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
	25JA	A. BUILDING: _____ B. WING _____	C 09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS STATE VETERANS HOME-JACKSON	4607 LINDBERGH DRIVE JACKSON, MS 39209

(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 Complaint Investigation (CI), MS #25497, CI MS #25531and CI MS #26104, at the facility from 9/17/24 through 9/18/24. MS #25497 was investigated related to a facility reported incident involving a resident consuming cleaning chemicals, CI MS #25531 was investigated related to a facility reported incident involving a fall with resident injury, and CI MS #26104 was investigated related to a resident wheelchair not being cleaned and a resident being left in bed all day. 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 M640 related to CI MS# 25497 and CI MS # 25531. The facility held a License for 150 beds. The census was 90.	M 000	A. On 6/14/2024 Resident #2 was sent to the hospital via ambulance (see attachment 1). On 6/15/2024 staff began to conduct building rounds to monitor the halls for chemicals and safety x one month (attachment 2). Resident returned to the facility on 6/15/2024 with documentation stating that the resident was not in distress and there were no adverse problems related to the incident (attachment 3). On 6/15/2024 the housekeeping supervisor received disciplinary action for leaving chemicals unattended. This was to ensure compliance with facility policy stating to store chemicals in safe, secure, ventilated, and fire-resistant area (policy - attachment 4). Resident 3: The employee that failed to provide an accident free environment was placed on administrative leave while investigation was being completed. After completion of the investigation, the employee was terminated on 6/19/2024 due to failure to follow the facility's lift policy requiring (2) person assist, resulting in resident injury. All findings were reported to MSDH, and the MS state Attorney General's Office, and Ombudsman. On 6/18/2024 Resident #3 was monitored and transferred to the local ER for evaluation. Results from X-rays revealed final diagnosis of "Scalp contusions and lacerations with no acute intracranial findings (d/c results - see attachment 5).	11/1/24
M 640	45.21.8 Accidents Accidents. The facility shall ensure that the residents ' environment remains as free of accident hazards as possible, and adequate supervision shall be provided to prevent accidents. If an unexplained accident occurs, this injury must be investigated and reported to appropriate state agencies. This Statute is not met as evidenced by: Level III Based on observation, interviews, record reviews and facility policy review the facility failed to ensure residents were protected from possible accidental injuries for Resident #2 and an actual head injury for Resident #3 for two (2) of four (4) sampled residents.	M 640		

Attachment 1

PN1000

Departmental Notes

Sort by: Resident name

Jackson Veterans Home
SVHJ

pn_id

Johnston, Brian (23732) ***Room: B 134 A*** ***Medical Record no: 23732***

6/14/2024 10:24 PM ***Role:*** **Nurse** ***Category:*** **NURSES NOTES**

CNA HILL CAME TO NURSE STATION AT 2205 STATING SHE SEEN HIM DRINKIG THE FLOOR CLEANER SHE IS NOT AWARE OF HOW MUCH WAS CONSUMED.CNA HILL WROTE WITNESS STATEMENT.2213 AMR WAS CALLED.2214 RP BRIANNA HUFFMAN WAS CALLED AWARE AND RECEPTIVE.1016 GABE CALLED AWARE AND RECEPTIVE VERBAL ORDER TO SEND TO UMMC. 2222 UMMC CALLED TO GIVE REPORT ON RESIDENT. V/S 148/76,80,20,98.5,97%

Signed by: Latisha Hicks, LPN ***Co-signed by:***

Attachment 2

IN-SERVICE TRAINING REPORT

(Personnel Attendance Record on Reverse)

Facility: Jackson VA Department(s): All

Date: 6/15/24 From: 0h-90mg ○ AM ○ PM To: ○ AM ○ PM

Employee group(s) present: _____

Topic/Title: Building Rounds

Contents or summary of training session *(if related to OSHA standard bloodborne pathogens training indicate "See Below" and use that convenient check-off list):*

Please See Attached

OSHA standard bloodborne training requirements. Check those topics covered. Use space above to clarify.

- ❑ Explanation of regs
- ❑ Epidemiology & symptoms
- ❑ Modes of transmission
- ❑ Exposure control plan
- ❑ Recognizing tasks/activities that pose risk or risk potential
- ❑ Methods to prevent/reduce exposure ❑ Engineering controls ❑ Work practices ❑ Protective equipment
- ❑ Personal protective equipment (must include types, use, removal, handling, decontamination, disposal, & selection)
- ❑ Hepatitis B vaccine
- ❑ Reporting and responding to exposure occurrences, employer post-exposure evaluation and follow-up responsibilities
- ❑ Signs & labels and/or color coding used to identify equipment used to store or transport blood or potentially infectious material

Conducted by: _____
Name(s), Title(s) and Qualification(s)

Evaluation, comments, suggestions: _____

Signature of person completing report: _____ Title: _____

Building Monitoring

Date 6/17/24

Area	Items found	Clear	Employee
B Hall	None	yes	Joyce Course
D Hall	None	yes	J. Course
A Hall	none	yes	J Course
6/18/24 D Hall	None	yes	J Course
A Hall	None	yes	J Course
6/19/24 Building	None	yes	J Course

Signature of Evaluator Joyce Course

Comments:

During 11-7 shift rounding no chemicals were found in close proximity of residents.

