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
	43BM	A. BUILDING: _____ B. WING _____	06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF BROOKHAVEN	519 BROOKMAN DRIVE 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 an annual recertification survey and Complaint Investigations (CI), MS #25465 and CI MS #25503 at the facility from 6/17/24 through 6/20/24. The SA investigated CI MS #25465 and CI MS#25503 for Medication Administration, and Activities of Daily Living (ADL) care. There were no citations related to the complaint investigations. 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 cited M655.	M 000		
M 655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This Statute is not met as evidenced by: Level II Based on observation, staff and resident interviews and record review the facility failed to ensure that a resident's CPAP (Continuous Positive Airway Pressure) mask was properly stored when not in use, for one (1) of fourteen (14) sampled residents. (Resident # 48) Findings Include: During an observation and interview with Resident #48 on 06/17/24 at 11:10 AM, he stated	M 655	M655 Special Needs: Plan of Correction M655 Resident's 48's CPAP mask was covered by Licensed Practical Nurse (LPN) on 6/19/2024. Licensed Practical Nurse evaluation with no signs or symptoms of respiratory infection 6/20/2024. Residents with Continuous Positive Airway Pressure (CPAP) mask have the potential to be affected by the same alleged deficient practice. 100% audit of residents	7/26/24

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M 655	Continued From page 1 that he had been told by staff that they were not responsible for assisting with his CPAP mask. The resident's CPAP mask was observed uncovered and lying on the dresser near the foot of the resident's bed. On 06/17/24 at 4:28 PM, during an observation and interview, License Practical Nurse (LPN) #3 stated that the CPAP mask "should be in a bag." She explained that this is to prevent the resident from contracting respiratory infections. She emphasized that nurses must ensure that the mask is sealed in a zip-lock bag when not in use, to prevent contamination of the mask. In an interview with the Director of Nursing (DON) on 6/20/24 at 3:12 PM, she explained that it is common nursing knowledge that CPAP masks should be stored in a manner to prevent contamination when not in use. Moreover, it is the responsibility of the nursing staff to ensure that there are no breaches in infection control regarding care of the resident's mask. She further claimed that failing to store the CPAP mask properly could result in the resident contracting a respiratory illness. A record review of the "Order Summary Report," for Resident #48, with active orders as of 6/18/24, revealed an order dated 5/31/24, "Apply C-Pap at bedtime related to OBSTRUCTIVE SLEEP APNEA ..." A record review of the "Admission Record," for Resident #48 revealed the resident was admitted on 5/27/24 by the facility. His diagnoses included Quadriplegia, Chronic Obstructive Pulmonary Disease with acute lower respiratory infection and Obstructive sleep apnea.	M 655	with CPAP was started on 6/19/2024 and completed on 6/20/2024, by Director of Nursing Service (DNS), to ensure a covering was over CPAP mask when not in use. All nurses in-serviced by the DNS/ Unit Manager (UM) on proper storage of CPAP mask when not in use will be completed by 7/05/2024. To ensure the performance of our corrective action and to ensure sustainability, the DNS / UM will audit residents with CPAP mask starting on 7/01/2024 3x/week x 12 weeks to ensure masks are covered when not in use. Any negative findings of the audits will be brought by the DNS to the Quality Assurance and Performance Improvement (QAPI) Committee meeting for a minimum of three months to review and corrective action implemented as necessary beginning with July's QAPI Meeting on July 23, 2024.	

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M 655	Continued From page 2 A review of Resident #48's Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 6/3/24, revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact.	M 655		