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 |
|---|---|---|---|
| | 77RA | A. BUILDING: _____ B. WING _____ | 06/20/2024 |

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| PINE VIEW HEALTH AND REHABILITATION CENTER | 1304 WALNUT ST WAYNESBORO, MS 39367 |

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| M 000 | Initial Comments<br><br>The State Agency (SA) conducted an Annual Recertification Survey at the facility from 6/17/24 to 6/20/24. 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 requirement and cited M500, M615, M620, and M940. | M 000 | | |
| M 500 | 45.17.2 Residents' Rights<br><br>Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility:<br><br>1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents;<br><br>2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate;<br><br>3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a | M 500 | | 7/24/24 |

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| M 500 | Continued From page 1<br>pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action;<br><br>4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record;<br><br>5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;<br><br>6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; | M 500 | | |

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| M 500 | Continued From page 2<br><br>7. is free from mental and physical abuse;<br>8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint;<br>9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract;<br><br>10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;<br><br>11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;<br><br>12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical | M 500 | | |

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| M 500 | Continued From page 3<br>record);<br><br>13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);<br><br>14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);<br><br>15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and<br><br>16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights.<br><br>This Statute is not met as evidenced by:<br>Level II<br><br>Based on observation, staff interview, and record review, the facility failed to ensure a resident's right to a dignified experience, as evidenced by not providing a privacy covering for a urinary drainage bag for one (1) of nine (9) residents with an indwelling catheter. (Resident #17) | M 500 | Root Cause Analysis was conducted and based on findings Resident #17 was provided a urinary bag cover to ensure privacy and dignity on 6/20/24 by the Unit Manager.<br><br>Residents with urinary catheter bags have the potential to be affected. | |

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| M 500 | Continued From page 4<br>Findings include:<br><br>On 6/16/24 11:35 AM, during an observation, Resident #17 was lying in bed and a urinary catheter drainage bag was hanging from the right side of the lower bed. The urinary drainage bag was not covered and the urine in the bag was visible from the hallway.<br><br>On 6/17/24 at 9:15 AM, in an interview and observation with Registered Nurse (RN) #2, she confirmed Resident #17 had an indwelling catheter and the drainage bag was not covered, making the urine visible. RN #2 explained the visible urine was a dignity issue for the resident.<br><br>On 6/18/24 at 9:15 AM, in an interview with the Director of Nursing (DON), she revealed urinary drainage bags should have a privacy covering because it was a dignity issue for the resident.<br><br>Record review of the "Admission Record" revealed the facility admitted Resident #17 on 10/19/23 with current Paraplegia and Neuromuscular Dysfunction of Bladder.<br><br>Record review of the "Order Listing Report" revealed Resident #17 had a Physician's Order, dated 5/10/24, for a Foley (Indwelling) catheter. | M 500 | Education was conducted with Licensed Nurses and Certified Nursing Assistants on 6/19/24, 6/20/24, and 6/21/24 by Registered Nurse/Licensed Practical Nurse (RN/LPN) on Resident Right to have their privacy and dignity maintained by having the urinary catheter bag covered. Urinary Catheter bags will be always covered. Certified Nursing assistants and Licensed Nurses will monitor urinary catheter bags when rounding on Residents. Education will be conducted with new hires during orientation.<br><br>Quality Monitoring will be conducted by the Director of Nursing (DON) , Assistant Director of Nursing or the Unit Manager starting 6/24/24 by the Registered Nurse (RN) 3 x weekly for 4 weeks ; then weekly for 2 months to ensure urinary catheter bags are covered to maintain privacy and dignity for the Residents . Findings will be reported to Quality Assurance Performance Improvement (QAPI) Committee starting 7/19/24 and monthly for 3 months . | |
| M 615 | 45.21.3 Pressure sores<br><br>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. | M 615 | | 7/24/24 |