1. R Miller, LPN
2. D Collyns, LPN
3 T. Parker, LPN

Building Monitoring

Date 6-26-2024

Area	Items found	Clear	Employee
D-111 B 9:53am	Aerosol can Shaving Cream	✓	H. S

Signature of Evaluator

Comments:

Building Monitoring

Date 6/10/2021

Area	Items found	Clear	Employee
A-Hall			
~~8:00~~ 8.00		/	S. Dawkins
9.00		/	S. Dawkins
10.00		/	S. Dawkins
11.00		/	S. Dawkins
12:00		/	S. Dawkins
1:00		/	S. Dawkins
2:00		/	S. Dawkins
3:00		/	S. Dawkins
4:00		/	S. Dawkins

Signature of Evaluator _____

Comments:

Building Monitoring

Date 10/19/2024

Area	Items found	Clear	Employee
A-Hall			
8:00		/	S. dockins
9:00		/	S. dockins
10:00		/	S. dockins
11:00		/	S. dockins
12:00		/	S. dockins
1:00		/	S. dockins
2:00		/	S. dockins
3:00		/	S. dockins
4:00		/	S. dockins

Signature of Evaluator _____

Comments:

Building Monitoring

Date 6/20/24

Area	Items found	Clear	Employee
A. Hall			
8:00 am		✓	S. dakins
9:00 am		✓	S. dakins
10:00 am		✓	S. dakins
11:00 am		✓	S. dakins
12:00 pm		✓	S. dakins
1:00 pm		✓	S. dakins
2:00 pm		✓	S. dakins
3:00 pm		✓	S. dakins
4:00 pm		✓	S. dakins
5:00 pm		N/A	

Signature of Evaluator

Comments:

Building Monitoring

Date 6/21/2024

Area	Items found	Clear	Employee
A. Hall			
8:00 am		/	S. dockins
9:00 am		/	S. dockins
10:00 am		/	S. dockins
11:00 am		/	S. dockins
12:00 pm		/	S. dockins
1:00 pm		/	S. dockins
2:00 pm		/	S. dockins
3:00 pm		/	S. dockins
4:00 pm		/	S. dockins
5:00 pm	N/A		

Signature of Evaluator S. Dockins

Comments:

Building Monitoring

Date 9/24/2024

Area	Items found	Clear	Employee
A. Hall			
8:00 am		/	S. Dakins
9:00 am		/	S. Dakins
10:00 am		/	S. Dakins
11:00 am		/	S. Dakins
12:00 pm		/	S. Dakins
1:00 pm		/	S. Dakins
2:00 pm		/	S. Dakins
3:00 pm		/	S. Dakins
4:00 pm		/	S. Dakins
5:00 pm	N/A		

Signature of Evaluator _____

Comments:

Building Monitoring

Date 4/25/2024

Area	Items found	Clear	Employee
A. Hall			
8:00 am		✓	S. dockins
9:00 am		✓	S. dockins
10:00 am		✓	S. dockins
11:00 am		✓	S. dockins
12:00 pm		✓	S. dockins
1:00 pm		✓	S. dockins
2:00 pm		✓	S. dockins
3:00 pm		✓	S. dockins
4:00 pm		✓	S. dockins
5:00 pm		N/A	

Signature of Evaluator _____

Comments:

Building Monitoring

Date 9/27

Area	Items found	Clear	Employee
A. Hall			
8:00 am		/	S. dockins
9:00 am		/	S. dockins
10:00 am		/	S. dockins
11:00 am		/	S. dockins
12:00 pm		/	S. dockins
1:00 pm		/	S. dockins
2:00 pm		/	S. dockins
3:00 pm		/	S. dockins
4:00 pm		/	S dockins
5:00 pm	N/L	/ N/A	N/A

Signature of Evaluator _____

Comments:

Building Monitoring

Date 6/26

Area	Items found	Clear	Employee
A. Hall			
8:00 am		✓	S. Dakin
9:00 am		✓	S. Dakin
10:00 am		✓	S. Dakin
11:00 am		✓	S. Dakin
12:00 pm		✓	S. Dakin
1:00 pm		✓	S. Dakin
2:00 pm		✓	S. Dakin
3:00 pm		✓	S. Dakin
4:00 pm		✓	S. Dakin
5:00 pm	N/A	N/A	

Signature of Evaluator

Comments:

Building Monitoring

Date 6/28/24

Area	Items found	Clear	Employee
A. Hall			
8:00 am		X	S. dockins
9:00 am		X	S. dockins
10:00 am		X	S. dockins
11:00 am		X	S. dockins
12:00 pm		X	S. dockins
1:00 pm		X	S. dockins
2:00 pm		X	S. dockins
3:00 pm		X	S. dockins
4:00 pm		X	S. dockins
5:00 pm	N/A	N/A	N/A

Signature of Evaluator S. Hall

Comments:

Building Monitoring

Date 07/01/2024

Area	Items found	Clear	Employee
A. Hall			
8:00 am		✓	S. Clark
9:00 am		✓	S. Clark
10:00 am		✓	S. Clark
11:00 am		✓	S. Clark
12:00 pm		✓	S. Clark
1:00 pm		✓	S. Clark
2:00 pm		✓	S. Clark
3:00 pm		✓	S. Clark
4:00 pm		✓	S. Clark
5:00 pm		✓	S. Clark

Signature of Evaluator

Comments:

Building Monitoring

Date 07/02/2024

Area	Items found	Clear	Employee
A. Hall			
8:00 am		✓	S. Clark
9:00 am		✓	S. Clark
10:00 am		✓	S. Clark
11:00 am		✓	S. Clark
12:00 pm		✓	S. Clark
1:00 pm		✓	S. Clark
2:00 pm		✓	S. Clark
3:00 pm		✓	S. Clark
4:00 pm		✓	S. Clark
5:00 pm		✓	S. Clark

Signature of Evaluator

Comments:

