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
	36GR	A. BUILDING: _____ B. WING _____	09/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OXFORD HEALTH & REHAB CENTER	1301 BELK BOULEVARD OXFORD, MS 38655

(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 at the facility from 9/3/24 through 9/5/24. 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.	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 Activities of Daily Living (ADL) care for a resident dependent on staff for care for one (1) of 20 sampled residents. Resident #31 Findings Included: Review of the facility policy, "Activities of Daily Living (ADL)" with revised date of 09/15/2022 revealed , "Care and services will be provided for the following activities of daily living: 1. Bathing, dressing, grooming, and oral care....."	M 610	Certified Nurse Aide #1 changed resident #31's soiled shirt on September 4, 2024. The staff development nurse in-serviced all nursing staff on September 4, 2024, to follow the Activity of Daily Living care plan when providing resident care. The facility has determined that all residents requiring assistance with ADL care have the potential to be affected. On September 4, 2024, the unit managers completed a 100% audit on all residents for soiled clothing. Soiled clothing was removed as residents allowed at the time	10/5/24

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 09/20/24

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M 610	Continued From page 1 An observation on 9/03/24 at 10:34 AM, revealed Resident #31 lying in his bed and he wore a red short-sleeved T-shirt. Resident #31's shirt had an area of white, crusty substance on the right anterior sleeve and also a quarter-sized area of dried, brown substance on the upper center front of the shirt. An observation on 09/03/24 at 11:50 AM, revealed Resident #31 lying in his bed and he had the same red short-sleeved shirt on. An observation on 09/04/24 at 7:40 AM, revealed Resident #31 lying on his left side in his bed with the same red short-sleeved shirt he had on the day before on 09/03/24. An observation and interview on 09/04/24 at 3:06 PM, with Certified Nursing Assistant (CNA) #1, revealed that Resident #31 was assigned to her today. She revealed that this resident was on hospice services, and their CNAs came to the facility three times a week to bathe him. CNA #1 revealed that Resident #31 was on a pureed diet and would often drop food on his clothes or in his beard. She revealed that on the days that hospice didn't come, the facility CNAs were responsible for changing the residents' clothes and bathing them if needed. CNA #1 confirmed the dried white and brown substance on Resident #31's red shirt and stated, "It looks like food." She revealed that she had been in and out of his room and had not noticed his dirty shirt and that she would change his clothes now. On 09/04/24 at 3:10 PM, an interview with Licensed Practical Nurse (LPN) #3 revealed that Resident #31 was assigned to her today and she had been in and out of his room all day. She	M 610	of observation. All certified nursing staff were in-serviced by the Staff Development Nurse on ADL care. The in-service began on September 4, 2024, and will be completed on Monday September 23, 2024. The Quality Assurance nurse began audits the week of September 9, 2024, to ensure residents are dressed in clean clothing. These audits will include five residents three times per week for four weeks, five residents two times a week for four weeks and five residents one time per week for four weeks. The Quality Assurance Nurse will report any issues identified to the Director of Nursing for correction, who will bring all findings to the Quality Assurance Committee on October 4, 2024, for review and recommendations. The Director of Nursing will continue to bring findings from the audits to the Quality Assurance Committee monthly for two months.	

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M 610	Continued From page 2	M 610		

revealed that she had not noticed that he had on the same shirt as yesterday or that it was dirty. LPN #3 revealed that she should have paid more attention to him and not been in a hurry and stated, "There's no excuse for this." LPN #3 revealed that resident care was supposed to be the same whether hospice staff came in or not and stated, "This falls on us, we should have already changed him." She also revealed that residents' clothes should be changed every day whether they were scheduled to have a bath or not. LPN #3 revealed that this facility was their home and stated, "These residents should be treated like we want to be treated and we get to change our clothes every day."

An interview on 09/04/24 at 3:25 PM, with Registered Nurse (RN) Unit Manager, revealed that she failed to check the shower book this morning to make sure that Resident #31 received his ADL care. She revealed that she fed Resident #31 earlier, had put a clothing protector on him, and had not noticed the dirty shirt he had on.

Record review of Resident #31's "Admission Record" revealed an admit date of 01/21/2021 and that he had diagnoses that included Need for Assistance with Personal Care, Cerebral Infarction with Hemiplegia and Hemiparesis affecting his left non-dominant side.

Record review of Resident #31's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/26/24 under Section C revealed a Brief Interview for Mental Status (BIMS) Score of 03 which indicated that he had severe cognitive deficits.