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
	75SL	A. BUILDING: _____ B. WING _____	C 05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY LAWN HEALTH AND REHABILITATION	60 SHADY LAWN PLACE VICKSBURG, MS 39180

(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 a complaint investigation (CI) MS #24624 at the facility from 4/30/24 through 5/2/24. 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 and deficiencies were cited at M610. The SA determined that the facility was not in compliance related to CI MS#24624 for activities of daily living and cited M610.	M 000		
M 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. 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 the necessary nail care for a resident as evidenced by long, thick fingernails for one (1) of 17 sampled residents. Resident #63 Findings Include: Review of the facility policy titled "Resident	M 610	1. Nail care was provided for Resident #63 on 5/1/24 by the Assistant Director of Nursing (ADON) after soft splint applied by Occupational Therapist Assistant. 2. The facility has determined that all residents have the potential to be affected. 3. The quality assurance (QA) process was initiated on 5/2/24 which included the	6/12/24

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M 610	Continued From page 1 Hygiene" with a revision date of 06/2022 revealed "Purpose: The purpose of this procedure is to clean the nail bed to keep nails trimmed and to prevent infections. Nail care includes cleaning and trimming as needed. Proper nail care can aid in the prevention of skin problems around the nail bed. Trimmed and smooth nails prevent the resident from accidentally scratching and injuring his/her skin ..." An observation on 4/30/2024 at 2:42 PM, revealed Resident #63 sitting in a wheelchair in the activity room. He had excessively long, thick, discolored fingernails observed on both hands measuring approximately one-half (1/2) inch in length. During an observation and interview with Licensed Practical Nurse (LPN) #2 on 5/1/2024, at 10:35 AM, confirmed Resident #62 had long nails that needed to be cut. She revealed that the nails could cause skin injury. She explained that the resident was a diabetic and a Registered Nurse (RN) must cut his nails. An interview with the Director of Nursing (DON) on 5/1/2024 at 10:51 AM, revealed the Wound Care Nurse was responsible for cutting the diabetic nails and confirmed the facility did not have a nail care task implemented for Resident #63. She revealed that long nails could cause skin injuries. Record review of the "Admission Record" the facility admitted Resident #63 on 3/25/2023 with medical diagnoses that included Type 2 diabetes mellitus.	M 610	Director of Nursing and ADON immediately completing an 100% audit of each resident□s nail care. Also, on 5/2/24, an in-service education program was conducted by the Director of Nursing, Assistant of Director of Nursing and Nurse Educator with all direct care staff addressing the proper care of nails including resident preferences and high-risk conditions. On 5/2/24, orders were added to the Treatment Administration Record (TAR) on all current residents for Nurse(s) to clean and cut fingernails on Sundays during 1st shift, and all care plans were updated to reflect nail care order; the Point of Care (POC) documentation task lists for Certified Nurses□ Aides (CNA) were all updated to reflect documentation of personal hygiene care as indicated. 4. The Director of Nursing will conduct a visual assessment audit of at least five (5) residents per week for twelve (12) weeks, start date beginning the week of 5/13/24 and ending the week of 7/29/24 to assure substantial compliance is achieved. Prevention of reoccurrence will include Assistant Director of Nursing (ADON) and/or Wound Care RN to assure compliance by assessing condition of each resident□s nail with the Skin Sweep evaluation that is automatically generated on a weekly schedule for all residents admitted. Personal Hygiene task to be added to all POCs for CNAs upon admission. Order for Nurse(s) to clean and cut fingernails on Sundays during 1st shift will be added to all residents□ Treatment Administration Record (TAR)	

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M 610	Continued From page 2	M 610	upon admission and resumed upon any readmission. The Quality Assurance Performance Improvement committee will review weekly monitoring results monthly for a period 3 months during scheduled QA meetings for a period 3 months beginning 6/12/24.	