Building Monitoring

Date 7/3/2021

Area	Items found	Clear	Employee
A. Hall			
8:00 am		/	S. Dorkins
9:00 am		/	S. Dorkins
10:00 am		/	S. Dorkins
11:00 am		/	S. Dorkins
12:00 pm		/	S. Dorkins
1:00 pm		/	S. Dorkins
2:00 pm		/	S. Dorkins
3:00 pm		/	S. Dorkins
4:00 pm		/	S. Dorkins
5:00 pm	N/A	N/A	N/A

Signature of Evaluator _____

Comments:

Building Monitoring

Date 07/08/2021

Area	Items found	Clear	Employee
A. Hall			
8:00 am		✓	S. Clark
9:00 am		✓	S. Clark
10:00 am		✓	S. Clark
11:00 am		✓	S. Clark
12:00 pm		✓	S. Clark
1:00 pm		✓	S. Clark
2:00 pm		✓	S. Clark
3:00 pm		✓	S. Clark
4:00 pm		✓	S. Clark
5:00 pm		✓	S. Clark

Signature of Evaluator [signature]

Comments:

Building Monitoring

Date 07/09/2024

Area A. Hall	Items found	Clear	Employee
8:00 am		✓	S. Clark
9:00 am		✓	S. Clark
10:00 am		✓	S. Clark
11:00 am		✓	S. Clark
12:00 pm		✓	S. Clark
1:00 pm		✓	S. Clark
2:00 pm		✓	S. Clark
3:00 pm		✓	S. Clark
4:00 pm		✓	S. Clark
5:00 pm		✓	S. Clark

Signature of Evaluator

Comments:

Building Monitoring

Date 07/10/2024

Area	Items found	Clear	Employee
A. Hall			
8:00 am		✓	S. Clark
9:00 am		✓	S. Clark
10:00 am		✓	S. Clark
11:00 am		✓	S. Clark
12:00 pm		✓	S. Clark
1:00 pm		✓	S. Clark
2:00 pm		✓	S. Clark
3:00 pm		✓	S. Clark
4:00 pm		✓	S. Clark
5:00 pm		✓	S. Clark

Signature of Evaluator _____

Comments:

Building Monitoring

Date 07/11/2024

Area	Items found	Clear	Employee
A. Hall			
8:00 am		✓	S Clark
9:00 am		✓	S. Clark
10:00 am		✓	S. Clark
11:00 am		✓	S. Clark
12:00 pm		✓	S. Clark
1:00 pm		✓	S. Clark
2:00 pm		✓	S. Clark
3:00 pm		✓	S. Clark
4:00 pm		✓	S. Clark
5:00 pm		✓	S. Clark

Signature of Evaluator

Comments:

Building Monitoring

Date 07/12/2024

Area	Items found	Clear	Employee
A. Hall			
8:00 am		✓	S. Clark
9:00 am		✓	S. Clark
10:00 am		✓	S. Clark
11:00 am		✓	S. Clark
12:00 pm		✓	S. Clark
1:00 pm		✓	S. Clark
2:00 pm		✓	S. Clark
3:00 pm		✓	S. Clark
4:00 pm		✓	S. Clark
5:00 pm		✓	S. Clark

Signature of Evaluator [signature]

Comments:

Building Monitoring

Date 07/15/2024

Area	Items found	Clear	Employee
A. Hall			
8:00 am		✓	S Clark
9:00 am		✓	S Clark
10:00 am		✓	S. Clark
11:00 am		✓	S. Clark
12:00 pm		✓	S. Clark
1:00 pm		✓	S. Clark
2:00 pm		✓	S. Clark
3:00 pm		✓	S. Clark
4:00 pm		✓	S. Clark
5:00 pm		✓	S. Clark

Signature of Evaluator [signature]

Comments:

Building Monitoring

Date 6/18/2024

Area	Items found	Clear	Employee
D Wing			
8:00 A.M.	N/A	✓	J. Sal
10:00 A.M.	N/A	✓	J. Sal
12:00 P.M	N/A	✓	J. Sal
2:00 P.M	N/A	✓	J. Sal
4:00 P.M	N/A	✓	J. Sal

Signature of Evaluator Teresa L. S

Comments:

Building Monitoring

Date 6/19/2024

Area	Items found	Clear	Employee
D Wing			
8:00 A.M.	Sanitizer Dispenser	Removed	T. Sgt
10:00 A.M.	N/A		T. Sgt
12:00 P.M	N/A		T. Sgt
2:00 P.M	N/A		T. Sgt
4:00 P.M	N/A		T. Sgt

Signature of Evaluator Teresa Sgt

Comments:

Building Monitoring

Date 6/20/24

Area	Items found	Clear	Employee
D Wing			
8:00 A.M.	N/A		I. Gal
10:00 A.M.	N/A		I. Gal
12:00 P.M	N/A		I. Gal
2:00 P.M	N/A		I. Gal
4:00 P.M	N/A		I. Gal

Signature of Evaluator Isaac Gal

Comments:

Building Monitoring

Date 6/20/2024

Area	Items found	Clear	Employee
D Wing			
8:00 A.M.	N/A		T. Lad
10:00 A.M.	N/A		T. Lad
12:00 P.M	N/A		T. Lad
2:00 P.M	N/A		T. Lad
4:00 P.M	N/A		T. Lad

Signature of Evaluator Toneka Lad

Comments:

Building Monitoring

Date 6/21/2024

Area D Wing	Items found	Clear	Employee
8:00 A.M.	N/A		I. Dal
10:00 A.M.	N/A		I. Dal
12:00 P.M	N/A		I. Dal
2:00 P.M	N/A		I. Dal
4:00 P.M	N/A		I. Dal

Signature of Evaluator Ineeka Dal

Comments:

Building Monitoring

Date 6/24/2024

Area	Items found	Clear	Employee
D Wing			
8:00 A.M.	N/A	✓	T. Dahl
10:00 A.M.	N/A	✓	T. Dahl
12:00 P.M	N/A	✓	T. Dahl
2:00 P.M	N/A	✓	T. Dahl
4:00 P.M	N/A	✓	T. Dahl

