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
	70TH	A. BUILDING: _____ B. WING _____	C 11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIPPAH COUNTY NURSING HOME	1005 CITY AVENUE NORTH RIPLEY, MS 38663

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey along with a complaint investigation (CI) MS #26610 at the facility from 11/4/24 through 11/6/24. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements and cited M 1210 for CI MS #26610 for physical environment. The SA also cited M 1570 during the survey. The census at the time of the survey was 36 with a facility license for 40 beds.	M 000		
M1210	45.40.7 Walls and Ceilings Walls and Ceilings. All walls and ceilings shall be of sound construction with an acceptable surface and shall be maintained in good repair. Generally the walls and ceilings should be painted a light color. This Statute is not met as evidenced by: Level II Based on observation, staff interview, and record review, the facility failed to provide a safe, functional, and sanitary environment for residents' use as evidenced by both facility's shower rooms being in disrepair for two (2) entrance areas of two (2) shower rooms in the facility. Findings include: Record review of facility's letterhead notification signed by the Administrator and dated 11/5/24, revealed, "(Proper name of facility) does not have a specific policy for environment of care,	M1210	1. On 11/4/2024, Maintenance Director was verbally educated on the need for shower renovations as soon as possible. On 11/20/2024, Maintenance Director was notified that 2567 was received and both showers needed to be renovated and were due to be complete by 12/19/2024. Maintenance Director began renovation of East Shower on 11/21/2024. South Shower renovation to begin immediately following completion of East Shower.	12/19/24

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M1210	Continued From page 1 concerning walls, etc. A policy is being developed immediately." During interviews and a tour with the Administrator and the Director of Nursing (DON) on 11/4/24 at 3:55 PM, it was revealed that each of the two locked shower rooms had an entrance area from the resident hallways that led to the shower area. Upon entrance into each of these areas, damage to walls and ceilings was observed. In the east hall shower room, the outside corner of the wall where people would walk or be assisted in a chair to the shower area had a large open area of missing plaster with visible metal grill like material. The ceiling around an air vent was also noted to be damaged with some plaster hanging down and a black substance on the open areas of the ceiling. In the south hall shower room, the ceiling surrounding the air vent was noted to have a large amount of damage and opened areas to the plaster with a dark substance noted near those open areas. The area behind the door where the doorknob met the wall was noted to be damaged with a large hole of missing plaster and metal noted inside. The DON stated the location and the necessity to pass through this area to enter the shower could lead to the potential for an injury and the areas needed repair. The Administrator revealed the entrance area to each of the two shower rooms had not been remodeled. She stated it had been mentioned to the maintenance department, but it was not repaired. She stated there was the potential for an injury to occur from this and it needed to be repaired. She confirmed the facility failed to provide a safe, functional, and sanitary environment for the residents' shower areas. During an interview and walk through observation	M1210	2. All residents have the potential to be affected by this deficient practice. 3. On 11/12/2024, Maintenance Director created a policy titled Work Orders on how maintenance items are addressed concerning the environment of care. This policy was approved by Medical Director on 11/12/2024. This policy was presented to Quality Assurance Committee on 11/21/2024 and was approved. On 11/21/2024, Administrator created a policy titled Homelike Environment on maintaining a homelike environment. This policy was approved by Medical Director on 11/21/2024. This policy was presented to Quality Assurance Committee on 11/21/2024 and was approved. On 11/21/2024, 11/22/2024, and 11/26/2024, Maintenance Department, nursing staff, and facility department heads were in-serviced by Administrator on new policies titled Work Orders and Homelike Environment. 4. The Administrator developed a Quality Improvement Monitor on 11/21/2024 to be monitored daily times 29 days beginning 11/21/2024, then weekly times 4, then monthly times 1 year. Administrator will ensure that both shower rooms are in good working order, with no safety concerns and are as homelike as possible. Administrator added to facility Quality Scorecard on 11/21/2024. The Quality Assurance Committee will review monthly results beginning 12/19/2024 and make	

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M1210	Continued From page 2 with the Maintenance Director on 11/6/24 at 1:50 PM, it was revealed that he was aware of the damaged areas in each of the shower rooms. He stated he had been unsuccessful in finding someone to come in to do the necessary repairs, but he was attempting to contact another person to get the needed repairs completed. The Maintenance Director measured the damaged areas and in the east hall shower room, an area of an outer corner leading into the shower area measured approximately 22 inches from the top of the baseboard up the outer corner wall with a width of approximately 5 inches on one side of corner and 4 inches on the other side of the corner. This damaged area had a metal grill like material that was exposed. He confirmed the ceiling was missing plaster with open areas around air vent. This damaged area was measured approximately 25 inches x 18 inches with an open area with a black substance next to the air vent measuring approximately 8 inches by 1 inch. In the south hall shower room, the ceiling damage measured approximately 24 inches by 20 inches, with two open areas of a black substance next to the air vent measuring approximately 9 inches by 3 inches for one and approximately 2 inches by one inch for the other one. He stated he was unsure of what the dark substance on the open areas of ceiling was, but it could have been caused by the moisture. The area behind the south hall shower room door where doorknob met wall with an open area measuring approximately 5 inches by 4 inches with metal noted in the open area. The Maintenance Director confirmed he was aware of these damaged areas and that the areas needed to be repaired for safety.	M1210	recommendations as needed based on those monthly results. This will be reported to Quality Assurance Committee for 1 year.	

