Assurance Nurse will conduct observation rounds beginning the week of 6/3/2019 to ensure that residents that are at a high risk for skin breakdown have positioning interventions and that they are in place as indicated in the care plan weekly times four weeks then monthly. Staff Development Nurse will observe nurses providing Percutaneous Endoscopic Gastrostomy site care weekly times four weeks beginning the week of 6/3/2019 then monthly to ensure nurses are following the policy and procedure for cleaning. Findings of the rounds will be submitted to the facility Quality Assurance Performance Improvement Committee monthly by the Quality Assurance Nurse for further review and recommendations to ensure substantial compliance is maintained. Changes to the plan will be made as deemed necessary by the	

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M 615	Continued From page 3 An interview, on 05/29/19 at 2:13 PM, revealed LPN #1/Treatment Nurse said Resident #9's wound on his left knee was found over a weekend, and treatment was started on 04/28/19. LPN #1 said she completed the weekly skin checks, and did not remember the wound on the resident the week before. LPN #1 said the left knee had several scars from previous wounds. LPN #1 said the sheep skin was not being used prior to the wound treatment that was started on 04/29/19. LPN #1 confirmed Resident #9 had not been out to the hospital, and the pressure ulcer was acquired in the facility. An interview, on 05/29/19 at 3:55 PM, with the Director of Nursing (DON) revealed the nurses on admission do the assessments for needs for mobility, and therapy will screen to see if the resident needs therapy. An interview, on 05/30/19 at 11:14 AM, with the Certified Occupational Therapist Assistant (COTA) revealed she said she had assisted nursing with putting the sheep skin on the geri chair arm rest for Resident #9. The COTA said that nursing staff had to request an evaluation for appropriate chair use, but had not done one for Resident #9. An interview, on 05/30/19 11:18 AM, revealed the DON said Resident #9 did have interventions for propping his left leg up with a pillow, but the resident would remove it. The DON said Resident #9 received a new chair about a year ago because the previous one was too short. The DON confirmed she believed the pressure ulcer on Resident #9 was preventable, and was caused by the left leg leaning on the arm rest. The DON said with the sheep skin on the geri chair armrest she thought that would keep his	M 615	Quality Assurance Performance Improvement Committee.	

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M 615	Continued From page 4 skin from breaking down again. Review of Resident #9's Comprehensive Care Plan revealed the Problem/Need, dated 07/11/18, for the potential for exhibiting moods/ behaviors such as cursing and refusing care. A review of Resident #9's Minimum Data Set (MDS), with an Assessment Reference Date of 03/25/19, revealed Resident #9 had a Basic Interview for Mental Status (BIMS) score of 13, which indicated no cognitive impairment. Resident #9 was also coded for upper and lower extremity Range of Motion (ROM) impairment on one side. Resident #9 required extensive assistance with two person physical assist for bed mobility, and was totally dependent on two persons for transfers. Resident #9 was totally dependent on one person assist with locomotion on and off the unit Review of the Face Sheet revealed Resident #9 was admitted by the facility, on 05/29/08, and readmitted on 06/23/19, with the included diagnoses: Hemiplegia following unspecified Cerebrovascular Disease affecting the left nondominant side, Pressure Ulcer of other site, Stage 2, Gastrostomy Status, Vascular Dementia with behavior disturbance, and contracture of right hip.	M 615		
M 635	45.21.7 Gastric feeding Gastric feeding. Residents who are eating alone or with assistance are not fed by a gastric tube unless their clinical condition indicates that the use of a gastric feeding tube is unavoidable. The residents who are fed by a gastric tube receive the treatment and services to prevent	M 635		7/10/19