Signature of Evaluator Teresa Dahl

Comments:

Building Monitoring

Date 6/25/2024

Area	Items found	Clear	Employee
D Wing			
8:00 A.M.	N A		I. de la
10:00 A.M.	N A		I. de la
12:00 P.M	N A		I. de la
2:00 P.M	N A		I. de la
4:00 P.M	N A		I. de la

Signature of Evaluator Ivelisse de la

Comments:

Building Monitoring

Date 12/26/2024

Area Dining	Items found	Clear	Employee
8:00 A.M.	N/A	✓	I. Sal
10:00 A.M.	N/A	✓	I. Sal
12:00 P.M	N/A	✓	I. Sal
2:00 P.M	N/A	✓	I. Sal
4:00 P.M	N/A	✓	I. Sal

Signature of Evaluator I. Sal

Comments:

Building Monitoring

Date 4/27/2024

Area	Items found	Clear	Employee
Duong			
8:00 A.M.	NA	✓	J. Dal
10:00 A.M.	NA	✓	J. Dal
12:00 P.M	NA	✓	J. Dal
2:00 P.M	NA	✓	J. Dal
4:00 P.M	NA	✓	J. Dal

Signature of Evaluator Jonathan Lee

Comments:

Building Monitoring

Date 6/28/2024

Area	Items found	Clear	Employee
D Wing			
8:00 A.M.	N/A	✓	J. Daul
10:00 A.M.	N A	✓	J. Daul
12:00 P.M	N A	✓	J. Daul
2:00 P.M	N A	✓	J. Daul
4:00 P.M	N A	✓	J. Daul

Signature of Evaluator J Daul

Comments:

Building Monitoring

Date 7/1/24

Area	Items found	Clear	Employee
D Wing			
8:00 A.M.	N/A	✓	J. Gal
10:00 A.M.	N/A	✓	J. Gal
12:00 P.M	N/A	✓	J. Gal
2:00 P.M	N/A	✓	J. Gal
4:00 P.M	N/A	✓	J. Gal

Signature of Evaluator Gerald Lee

Comments:

Building Monitoring

Date 7/2/2024

Area	Items found	Clear	Employee
D Wing			
8:00 A.M.	NA	✓	I. Sal
10:00 A.M.	NA	✓	I. Sal
12:00 P.M	NA	✓	I. Sal
2:00 P.M	NA	✓	I. Sal
4:00 P.M	NA	✓	I. Sal

Signature of Evaluator Imelda Le

Comments:

Building Monitoring

Date 7/3/2024

Area D Wing	Items found	Clear	Employee
8:00 A.M.	N/A	✓	I. Lal
10:00 A.M.	N/A	✓	I. Lal
12:00 P.M	N/A	✓	I. Lal
2:00 P.M	N A	✓	I. Lal
4:00 P.M	N A	✓	I. Lal

Signature of Evaluator Iqbal Lal

Comments:

Building Monitoring

Date 7/8/2024

Area Building	Items found	Clear	Employee
8:00 A.M.	N/A	✓	J. Dahl
10:00 A.M.	N/A	✓	J. Dahl
12:00 P.M	N/A	✓	J. Dahl
2:00 P.M	N/A	✓	J. Dahl
4:00 P.M	N/A	✓	J. Dahl

Signature of Evaluator _____

Comments:

Building Monitoring

Date 7/9/2024

Area	Items found	Clear	Employee
D Wing			
8:00 A.M.	N/A	✓	J. Dahl
10:00 A.M.	N/A	✓	J. Dahl
12:00 P.M	N/A	✓	J. Dahl
2:00 P.M	N/A	✓	J. Dahl
4:00 P.M	N/A	✓	J. Dahl

Signature of Evaluator Derek A. O

Comments:

Building Monitoring

Date 7/10/2024

Area D Wing	Items found	Clear	Employee
8:00 A.M.	N/A	✓	J. Dahl
10:00 A.M.	N/A	✓	J. Dahl
12:00 P.M	N/A	✓	J. Dahl
2:00 P.M	N/A	✓	J. Dahl
4:00 P.M	N/A	✓	J. Dahl

Signature of Evaluator _____

Comments:

Building Monitoring

Date 7/11/2024

Area	Items found	Clear	Employee
D Wing			
8:00 A.M.	N/A	✓	I. Isa. L
10:00 A.M.	N/A	✓	I. Isa. L
12:00 P.M	N/A	✓	I. Isa. L
2:00 P.M	N/A	✓	I. Isa. L
4:00 P.M	N/A	✓	I. Isa. L

Signature of Evaluator _____

Comments:

Building Monitoring

Date 7/12/24

Area	Items found	Clear	Employee
D Wing			
8:00 A.M.	N/A	✓	J. Gal
10:00 A.M.	N/A	✓	J. Gal
12:00 P.M	N/A	✓	J. Gal
2:00 P.M	N/A	✓	J. Gal
4:00 P.M	N/A	✓	J. Gal

Signature of Evaluator _____

Comments:

Building Monitoring

Date 7/15/2024

Area	Items found	Clear	Employee
D Wing			
8:00 A.M.	N/A	✓	J. Dal
10:00 A.M.	N/A	✓	J. Dal
12:00 P.M	N/A	✓	J. Dal
2:00 P.M	N/A	✓	J. Dal
4:00 P.M	N/A	✓	J. Dal

Signature of Evaluator _____

Comments:

Building Monitoring

Date 7-16-2024

Area	Items found	Clear	Employee

No Findings

Signature of Evaluator H Smith

Comments:

Building Monitoring

Date 7-15-2024

Area	Items found	Clear	Employee

No findings

Signature of Evaluator J Smith

Comments:

Building Monitoring

Date 7-12-2024

Area	Items found	Clear	Employee

No findings

Signature of Evaluator

Comments:

Building Monitoring

Date 7-11-2024

Area	Items found	Clear	Employee

No Findings

Signature of Evaluator Hsmith

Comments:

Building Monitoring

Date 7-10-2024

Area	Items found	Clear	Employee

No findings

Signature of Evaluator

Comments:

Building Monitoring

Date 7-9-2024

Area	Items found	Clear	Employee

No Findings

Signature of Evaluator H Smith

Comments:

Building Monitoring

Date 7-8-2024

Area	Items found	Clear	Employee

No findings

Signature of Evaluator [signature]

Comments:

Building Monitoring

Date 7-3-2024

Area	Items found	Clear	Employee

No Findings

Signature of Evaluator

Comments:

Building Monitoring

Date 7-2-2024

Area	Items found	Clear	Employee

No Findings

Signature of Evaluator

Comments:

Building Monitoring

Date 7-1-2024

Area	Items found	Clear	Employee

No findings

Signature of Evaluator

Comments:

Building Monitoring

Date 6-25-2024

Area	Items found	Clear	Employee
D 139 P	Shaving Cream Aerosol can	✓	H. Smith

Signature of Evaluator H. Smith

Comments:

Building Monitoring

Date 6-18-2024

Area	Items found	Clear	Employee
D-Wing (10:15am)	0	✓	H. Smith
D-Wing (12:48pm)	0	✓	H. Smith
D-135A (2:10pm)	Air Freshner (can) 1	✓	H. Smith
D-108 B (2:15pm)	Lotion 1	✓	H. Smith
D-Wing (3:45pm)	0	✓	H. Smith

Signature of Evaluator H Smith

Comments:

Building Monitoring

Date 6-19-2024

Area	Items found	Clear	Employee
@9:40 am D-134 B	Derma Vera cream	✓	H. Smith
@9:42 am D-131 B	Antiseptic	✓	" "
@9:50 am D-112 bathroom	Shave/deodorant Arisol cans	✓	" "

Signature of Evaluator H. Smith

Comments:

Building Monitoring

Date 6-21-2021

Area	Items found	Clear	Employee

No findings

Signature of Evaluator

Comments:

Attachment 3

PN1000

Departmental Notes

Sort by: Resident name

Jackson Veterans Home
SVHJ

pn_id

Johnston, Brian (23732) *Room: B 134 A* *Medical Record no: 23732*

6/15/2024 9:54 PM *Role:* **Nurse** *Category:* **NURSES NOTES**

RESIDENT RESTING QUIETLY IN BED. RESPIRATIONS EVEN AND UNLABORED. NO SIGN OR SYMPTOM OF DISTRESS OBSERVED. RESIDENT HOSPITAL RETURN THIS DATE. WILL CONTINUE TO MONITOR. NO NEW ORDERS UPON RETURN.

Signed by: Tommie Clarkson RN, RN *Co-signed by:*

6/15/2024 2:33 PM *Role:* **Nurse** *Category:* **NURSES NOTES**

A&O TO PERSON. AT TIMES CONFUSED ON PLACE TIME AND SITUATION. EASILY REDIRECTED. RESIDENT IN ROOM AT PRESENT TIME WITH FAMILY AT BEDSIDE. q2HRS ON RESIDENT. VS WNL. HOSPITAL RETURN. NO S/S OF DISCOMFORT OR PAIN. POC CONTINUES AS ORDERED.

Signed by: Lauren Broadway, LPN *Co-signed by:*

6/15/2024 2:10 PM *Role:* **Nurse** *Category:* **NURSES NOTES**

RETURN TO FACILITY VIA FACILITY TRANSPORTATION AT 11:26AM. BASELINE ORIENTATION AND NO NEW ORDERS. SKIN WARM AND DRY TO TOUCH, INTACT. RESP EVEN AND UNLABORED. ABLE TO TRANSFER FROM WHEELCHAIR TO BED WITH MINIMAL ASSISTANCE. PHONED RP B. HUFFMAN AND PA-C GABE, BOTH MADE AWARE OF RESIDENT RETURN, NO FURTHER ORDERS GIVEN FROM PA-C AT THIS TIME. VITALS UPON RETURN: BP: 137/64 P: 85 TEMP: 98.0 RR:18 SAT: 98% ON ROOM AIR.

Signed by: MAURISA MCCULLER, RN/DNS *Co-signed by:*

6/15/2024 7:27 AM *Role:* **Nurse** *Category:* **NURSES NOTES**

RESIDENT IN HOSPITAL.

Signed by: Ronda Miller LPN, LPN *Co-signed by:*

6/15/2024 5:12 AM *Role:* **Nurse** *Category:* **NURSES NOTES**

INSERVICE PROVIDED TO STAFF REGARDING THE PROPER STORING OF CHEMICAL AGENTS AS WELL AS HOW TO REMOVE POSSIBLE HAZORDOUS AGENT FROM REACH OF RESIDENT WHEN NOT IN USE NO MATTER WHAT DEPARTMENT CHEMICAL AGENT MAY BELONG TO. ALL STAFF TO BE INSERVICED ON INCIDENT.