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M1570	Continued From page 3	M1570		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by: Level II Based on observation, staff interviews, record review, and facility policy review, the facility failed to ensure the proper storage of a nebulizer facial mask and tubing to prevent contamination and the possibility of infection for one (1) of fourteen sampled residents. Resident #21.	M1570	1. On 11/5/2024, nebulizer facial mask and tubing for Resident #21 was immediately discarded. On 11/5/2024, a new nebulizer facial mask and tubing were obtained for Resident #21. The facial mask and tubing were placed in a clean protective bag. On 11/5/2024, LPN#1 was verbally counseled by DON and Administrator of the requirement to keep nebulizer facial	12/19/24

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M1570	Continued From page 4 Findings Include: Record review of the facility policy titled "Oxygen/Nebulizer and Continuous Positive Airway Pressure (CPAP) Supplies" with a revision date of 03/13/18 revealed "...Place Oxygen/Nebulizer tubing/supplies and CPAP mask/supplies in plastic bag after each use...." An observation on 11/04/24 at 10:40 AM, revealed a nebulizer machine on the nightstand next to Resident #21's bed and the facial mask and tubing were not in a plastic protective covering. An interview with Licensed Practical Nurse (LPN) #1 on 11/05/24 at 11:40 AM, confirmed that Resident #21's nebulizer mask and tubing were placed on top of the nightstand and were not inside a plastic protective bag. She revealed that a respiratory mask left open to air was an infection control issue, the mask could become contaminated with different germs and could cause respiratory infections. LPN #1 confirmed that the nebulizer facial mask and tubing should be in a protective covering when not in use. An observation and interview with the Administrator (ADM) on 11/05/24 at 11:45 AM revealed that nebulizer facial masks and tubing should be in a protective bag when not in use to prevent infection. She confirmed that Resident #21's nebulizer mask and tubing were placed on top of the nightstand and were not in a protective plastic bag. She revealed that leaving the nebulizer facial mask and tubing out and open to air could cause the spread of germs and respiratory infection. Record review of Resident #21's "Order	M1570	mask and tubing in protective covering when not in use. On 11/5/2024, Respiratory Therapist was verbally counseled by Administrator of the requirement to keep nebulizer facial mask and tubing in protective covering when not in use. On 11/5/2024, Respiratory Therapy Department Manager was verbally counseled by Administrator of the requirement to keep nebulizer facial mask and tubing in protective covering when not in use. On 11/5/2024, Administrator and Director of Nursing went to all rooms where residents had nebulizers to ensure they were all in protective coverings. All nebulizer facial masks and tubing were in protective coverings. On 11/5/2024, Director of Nursing added order to Resident #21 orders to change and date storage bag weekly for nebulizer supplies. On 11/5/2024, Director of Nursing added order to all other residents with nebulizer treatments orders to change and date storage bag weekly for nebulizer supplies. 2. 3 residents have the potential to be affected by this deficient practice. 3. On 11/22/2024 and 11/26/2024, nurses were in-serviced by Administrator and Director of Nursing on ensuring that nebulizer facial masks and tubing are placed in a protective covering when not in use. On 11/22/2024, 11/23/2024, and	

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M1570	Continued From page 5 Summary Report" revealed an order with a start date of 07/01/24 for "Albuterol Sulfate Solution Nebulizer 0.5% (5 milligrams per milliliter) 1 dose inhale orally via nebulizer every six hours as needed for coughing/wheezing." Record review of Resident #21's November "Respiratory Record" revealed that she received an albuterol breathing treatment by nebulizer on 11/04/24 at 8:23 AM and on 11/04/24 at 5:09 PM. Record review of Resident #21's "Admission Record" revealed an admission date of 08/21/20 and that she had diagnoses that included Shortness of Breath, Unspecified Dementia, and Chronic Obstructive Pulmonary Disease. Record review of Resident #21's Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 09/05/24 under Section C revealed a Brief Interview for Mental Status (BIMS) score of 06 which indicated that she had severe cognitive deficits.	M1570	11/25/2024 Respiratory Therapy Department was in-serviced by Respiratory Therapy Department Manager on ensuring that nebulizer facial masks and tubing are placed in a protective covering when not in use. 4. The Administrator developed a Quality Improvement Monitor on 11/22/2024 to be monitored daily times 1 day beginning 11/22/2024, then weekly times 4, then monthly times 1 year. Administrator will monitor that nebulizer facial masks and tubing are in protective coverings when not in use. Administrator added to facility Quality scorecard on 11/22/2024. The Quality Assurance Committee will review the monthly results beginning 12/19/2024 and make recommendations as needed based on those monthly results. This will be reported to Quality Assurance Committee for 1 year.	