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
	57SE	A. BUILDING: _____ B. WING _____	05/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCOMB NURSING AND REHABILITATION CE	415 MARION AVE MCCOMB, MS 39648

(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 State Licensure survey from 5/3/18 through 5/10/18. During the survey the SA determined the facility did not meet the licensure requirements for the State Minimum Standards for the Aged and Infirm. The SA cited M 620.	M 000		
M 620	45.21.4 Urinary incontinence Urinary incontinence. Residents with urinary incontinence shall be assessed for need of bladder retraining program. An indwelling catheter will not be used unless the resident ' s clinical condition indicates that catheterization is necessary. These residents shall receive treatment and services to prevent urinary tract infections. Level II Based on observation, staff interview, record review and facility policy review, the facility failed to perform catheter care in a manner to prevent trauma and to prevent possible infection for one (1) of six (6) catheter care observations, Resident #329. Findings Include: Review of the facility's policy titled "Catheter Care" undated, revealed cleanse around the area where catheter enters the urethral meatus with a wipe in a downward motion about four (4) inches. Avoid pulling on the catheter during cleansing. On 05/07/18 at 2:45 PM, an observation revealed Resident #329 had an indwelling urinary catheter with a drainage bag and leg strap securing the	M 620	M620 The LPN repositioned resident #329's catheter drainage bag to the right side of the bed on 5/7/2018. The CNA repositioned resident #329's catheter drainage bag to the right side of the bed on 5/8/2018. LPN interview with the resident and observation of the resident revealed no trauma or pain. The CNA was verbally reminded by the resident's assigned LPN on 5/8/18 regarding the protocol for incontinent catheter care. The certified nursing assistants were in-serviced and checked off with return demonstration by the Staff Development Nurse,the Nurse Supervisor, and the Assistant Director of Nursing, on 05/18/2018 thru 6/22/2018 regarding the direction to wipe the penis and anchoring the catheter when wiping the tubing. Licensed and certified nursing staff were in-serviced by the Staff Development	6/23/18

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M 620	Continued From page 1 tubing to the resident's left thigh area. Licensed Practical Nurse (LPN) #3 and LPN #5 turned Resident #329 at this time onto his right side and left the resident's catheter drainage bag hanging on the opposite side of the bed. On 05/07/18 at 3:00 PM. an interview with LPN #3 revealed, she stated it is important to place the urinary catheter drainage bag on the side of the bed that the resident is turned, "to keep the catheter tubing from pulling." Record review of the May 2018 Physician Orders, revealed an order dated 1/4/18 for a 16 French Catheter with a 10CC balloon foley for wound healing. On 05/08/18 at 8:50 AM, an observation of urinary catheter care performed by Certified Nursing Assistant (CNA) #1 and CNA #2 revealed CNA #2 wiped the resident's penis from the base towards the meatus. She also wiped the catheter tubing near the insertion site without anchoring the catheter to prevent pulling. CNA #1 and CNA #2 pulled him up in the bed, and positioned him onto his right side, while the catheter drainage bag remained on the opposite side of the bed. On 05/08/18 at 10:30 AM, an interview with CNA #2 revealed, she stated, "I should have moved the bag to the side he is turned , so it will not pull." On 05/08/18 at 4:00 PM, during an interview with CNA #2, she responded, "Are we supposed to wipe from top to bottom?" when the surveyor questioned her about Resident #329's catheter care. LPN #2 was present at this time and, stated wiping away from the meatus will prevent infection and bacteria from entering the meatus.	M 620	Nurse, the Nurse Supervisor, and Assistant Director of Nursing, on 6/20/2018-6/22/2018 regarding repositioning the catheter bag to the side of the bed the resident is facing. Residents who receive incontinent care, especially residents requiring catheter care have the potential to be affected. Licensed and certified nursing staff were in-serviced by the Staff Development Nurse, the Nurse Supervisor, and the Assistant Director of Nursing, on 6/20/18 thru 6/22/2018 regarding the importance of placing the urinary catheter drainage bag on the side of the bed the resident is turned to in order to prevent the catheter tubing from pulling. Licensed and Certified nursing staff were in-serviced by the Staff Development Nurse, the Nurse Supervisor, and the Assistant Director of Nursing, on 05/18/2018 thru 06/22/2018 regarding the appropriate direction to wipe the penis and anchoring the catheter when wiping the catheter tubing near the insertion site. Licensed and certified nursing staff were checked off with return demonstration by the Staff Development Nurse and the Nurse Supervisor on 05/18/2018 thru 06/22/2018 regarding providing catheter care. The Director of Nursing will perform 3 catheter care observations weekly for 4 weeks and then monthly for 2 months. Negative findings will be addressed immediately and results will be reviewed during the QA meeting. The QA committee will make recommendations as necessary	

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M 620	Continued From page 2 On 05/08/18 at 4:45 PM, an interview with LPN #1/CNA instructor revealed, she stated, "You're not supposed to go from that way (referring to wiping penis from base to top), so you will not carry infection, germs, or bacteria to the urethra." Review of the facility's Face Sheet revealed, Resident #329 was admitted by the facility on 05/01/17 with diagnoses that included Nontraumatic Intracerebral Hemorrhage Unspecified and Encephalopathy. Review of the Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/20/18, revealed the cognitive skills for daily decision making was coded a 3 which indicated severe cognitive impairment.	M 620	regarding the negative findings.	