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
	300S	A. BUILDING: _____ B. WING _____	C 04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTI	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 and Compliant Investigations (CIs), at the facility from 4/15/24 through 4/18/24. The SA investigated CI MS #24717 related to abuse, resident's rights, and quality of care, CI MS #24347 related to resident's rights and CI MS #22889 related to resident records and there were no deficiencies cited related to those complaints. CI MS #24211 was a Facility Reported Incident (FRI) related to abuse and there were no deficiencies cited related to the FRI. The SA investigated CI MS #24345 related to pressure sores and cited M615. During the annual recertification survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M500, M620, M640, and M1570.	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 interviews, record review, and facility policy review, the facility failed to ensure a Pressure Ulcer (PU) intervention related to an air mattress was continued after a room change for one (1) of three (3) residents reviewed for PUs. Resident #261	M 615	1) Resident #261 discharged from facility on 02/27/2024. Air mattress was placed on bed by Central Supply Director on 02/21/2024 2) Resident with orders for a low air loss mattress have the potential to be affected by this alleged deficient practice.	5/16/24

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		05/09/24

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M 615	Continued From page 1 Findings include: Review of the facility's policy," Skin and Wound" revised 1/24/22, revealed, " ...To provide a system for identifying risk, and implementing resident centered interventions to promote skin health, prevention and healing of pressure injuries ...Process ...Pressure Injury Mitigation Strategies ...Develop resident centered interventions based on resident risk factors ..." Record review of the "Braden Scale" dated 10/17/23, revealed Resident #261 had a score of 17, which indicated he was at risk for PUs. Record review of the "Order Summary Report" revealed Resident #261 had a Physician's Order, dated 10/26/2023 for a "low air loss mattress." During an interview on 4/16/24 at 1:00 PM, with a family member of Resident #261, she explained she attended a care plan meeting with the facility and the Medical Doctor (MD) apologized to her during the meeting because the Resident #261 was moved from the skilled unit to the long term care (LTC) unit in January of 2024 and the facility did not move his air mattress to the new bed. Resident #261 was sent to the hospital emergency room due to abnormal laboratory findings and she had the resident admitted to another facility after the hospital stay. During an interview on 4/17/24 at 9:00 AM with the MD, he confirmed that he had apologized to Resident #261's family member during a care plan meeting because the facility did not ensure the low air loss mattress that was ordered for the resident was moved to his new bed when he was moved from the skilled unit to the LTC unit.	M 615	3) Clinical Staff were inserviced on skin/wound and ensuring interventions are in place, by the Director of Nurses on 04/18/2024. All Residents with air mattresses were identified and checked to ensure all air mattresses were in place, completed 05/07/2024. 4) The Director of Nurses began audit placement of all air mattresses ordered on 04/18/2024, two (2) times a week for two (2) weeks, then weekly for three months. Findings will be bought to the Quality Assurance Performance Improvement Committee by the Director of Nurses, monthly for 3 months starting 05/16/2024, to determine the effectiveness and make necessary changes as indicated.	

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M 615	Continued From page 2 During an interview on 4/17/24 at 10:00 AM with the Director of Nursing (DON), she confirmed that when Resident #261 moved from the skilled unit to the LTC unit, the low air loss mattress that was ordered for him was not moved to his new bed. Record review of the "Admission Record" revealed the facility admitted Resident #261 on 9/26/23 with current diagnosis including Injury of Cervical Spinal Cord. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/2/2024 revealed Resident #261 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated he was cognitively intact.	M 615		