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| M 615 | Continued From page 5<br><br>This Statute is not met as evidenced by:<br>Level II<br><br>Based on staff interview, record review, and facility policy review, the facility failed to implement a Nurse Practitioner's (NP) recommendation for a specialty mattress for a resident with a pressure ulcer (PU) for one (1) of three (3) residents reviewed with PUs. Resident #32<br><br>Findings include:<br><br>A review of the facility's policy "Skin and Wound" with revision date of 01/24/2022 revealed "Policy: To provide a system for ...implementing resident centered interventions to promote skin health, prevention, and healing of pressure injuries ..."<br><br>A record review of a timeline provided by the facility of Resident #32's PUs revealed Resident #32 acquired a deep tissue injury (DTI) (a type of pressure injury) to the right and left heel and a left lateral heel DTI on 03/11/24. On 04/02/24, Resident #32 acquired a sacrum wound that was a Stage II PU. She received a specialty (air) mattress on 05/22/24.<br><br>Record review of Resident #32's "Progress Note Details" of the wound care NP revealed " 4/30/24 ... Will order patient air mattress... 5/14/24 ...patient has not received air mattress ...5/21/24 ...The patient has not received the air bed ..."<br><br>A record review of the 5-Day (Reentry from an acute hospital) Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/30/24 revealed Resident #32 was severely cognitively impaired and had three (3) unstageable pressure | M 615 | Root Cause Analysis was conducted and based on findings Resident #32 was provided an air mattress on 5/22/24.<br><br>Current Residents with pressure ulcers have the potential to be affected.<br><br>Education was conducted by RN/LPN on 6/19/24 and 6/20/24 with the Licensed Practical Nurses (LPN) and the Registered Nurses (RN) on following Nurse Practitioner (NP) recommendations to promote healing of Pressure Ulcers. When a recommendation for air mattress is received the Maintenance Supervisor will be notified to place air mattress on bed. If there is no air mattress is available there will be one ordered. New hires will be educated in orientation.<br><br>Quality Monitoring will be conducted starting 6/24/24 by the Director of Nursing (DON) , Assistant Director of Nursing (ADON) 3 x weekly for 4 weeks ; then monthly for 2 months on ensuring NP recommendations are followed for intervention to promote healing of pressure wounds . Findings will be reported to Quality Assurance Performance Improvement (QAPI) Committee starting 7/19/24 and monthly for 3 months . | |

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| M 615 | Continued From page 6 | M 615 | | |

wounds and indicated there were no pressure devices for her bed or chair coded in Section M for skin conditions.

A record review of the "Customer Portal" maintenance list revealed Resident #32 received an APM2 (type of specialty air mattress) and pump on 5/22/24.

On 06/19/24 at 4:30 PM, during an interview with the Director of Nursing (DON), she stated she did not understand or know why Resident #32 did not receive an air mattress after the nurse practitioner ordered it on 4/30/24. She explained she expected the staff to follow the NP's recommendations and to place orders as soon as possible.

On 06/19/24 at 5:00 PM, during an interview with Licensed Practical Nurse (LPN) #2/Wound Care nurse she confirmed the NP indicated in her progress notes on two (2) different dates that Resident #32 did not have an air mattress in place. She explained she remembered the NP asking about the air mattress, but it was forgotten about or maybe it was on order from maintenance.

On 06/20/24 at 11:45 AM, during an interview with the Maintenance Director, he explained the facility always had low air loss mattresses in-house. The facility placed orders for new mattresses in November 2023. He explained currently there were four (4) low air loss mattresses that are available for use. He stated he always tries to keep one or two low air loss mattresses available but if the facility did not have any mattresses in house, he could order them and have them available the next day.

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| M 615 | Continued From page 7<br><br>On 06/20/24 at 2:00 PM, during an interview with the Wound Care NP, she explained when Resident #32 first got the PUs, she mentioned to LPN #2/Wound care nurse a verbal order to get the resident a low air loss mattress and after seeing resident a few more times she mentioned the air loss mattress again. She confirmed that she did not follow up on the reason why Resident #32 did not have a specialty mattress.<br><br>Record review of the "Admission Record" revealed the facility admitted Resident #32 on 01/03/24 with current diagnoses including of Unspecified Dementia. | M 615 | | |
| M 620 | 45.21.4 Urinary incontinence<br><br>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.<br><br>This Statute is not met as evidenced by:<br>Level II<br><br>Based on observation, staff interview, and record review, the facility failed to maintain proper placement of urinary drainage tubing to prevent the possible spread of infection for one (1) of nine (9) residents with an indwelling catheter. (Resident #17)<br><br>Findings include: | M 620 | Root Cause Analysis was conducted and based on findings Resident #17 's urinary catheter bag was changed and suspended off floor on 6/19/24 by the Registered Nurse (RN).<br><br>Residents with urinary catheter bags have the potential to be affected.<br><br>Education was conducted with Licensed Nurses and Certified Nursing Assistants | 7/24/24 |