Signed by: MARIANNA BUTLER, RN *Co-signed by:*

6/15/2024 5:08 AM *Role:* **Nurse** *Category:* **NURSES NOTES**

WRITER SPOKE WITH RR RELATED TO INCIDENT WITH RESIDENT INGESTING CHEMICAL AGENT, WRITER NOTIFIED RR OF THE AGENT RESIDENT INGESTED AS WELL AS WHAT THE MEDICAL EMERGENCY CONTACT FROM CHEMICAL AGENT SUGGESTION REGARDING CARE AS WELL AS WHAT TO MONITOR FOR RELATED TO INGESTION AS STATED IN PREVIOUS NOTE ON INCIDENT. RR STATED SHE WAS GLAD TO KNOW RESIDENT WAS ACTING HIMSELF PRIOR TO LEAVING FACILITY AND WAS ENCOURAGED BY WRITER TO FOLLOW UP WITH ED FOR FURTHER INFORMATION ON CARE THAT WILL BE PROVIDED. RR TO FOLLOW UP WITH DIRECTOR OF NURSING AND ADMINISTATOR POST RETURN OF RESIDENT TO FACILITY.

Signed by: MARIANNA BUTLER, RN *Co-signed by:*

Johnston, Brian (23732)

Room: B 134 A

Medical Record no: 23732

6/15/2024 4:44 AM *Role:* **Nurse** *Category:* **NURSES NOTES**

LATE ENTRY: ON 6/14/24 AT APPRX 10 PM, WRITER WAS MADE AWARE THAT RESIDENT INGESTION OF SPRAYBUFF WATER BASED SHINE MAINTAINER THAT RESIDENT OBTAINED DUE TO SPRAYBUFF BEING IN A NON SECURE LOCATION ON UNIT. CNA THAT WITNESSED INGESTION STATED THAT "SHE WAS CHARTING AND NOTICED RESIDENT DRINKING FROM BOTTLE AND IMMEDIATELY REMOVED IT FROM RESIDENT AND NOTIFIED NURSE ON UNIT AND MYSELF" ON ASSESSEMENT BY WRITER RESIDENT NOTED TO BE STANDING NEAR NURSES STATION ALERT AND VERBALLY RESPONSIVE, RESP EVEN AND NON LABORED WITH NO C/O PAIN OR DISCOMFORT VOICED OR EXPRESSED BY RESIDENT. CART NURSE AND CNA'S TO TAKE VITALS, NOTIFY FAMILY, DON AND ADMINISTRATOR. WRITER CALLED MEDICAL EMERGENCY CONTACT NUMBER LOCATED ON BACK OF BOTTLE TO GET MORE INFORMATION ON THE CARE OF RESIDENT THAT POST INGESTION OF CHEMICAL AGENT. WRITER WAS PROVIDED CASE NUMBER REGARDING INCIDENT WHICH IS 681-0052. WRITER WAS ALLOWED TO SPEAK WITH CLINICAL STAFF MERIDETH WHO PROVIDED CARE INSTRUCTIONS OF CHEMICAL INGESTED. CLINICAL STAFF STATED " THE CHEMICAL AGENTS THAT ARE IN PRODUCT ARE LOW IN CONCENTRATION, MONITOR RESIDENT FOR RESPITORY DISTRESSS FOR 4-6 HOURS, GI UPSET WITH POSSIBLE NAUSEA, VOMITTING AND DROOLING, MONITOR LOC AS WELL. THERE IS A POSSIBILITY OF CHEMICAL AGENT CAUSING EROSION OF INTESTINAL LINING WHEN INGESTED IN LARGE QUANITIES. IT IS BEST TO HAVE RESIDENT GET IMAGING TO ENSURE NO DAMAGE HAS TAKEN PLACE DUE TO INGESTION." WRITER NOTIFIED CLINICAL STAFF OF RESIDENT AWAITING TRANSPORT TO HOSPITAL AT TIME TO OBTAIN FURTHER EVALUATION. CLINICAL STAFF DID SUGGEST TO PROVIDE RESIDENT WITH WATER AS WELL AS FOOD, EMS ARRIVED AT TIME OF RECOMMENDATION AND THOUGHT IT WAS BEST TO ALLOW STAFF THAT WILL BE CARING FOR RESIDENT IN ED TO FURTHER EVAL RESIDENT BEFORE ALLOWING RESIDNET TO DO SO DUE TO POSSIBLE TEST THAT MAY NEED TO BE PERFORMED. EMS ALLOWED TO TAKE PHOTO OF BOTTLE OF CHEMICAL AGENT TO PROVIDE TO STAFF IN ED AT UMMC WHERE RESIDENT WAS TRANPORTED. RESIDENT ABLE TO TRANSFER TO STRETCHER WITH MINIMAL ASSISTANCE, RESIDENT ABLE TO STATE "IM THIRSTY, I WOULD LIKE A DRINK OF WATER" RESP REMAINED EVEN AND NON LABORED, SKIN COLOR NORMAL FOR ETHNICITY, NO C/O PAIN OR DISCOMFORT UPON EXIT.

Signed by: MARIANNA BUTLER, RN *Co-signed by:*

Johnston, Brian (23732) *Room: B 134 A* *Medical Record no: 23732*

6/17/2024 9:13 PM *Role:* **Nurse** *Category:* **NURSES NOTES**

RESIDENT DAY 3 POST HOSPITAL RETURN WITH NO ISSUES NOTED THIS SHIFT. IN BED RESTING QUIETLY. RESPIRATIONS EVEN AND UNLABORED WITH NO DISTRESS NOTED. WILL CONTINUE TO MONITOR.

Signed by: Nedrin Gibson, LPN *Co-signed by:*

6/17/2024 2:41 PM *Role:* **Nurse** *Category:* **NURSES NOTES**

RESIDENT DAY 3 POST HOSPITAL RETURN. NO GI ISSUES NOTED. NO COMPLAINTS OF PAIN OR SIGNS OF DISTRESS/DISCOMFORT NOTED. WILL CONTINUE TO MONITOR.

