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 _____	08/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION	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 a State Licensure survey from 8/07/18 through 8/09/18. 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 M610 and M620. The facility was licensed for 115 beds, and had a census of 96 at the time of survey.	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, record review, staff and resident interview, and facility policy review, the facility failed to ensure a resident dependent on staff for bed mobility was pulled up and positioned in bed to eat comfortably for one (1) of 20 residents reviewed, for Resident #11. Findings include: A review of the facility's policy titled, "Meals, Serving", dated 11/2017, revealed staff were to	M 610	1. Certified Nursing Assistant (CNA) #1 and #2 adjusted resident #11 positioning to eat comfortably while in bed on 8/8/18. Resident #11 was assessed by the Care Plan Coordinator on 8/9/18 and the care plan updated accordingly to reflect his positioning to eat comfortably in bed. Care Plan Coordinator updated 100% of care plans as it relates to proper positioning for residents eating in bed. One-on-one education provided to CNA #2 on Activities of Daily Living (ADL) care for residents dependent on staff for bed	9/7/18

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 _____	08/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION	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 610	Continued From page 1 place a resident's meal tray on the overbed table or serving area and be sure it was adjusted to a comfortable position and height for the resident. The staff were to leave the room and allow the resident to eat his/her meal once they were certain they had given the resident adequate assistance. An interview and observation, on 08/08/18 at 7:48 AM, revealed Resident # 11 was lying in bed with the head of bed at approximately 45 degrees. Resident #11 was leaning on his left side, and propped on his left elbow. The resident's breakfast tray was set up on the overbed tray table in front of resident, and slightly above the resident's eye level. Resident #11 stated he couldn't eat lying like that in the bed, and the staff had not pulled him up in the bed for him to eat. Resident # 11 stated sometimes the staff gets him set up right, sometimes they don't, and today they didn't. A review of Resident # 11's most recent Annual Minimum Data Set (MDS), dated 7/19/18, revealed the resident required extensive assistance with bed mobility, toilet use, hygiene, and set up assistance with eating. A review of Resident # 11's Care Plan revealed a Focus, dated 08/11/17, and review dated of 08/07/18, for left Hemiplegia due to stroke contractures of left arm. There was a goal that all Activities of daily Living (ADLs) would be met through staff intervention and resident participation with an intervention for staff to provide total assistance times two staff for transfer and bed mobility. On 08/09/18 from 7:52 AM to 8:05 AM, an	M 610	mobility and positioning to eat comfortably on 08/09/2018 by Director of Nursing (DON). 2. Rounds conducted by DON during meal pass on 08/09/2018 to determine any residents affected, no other residents affected. 3. 100% in-services of nursing staff on proper implementation of care plans as it relates to ADL care for residents dependent on staff for bed mobility and positioning to eat comfortably. In-services conducted by Risk Manager on 08/09/2018 and completed on 08/23/2018. 4. DON or Risk Manager will perform meal pass observations for residents eating their meals in bed to ensure proper positioning 2x weekly x 3 months to ensure continued compliance. The DON will bring any findings from these observations to monthly Quality Assurance Committee meeting for review and systematic changes if indicated.	

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 _____	08/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION	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 610	Continued From page 2 observation of the 300 Hall where Resident # 11 resided revealed two CNAs passing meal trays room to room at the opposite end of the hallway from Resident 11's room. An interview with CAN #1 revealed they had just finished passing out the trays. CNA #1 stated when CNAs pass out trays they set up the resident for eating. They position the resident and get the resident adjusted, and make sure they have the items they want and any condiments they would like. CNA #1 stated it was their responsibility to make sure the resident was comfortable, and in a position to eat if they could feed themselves, and if they needed assistance with feeding they would assist. CNA #1 stated all the meal trays had been served, and CNA #2 was assigned to Resident #11's room today, and she would have passed out Resident # 11's tray. An observation and interview with LPN #1, on 08/09/18 at 8:04 AM, revealed CNA # 2 was feeding another resident, and Resident # 11 could feed himself, but was dependent on staff for bed mobility. LPN # 1 went with the surveyor to the Resident # 11's room, and observed the resident still lying in bed leaning to the left side, and unable to reach his food to eat. LPN #1 asked the resident if he did not want to eat today. The resident stated, "Does it look like I can eat?" LPN #1 stated that sometimes you tell us you don't want to be moved, and the resident denied this stating, "I have never refused to be pulled up in bed to eat." LPN #1 told the resident "Now you know that sometimes you tell us not to pull you up". The resident stated, "I guess now I'm a liar." LPN #1 stated she wasn't saying he was lying, and went to ask a CNA to assist in pulling the resident up in bed. CNA #1 entered the room and said, "My goodness, what are you doing lying like that?" CNA #1 stated the resident was not positioned in a manner that he could comfortably	M 610		