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| M 620 | Continued From page 8<br><br>Review of the facility's policy, "Urinary Tract Infections (Catheter-Associated), Guidelines for Preventing", revised 9/2017, revealed, " ... The purpose of this procedure is to provide guidelines for the prevention of catheter-associated urinary tract infections (CAUTIs) ...Steps in Procedure ...6 ...Do not place the drainage bag on the floor ..."<br><br>Record review of the "Order Listing Report" revealed Resident #17 had a Physician's Order, dated 5/10/24, for a Foley (Indwelling) catheter.<br><br>On 6/16/24 at 11:35 AM, during an observation, Resident #17 was lying in bed and a urinary catheter drainage bag was hanging from the right side of the lower bed and the drainage tubing on the floor.<br><br>On 6/17/24 at 9:15 AM, in an interview and observation with Registered Nurse (RN) #2, she confirmed Resident #17 had an indwelling catheter and the drainage tubing was on the floor of the resident's room. RN #2 stated the tubing on the floor was an issue with infection control.<br><br>On 6/18/24 at 9:15 AM, in an interview with the Director of Nursing (DON), she revealed catheters could be a cause of infection and the tubing should not touch the floor. She stated it was the responsibility of all nursing staff to ensure catheter drainage tubing was not touching the floor.<br><br>Record review of the "Admission Record" revealed the facility admitted Resident #17 on 10/19/23 with current diagnoses that included Paraplegia and Neuromuscular Dysfunction of Bladder. | M 620 | on 6/19/24, 6/20/24, and 6/21/24 by Registered Nurse (RN)/ Licensed Practical Nurse (LPN) on Resident Right to have their privacy and dignity maintained by having the urinary catheter bag covered and Urinary Catheter bags to be suspended.<br>below bladder off floor or other services to prevent the spread of infection. Urinary Catheter bags will be always covered and suspended below bladder off of floor or other services. Certified Nursing assistants and Licensed Nurses will monitor urinary catheter bags when rounding on Residents. Education will be conducted with new hires during orientation.<br><br>Quality Monitoring will be conducted by the Director of Nursing (DON) , Assistant Director of Nursing or the Unit Manager starting 6/24/24 by the Registered Nurse 3 x weekly for 4 weeks ; then weekly for 2 months to ensure urinary catheter bags are covered and suspended below bladder off of floor or other services to maintain dignity and prevent the spared of infection . Findings will be reported to Quality Assurance Performance Improvement (QAPI) Committee starting 7/19/24 and monthly for 3 months . | |

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| M 940 | Continued From page 9 | M 940 | | |
| M 940 | 45.32.3 Dishwashing<br><br>Dishwashing. Commercial or institutional type dishwashing equipment shall be provided in homes with more than twenty-four (24) beds. The dishwashing area shall be separated from the food preparation area. If sanitizing is to be accomplished by hot water, a minimum temperature of one hundred eighty (180) degrees Fahrenheit shall be maintained during the rinsing cycle. An alternate method of sanitizing through use of chemicals may be provided if sanitizing standards of the Mississippi State Department of Health Food Code Regulations are observed. Adequate counter-space for stacking soiled dishes shall be provided in the dishwashing area at the most convenient place of entry from the dining room, followed by a disposer with can storage under the counter. There shall be a pre-rinse sink, then the dishwasher and finally a counter or drain for clean dishes.<br><br>This Statute is not met as evidenced by:<br>Level II<br><br>Based on observation, staff interview, and facility policy review, the facility failed to ensure the chemical sanitizer for a low-temperature dishwasher had a concentration of at least 50 parts per million (ppm) for (1) of two (2) dishwasher observations.<br><br>Findings include:<br><br>A review of the facility's policy, "Isolation/Infection Control - Non-Disposal Service Ware", Effective Date 11/30/2014, revealed, "Policy: Isolation and Infection Control guidelines issued by the Center for Disease Control are followed ...Procedure | M 940 | Root Cause Analysis was conducted and based on findings the dish machine sanitizer pump was not dispensing the correct amount of sanitizer, on 6/17/24 the Dietary Department began using disposable dining ware. On 6/19/24 Ecolab came to the facility to inspect and repair the dish machine sanitizer pump.<br><br>Residents of the facility that require dietary services have the potential to be affected.<br><br>Executive Director began education with all dietary staff on 6/18/24 to ensure the Hypochlorite was at 50 parts per million (ppm) and if below 50 ppm to begin using | 7/24/24 |

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| M 940 | Continued From page 10<br>...Low temperature dish machines ...use a chemical sanitizer ...The required chemical sanitizer concentration is 50 ppm for a chlorine based sanitizer ..."<br><br>On 6/17/24 at 10:07 AM, during an interview and observation with the Dietary Manager (DM), the low-temp dishwasher Hypochlorite (chlorine) on the dish surface final rinse was below 10 ppm. The DM confirmed the chlorine ppm was registering below 10. The DM explained adequate chlorine levels were important to help with infection control and stated she would call the Maintenance Director regarding the sanitation concentration.<br><br>On 6/17/24 at 10:36 AM, an interview with the Maintenance Director revealed the low-temperature dishwasher chlorine was registering below 10 ppm. He advised he would contact the manufacturer to provide further maintenance and a representative would come to the facility.<br><br>On 6/20/24 at 11:40 AM, an interview with the Administrator, he stated he was aware the low temperature dishwasher chlorine level was below 10 ppm when SA observed the DM test the sanitation on 6/17/24. The Administrator stated he planned to personally in-service the staff on requirements for dishwasher sanitation. | M 940 | disposable products, until Hypochlorite was above 50 ppm.<br><br>Quality Monitoring will be conducted starting on 6/24/24 by the Executive Director or Maintenance Director 5 times a week for 2 weeks, then 3 times a week for 2 weeks, then weekly for 4 weeks, then every other week for 2 months to ensure dish machine Hypochlorite is at least 50 ppm. Findings will be reported to Quality Assurance Performance Improvement (QAPI) Committee starting 7/19/24 and monthly for 3 months . | |