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
	43HH	A. BUILDING: _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAVEN HALL HEALTH CARE CENTER	101 MILLS STREET BROOKHAVEN, MS 39601

(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), CI MS #23955, CI MS #23920 and CI MS #23474 at the facility from 3/06/24 through 3/07/24. CI MS #23955 was investigated for neglect. CI MS #23920 was investigated for Resident Neglect related to Pressure Sores, Quality of Care/Treatment related to No Pressure Sore Precautions and Responsible Party Not Notified of Resident Change of Condition, and Resident Assessment. CI MS #23474 was investigated related to Dietary Services and Nursing Services related to medication. 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 requirements related to CI MS #23955 and CI MS #23920 and cited M615. There were no deficiencies cited related to CI MS#23474.	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 provide pressure ulcer treatment in a manner to prevent cross contamination and the potential for spread of infection for one (1) of six (6) sampled residents, Resident #1.	M 615	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 correction is prepared and/or executed solely because it is required by the proviso of Federal and State Law. This plan of correction	4/17/24

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M 615	Continued From page 1 Findings Include: Record review of the facility policy titled "Dressings, Dry/Clean," with revised September 2013, revealed, " ...Steps in the Procedure ...5. Wash and dry your hands thoroughly. 6. Put on clean gloves. Loosen tape and removed soiled dressing. 7. Pull glove over dressing and discard into plastic or biohazard bag. 8. Wash and dry your hands thoroughly ...11. Using clean technique, open other products. 12. Wash and dry your hands thoroughly. 13. Put on clean gloves ..." On 3/06/24 at 3:15 PM, an observation revealed the facility Treatment Nurse provided wound care for Resident #1 for pressure ulcers on the resident's sacral area and right buttock. The Treatment Nurse removed dressings from both wounds simultaneously, removed Silver Alginate from the sacral wound then from the right buttock wound with the same gloved hand, cleansed the sacral and the right buttock wounds without performing hand hygiene and changing gloves. The Treatment Nurse used the same cotton tipped applicator to apply Silver Alginate to the sacral wound and the right buttock wound. On 3/06/24 at 4:00 PM, an interview with the Director of Nurses (DON) revealed she identified infection as a potential complication of pressure wounds. The DON stated that to provide wound care according to current standards of practice and infection prevention she expected the Treatment Nurse to provide treatment to each wound individually and change gloves and sanitize hands between contact with each wound. The DON stated that having both wounds uncovered, touching, and cleansing both wounds without changing gloves and doing hand hygiene	M 615	constitutes the facilities credible allegation of compliance. Tag 0615 - 45.21.3 Pressure sores * No residents suffered any adverse effects from this deficient practice. Resident #1 was assessed by RN on March 7, 2024 and displayed no complications from this deficient practice. *All residents with pressure ulcers have the potential to be affected by this deficient practice. On March 7, 2024, the Treatment Nurse was provided one to one education by the Director of Nursing on Facility's Policy Dressing/Dry Clean. On March 7, 2024, the Director of Nursing also educated nursing staff on the Facility's Policy Dressing/Dry Clean. Nursing staff will show return demonstration with no errors before being allowed to provide wound care to residents. On March 7, 2024 the Treatment Nurse and Nursing Staff will be checked off on Facility's Policy Dressings/Dry Clean by the Director of Nursing. *Starting March 7, 2024, Director of Nursing will observe Treatment Nurse and/or Staff Nurse while performing treatments to residents 2x a week times 8 weeks to ensure all protocols, standards, and Facility's Policy Dressings/Dry Clean are being followed. Any adverse findings will be presented to the Quality Assurance and Performance Improvement Committee on April 17, 2024 for further	

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M 615	Continued From page 2 and using the same applicator to apply treatment to both wounds could lead to cross contamination and increase the risk of infection of pressure ulcers. On 3/07/24 at 12:15 PM, during an interview with the Treatment Nurse, she confirmed that touching and cleansing both pressure wounds without changing gloves and doing hand hygiene between wounds and using the same applicator to apply treatment to both wounds could lead to contamination and an increased risk of infection of Resident #1's pressure ulcers. Record review of the Face Sheet for Resident #1 revealed the facility admitted the resident on 2/13/24, with diagnoses that included Type 2 Diabetes Mellitus, Stage 3 Pressure Ulcer of Sacral Region, Paraplegia (paralysis of the legs and lower body). Record review of the Admission Minimum Data Set (MDS) with Assessment Reference Date (ARD) 2/19/24, for Resident #1, revealed the resident had a Brief Interview of Mental Status (BIMS) score of 15, which indicated no cognitive impairment. Record review of the Physician Orders for Resident #1 revealed the following orders: 2/20/24 "Silver Alginate cleanse Stage 3 to sacrum with normal saline, pack with silver alginate and cover with border foam as needed until healed. 2/26/24 revealed "Silver Alginate cleanse Stage 2 to right ischium area with normal saline, pat dry with 4X4 (four inch by four inch) gauze and apply silver alginate to wound bed and cover with border foam dressing every day until. 2/15/24 Silver Alginate cleanse Stage 3 to sacrum with normal saline, pack with silver alginate and	M 615	review and action, if indicated x 2 months.	

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M 615	Continued From page 3 cover with border foam every day until healed."	M 615		