Signed by: Nedrin Gibson, LPN *Co-signed by:*

6/17/2024 8:18 AM *Role:* **Nurse** *Category:* **NURSES NOTES**

NEW ORDER FOR XRAY OF ABDOMEN S/P ER VISIT. ATTEMPTED TO NOTIFY RP, UNSUCCESSFUL.

Signed by: Jesselyn James, RN *Co-signed by:*

6/17/2024 4:22 AM *Role:* **Nurse** *Category:* **NURSES NOTES**

RESIDENT CONTINUE WITH PLAN OF CARE MONITORING RELATED TO STATUS POST- ER VISIT X1 DAY. RESTING IN BED, REACTING VERY EASILY TO ALL STIMULI. REQUIRE ASSIST X1-2 CNA'S WITH ADL. INCONTINENCE CARE PROVIDED EVERY TWO HOURS AND AS NEEDED. NO SIGNS OF PAIN OR FACIAL GRIMACES EXPRESSED @ PRESENT TIME. FLUIDS OFFERED DURING ROUNDS, NO DISTRESS NOTED. VS = 127/84, 90, 18, 97.0.

Signed by: Vanessa Parker LPN, LPN *Co-signed by:*

Attachment 4

Mississippi VA

Storage of chemicals and hazards products:

Storage area: Store chemicals in a safe, secure, ventilated, and fire-resistant area. This area should be locked and only accessible to authorized personnel.

Containers: Use containers designed for chemical storage and appropriate for each type of chemical. Ensure that lids are tight.

Labeling: Label all chemicals to ensure proper identification.

Storage location: Store chemicals below eye level and keep them off the floor, window ledges, and balconies.

Storage by chemical group: Store chemicals by chemical group to keep incompatible chemicals away from each other.

Dispensing: Use automated dispensing systems instead of manual dilution and mixing.

Disposal: Discard disinfectants after the expiry date.

Cleaning and maintenance: Keep cleaning and disinfection equipment well maintained, in good repair, and clean and dried between uses.

Separation of clean and soiled items: Use different bags to clearly separate clean and soiled items to avoid cross-contamination.

Lockable compartments: Use lockable compartments.

Chemical and label match: Make sure the chemical and the label match.

Never refill used containers: Never refill used containers with different chemicals.

Never refill dispensers: Never refill dispensers intended for single use.

120 NORTH ST STREET • JACKSON, MS 39201 • P.O. BOX 3439 • JACKSON, MS 39207 • PHONE: 601-576-4850 • FAX: 601-576-4870

Attachment 5

Additional Information

Smoking Cessation: Tobacco use increases your risk of heart disease, stroke an other diseases. For your health and wellness, do not use tobacco products in any form.
Tobacco Quit Line: 1-800-QUITNOW (1-800-784-8669)

For Heart Failure Patients Also Notify Your Doctor for:
1. Increased difficulty breathing or waking up short of breath
2. Gaining more than 2 pounds in a day or 5 pounds over a week
3. Increased swelling in the ankles, feet or belly
4. Frequent dizziness (not just when first standing)

Know and Control the Risk Factors for Heart Attack and/or Stroke:

High Blood Pressure	High Cholesterol
Smoking	Carotid or other Artery Disease
Sickle Cell Disease	Atrial Fibrillation or other Heart Disease
Being Overweight	Lack of Physical Activity
Use of Street Drugs	

4/19/24

It is especially important to manage the above risk factors if you have any of these uncontrollable risks:
Age, Race, Being Male, Heredity, Prior Heart Attack, Stroke or Transient Ischemic Attack.

CALL 911 FOR EMERGENCIES

Signs of a Heart Attack:
Chest pressure, fullness, or pain
Discomfort in arms, back, neck, jaw or stomach
Shortness of breath
Cold sweat, nausea, or lightheadedness

Signs of a Stroke:
Sudden weakness or numbness
Sudden problems speaking or confusion
Sudden loss of vision in one eye of one side of vision
Sudden dizziness, loss of balance or severe headache

For questions or appointment changes call: University Access Center at 1-888-815-2005

REMINDER:
- Carry a list of your medications and allergies with you at all times
- Call your pharmacy at least 1 week in advance to refill prescriptions

Additional Information

During your visit, you have received medications that might cause drowsiness and/or impair your ability to make decisions for yourself, including driving a motor vehicle. Because of that we ask that you make arrangements for your safe commute after discharge. Our staff are happy to facilitate meeting any needs that you may have.

Additional Information

National Suicide and Crisis Lifeline
Are you in crisis?
Please call 988

Are you or someone you know feeling desperate, alone, hopeless, or no longer wanting to live?
Call the National Suicide Prevention Lifeline at **988**, a free, 24-hour hotline available to anyone in suicidal crisis or emotional distress. Your call will be routed to the nearest crisis center to you.

Call for yourself or someone you care about
Free and confidential
A network of more than 140 crisis centers nationwide
Available 24/7

Mississippi Crisis Help Line
1-877-210-8513

Red Nacional de Prevención del Suicidio

Cuando usted llama al número **1-888-628-9454**, su llamada se dirige al centro de ayuda de nuestra red disponible más cercano. Cuando el centro contesta su llamada, usted estará hablando con una persona que le escuchará, le hará preguntas y hará todo lo que esté a su alcance para ayudarlo.
For Hearing and Speech Impaired with TTY Equipment call **1-800-799-4TTY (4889)**

If you are in immediate medical crisis, dial 911.

UMMC Research Partners

Interested in research participation? Become a UMMC Research Partner.

At UMMC, we are committed to discovering new ways to prevent and treat diseases that impact our families, friends, and communities. However, we cannot do it alone.

Research Partners are volunteers, healthy or otherwise, interested in participating in clinical trials. As a UMMC Research Partner, you can participate in research opportunities that may improve your health and the health of future generations.