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M 635	Continued From page 5 complications or to restore if possible, normal eating skills. This Statute is not met as evidenced by: LevelII Based on observation, staff interview, record review, facility policy review, the facility failed to provide gastric tube site care in a manner to prevent the possibility of an infection and/or cross contamination for one (1) of three (3) resident reviewed with gastric tubes, Resident #37. Findings include: A review of the facility's policy titled, "Gastrostomy Status", dated 4/2017, revealed maintain a clean technique, and gently clean the area around the tube and continue in an outward circular fashion, ensuring that under the bolster is cleaned. On 5/29/19 at 11:07 AM, an observation revealed, Resident #37 lying in bed with the head of bed (HOB) up at least 45 degrees. Resident #37 had a tube feeding of Jevity 1.5 at 45 cubic centimeter per hour (CC/HR) per a feeding pump. An observation of gastric tube feeding site care revealed, Licensed Practical Nurse (LPN) #1 applied clean gloves and removed the resident's soiled dressing. She removed her gloves, applied clean gloves, moistened the 4x4 gauze with normal saline (NS), then wiped around the resident's tube feeding site underneath the tube in a half circular motion from right to left and backwards in a half circular motion from left to right. She then wiped around the tube feeding site over the top of the resident's tube in a half circular motion from right to left and backwards from left to right and disposed of the 4x4 gauze. LPN #1 went out into the hallway to get another	M 635	1. Licensed Practical Nurse LPN #1 was re-educated by the Quality Assurance Nurse on 5/30/2019 on the policy and procedure of cleaning Percutaneous Endoscopic Gastrostomy tube (PEG). Resident #37 was assessed for any adverse affects on 5/30/2019 by Licensed Practical Nurse LPN #1 and the Staff Development Nurse according to the policy and procedure of cleaning Percutaneous Endoscopic Gastrostomy tube (PEG). Resident #37 will be assessed on a daily basis for any adverse affects by staff nurses beginning 5/30/2019. 2. Eleven residents with Percutaneous Endoscopic Gastrostomy tube (PEG/GT) have the potential to be affected by this practice. Each resident with a Percutaneous Endoscopic Gastrostomy tube will be assessed daily by staff nurses for any adverse affects beginning 5/30/2019. 3. Facility nurses were re-educated on the policy and procedure for cleaning Percutaneous Endoscopic Gastrostomy tubes (PEG) by the Staff Development Nurse on 5/30/2019. Staff nurses will be re-educated every six months by the Staff Development Nurse on the policy and procedure for cleaning Percutaneous Endoscopic Gastrostomy tube (PEG). Newly hired nurses will be educated on the policy and procedure for cleaning	

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M 635	Continued From page 6 pair of gloves, returned to the resident's room, washed her hands, applied clean gloves, and placed a clean dressing to the resident's gastric tube site. On 5/30/19 at 10:34 AM, an interview with LPN #1, revealed she should not have wiped the tube feeding site backwards while cleaning the area. LPN #1 stated she should have wiped once and thrown the gauze away. A record review of the May 2019 Physician Orders revealed an order, dated 03/14/19, for Jevity 1.5 at 45 milliliters per hour (ML/HR), flush with 150 ML of water every 6 hours. Jevity 1.5 at 45 ML/HR, flush with 150 ML of water every 6 hours provides 1620 calories, 69 grams (grms) of protein, 1640 ML of free water, 2500 total fluids. Clean PEG (Percutaneous Endoscopic Gastrostomy) tube site with NS, pat dry, and cover with 4x4 daily. On 5/30/19 at 10:35 AM, an interview with the Director of Nursing, (DON) revealed, wiping in a back and forth motion is cross contamination and she (referring to LPN #1) should have wiped in a circular motion. A review of the facility's Face Sheet revealed, the facility admitted Resident #37 on 10/27/12 with a diagnosis of Hemiplegia following unspecified Cerebrovascular Disease affecting left non-dominant side. Review of the most recent Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 05/6/19, revealed Resident #37 was coded for tube feeding in the section K. Swallowing/Nutritional Status. Resident #9's	M 635	Percutaneous Endoscopic Gastrostomy tube (PEG) upon hire and every six months by the Staff Development Nurse. 4. The Staff Development Nurse will observe nurses providing Percutaneous Endoscopic Gastrostomy site care weekly times four weeks beginning 5/30/2019 then monthly to ensure that nurses are following the policy and procedure for cleaning. Staff nurses will be re-educated every six months by the Staff Development Nurse on the policy and procedure for cleaning Percutaneous Endoscopic Gastrostomy tube (PEG). Newly hired nurses will be educated upon hire and every six months by the Staff Development Nurse on the policy and procedure for cleaning Percutaneous Endoscopic Gastrostomy tube (PEG). Findings of the Staff Developments Nurse will be submitted to the Quality Assurance Performance Improvement Committee monthly by the Staff Development Nurse for further review and recommendations to ensure substantial compliance is maintained. Changes to the plan will be made as deemed necessary by the Quality Assurance Performance Improvement Committee.	

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M 635	Continued From page 7 BIMS score was 9, which indicated moderate cognitive impairment. Review of the Significant Change MDS, with an ARD of 08/26/18, revealed Resident #37 was coded to include tube feeding. Review of the Face Sheet revealed Resident #37 was admitted by the facility, on 10/27/12, and readmitted on 03/06/15, with the included diagnoses: Hemiplegia following unspecified Cerebrovascular Disease affecting left nonodominant side, Malignant Neoplasm of unspecified site of unspecified female breast, Gastrostomy Status, Major Depression, and Vascular Dementia without behavior disturbance.	M 635		