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 _____	08/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION	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 610	Continued From page 3 eat. LPN #1 and CNA #1 positioned the resident to eat by pulling him up in bed, raising the head of bed to about 80 degrees per the resident's instruction, and positioning a pillow under his left side to support an upright position. Resident # 11 was able to reach his tray and feed himself after repositioning. A review of the resident's weight record revealed the resident had not had any significant weight loss over the past six months. An interview, on 08/08/18 at 8:20 AM, with CNA #2 confirmed the resident was assigned to her, and she passed out his tray for breakfast. CNA #2 stated the resident likes to be sitting almost straight up in bed, and admitted he was not sitting straight up when she left his breakfast this morning. CNA #2 stated the resident can sometimes pull himself up. CNA #2 stated the resident leans to the left all the time, and even if they position him with a pillow he leans and slides back down. CNA #2 stated she did not put a pillow under the resident's left side for support this morning, and that the resident could use the call light if he needed assistance. CNA #2 stated it takes two people to pull the resident up in bed, but sometimes the resident is able to help.	M 610		
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.	M 620		9/7/18

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 _____	08/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION	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 620	Continued From page 4 Level II Based on observation, staff interview, record review, and facility policy review, the facility failed to provide Resident #15's incontinent care in a manner to prevent the possibility of a Urinary Tract Infection (UTI) for one (1) of three (3) incontinent care observations. Findings include: A review of the facility's policy titled, "Perineal Care", dated December 2017, revealed the purpose of the perineal care procedure guide is to provide cleanliness, and to prevent infections. The facility policy stated that the steps in the procedure for providing perineal care included instructions the perineal area and buttocks are to be cleaned from front to back. A review of Resident #15's Physician's Orders revealed a telephone order, dated 04/10/2018 to obtain a Urinalysis for Urine Culture and Sensitivity (C&S).. The telephone order was signed by the resident's Medical Doctor (MD). A review of Resident #15's Laboratory Reports revealed the results of the Urine C&S was positive for a UTI as evidenced by greater than 100,000 colony count/milliliter of Escherichia coli, dated 4/12/2018. Resident #15 required antibiotic treatment for the UTI. An observation, on 08/08/2018 at 1:25 PM, revealed Certified Nursing Assistant (CNA) #2, assisted by CNA #3 provided Resident #15's incontinent care. CNA #2 was observed cleaning the buttocks area, and wiped the buttocks area multiple times from back to front instead of from front to back.	M 620	1. One-on-one education provided to Certified Nursing Assistant (CNA) #2 on incontinent care interventions on 08/09/2018 by Director of Nursing (DON). Risk Manager placed resident #15 on 72 hour monitoring beginning 8/9/18 and ending 8/11/18 for signs and symptoms of a Urinary Tract Infection, no negative findings. 2. Rounds conducted by Risk Manager for proper incontinent care procedures on 100% of residents with Bowel/Bladder Incontinence (26 of 26) on 08/09/2018 to determine any residents affected, results indicated no other residents negatively affected. 3. 100% in-services of nursing staff on proper implementation of catheter/incontinent care. In-services conducted by Risk Manager on 08/09/2018 and completed 08/23/2018. 4. DON or Risk Manager will perform catheter/incontinent care observations 2x weekly x 3 months to ensure continued compliance. Any findings from these observations will be taken to monthly Quality Assurance Committee meeting by the DON for review and systematic changes if indicated.	

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 _____	08/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION	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 620	Continued From page 5 An interview, on 08/08/2018 at 1:50 PM, with CNA #2, revealed she had wiped Resident #15's buttocks area from back to front during the incontinent care. CNA #2 stated, "I was so nervous." CNA #2 also stated wiping the wrong way could cause the resident to get an infection. An interview, on 08/08/2018 at 1:55 PM, with CNA #3, revealed CNA #2 had wiped the resident's buttocks area from back to front with multiple strokes during the incontinent care. CNA #3 stated wiping the wrong way could cause the resident to get a Urinary Tract Infection. An interview, on 08/09/2018 at 10:15 AM, with the Director of Nursing (DON), revealed wiping from front to back during incontinent care is the correct manner in which perineal care is to be done. A review of Resident # 15's Face Sheet revealed the facility admitted the resident, on 04/11/2017, with the included diagnoses Dementia and Parkinson's Disease. A review of the Comprehensive Significant Change Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/25/2018, revealed the resident was frequently incontinent of bowel and bladder. A review of Resident # 15's Quarterly MDS, with an ARD of 07/19/2018, revealed the resident was always incontinent of bladder and frequently incontinent of bowel. The Comprehensive Significant MDS with an ARD of 04/25/2018, and the Quarterly MDS with an ARD of 07/19/2018, revealed Resident # 15 had a Brief Interview Mental Status (BIMS) score of 10,, indicating moderately impaired cognition.	M 620		