For more information and to complete the interest form, please go to this website:
https://umc.edu/Research/Research-Offices/Clinical-Trials/Participants/Become.html

OR

For Mychart users, log into your account and access the Research Studies link located under Resources. Choose from one of the three contact options.

UMMC Research Partners (continued)

We may contact you with more information about available studies. Registration is not a commitment to or guarantee of study participation.

Your Medication List

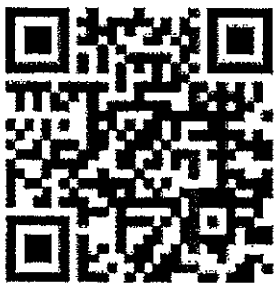
START **bacitracin** ointment — Apply topically 2 times daily for 10 days

MyChart

Please follow the instructions below to securely access your online medical record. MyChart allows you to send messages to your doctor, view your test results, schedule appointments, and more.

How Do I Sign Up?

1. Go to https://www.umc.edu/mychart/accesscheck.asp **OR** Scan the QR Code



2. Enter your MyChart Access Code exactly as it appears below.

MyChart Access Code: H2HS2-CS2H7
Expires: 8/2/2024 1:56 PM

3. Enter the last 4 digits of your SSN and your DOB (mm/dd/yyyy) as indicated. Click **Next.**
4. Create a MyChart Username and Password and then choose a Password Reset Question and Answer. Click **Next.**
5. Enter your e-mail address to receive e-mail notifications when new information is available in MyChart. Click **Sign In** to begin viewing your medical record.

Additional Information

Parents, legal guardians, spouses or children who would like online access to George's medical record via MyChart, you must first have a personal MyChart account. If you don't have an account, you can sign up by going to www.umc.edu/MyChart and clicking on "Request Instant Access Now". Once your account is active, login and click "Request Proxy Access" from your home screen

If you have questions, you can e-mail MyChart@umc.edu or call 855-984-3742 to speak with one of our MyChart Customer Support Specialist. MyChart is **NOT** to be used for urgent needs. For medical emergencies, dial **911.**

Home Phone Number: _____ Work Phone Number: _____

E-mail address: _____

Wells, George MRN:1179204 (CSN:2069426444) (86 y.o. M) (Adm: 06/18/24)

ED-UH ACUTE CARE12-12 AC12

Admission Cmt: None

Attending Provider: McKenzie, Leslie Kendall, MD
Allergies: Antihistamines, Diphenhydramine-type, Bactrim [Sulfamethoxazole-trimethoprim], Sulfa Antibiotics

Isolation (none)
Code Status: Not on file

Ht: 1.6 m (5' 3")
Wt: 59 kg (130 lb)
Admission Wt: 59 kg (130 lb)

Length of Stay

Actual	Admission Date
0 days	06/18/2024

BestPractice Advisories

Click to view active BestPractice Advisories

Treatment Team Sticky Notes

Sticky Notes to Physicians

Medical Problems

Hospital Problem List

Date Reviewed: 5/19/2023

None

Non-hospital Problem List

Date Reviewed: 5/19/2023

None

Ancillary Consults

(From admission, onward)

Start		Ordered
06/18/24 1358	**Inpatient Consult to Social Work** ONCE Provider: (Not yet assigned) Question: Reason for consult? Answer: Transportation	06/18/24 1357

Vitals (last day)

Date/Time	Temp	Pulse	Resp	BP	SpO2	Weight	Who
06/18/24 1417	—	—	—	179/87	96 %	—	TL
06/18/24 1047	98 °F (36.7 °C)	68	18	173/82	96 %	59 kg (130 lb)	JC

Intake/Output

None

Patient Lines, Drains and Airways

None

Patient Lines/Drains/Airways Status

Active PICC Line / CVC Line / PIV Line / Drain / Airway / Intraosseous Line / Epidural Line / ART Line / Line / NG/OG Tube

None

Provider Teams

Not on file

Treatment Team

Provider	Service	Role	Specialty	From	To	Primary Office Phone	Pager
McKenzie, Leslie Kendall, MD	Emergency Medicine	Attending	Emergency Medicine	06/18/24 1156	—	601-984-5778	601-984-5778
Lewis, Toni L, RN	—	Registered Nurse	—	06/18/24 1153	—	—	—

Orders and Labs

Active Orders

Labs

All Flowsheet Templates (all recorded)

Abuse/Neglect/Trafficking Screening
Acuity/Destination
Anthropometrics
Arrival Documentation
ASQ Suicide Screen
Custom Formula Data
ED Morse Fall Risk
ED Transport
Pain Assessment
Patient Belongings
PI Risk Factors
Predictive Model Scores
Primary Assessment
Screenings
Vital Signs
Vital Signs

ADT Events

	Unit	Room	Bed	Service	Event
06/18/24 1147	UH EMERGENCY	UH ACUTE CARE12	12 AC12	Emergency Medicine	Admission

Appointments for the Past/Next 30 Days

5/19/2024 - 7/18/2024

Date	Visit Type	Length	Department
6/18/2024 12:00 PM	CT ROUTINE	15 min	UH CT [101001026]

Patient Instructions:
Location Instructions:
Dept directions for UH CT: · Park in Garage A. · Enter the hospital at the Main entrance and once inside, proceed straight ahead to elevator or staircase to 1st floor. · Once on the first floor proceed straight past coffee shop, stay to your right and proceed to Critical Care "I" elevators. · Take "I" elevators down to "B" level. · Take a left off the elevators. · Take your next hallway to the right. · Take the next hallway to the right. · You will see the CT/MRI department straight ahead in front of you. · Proceed straight ahead to CT/MRI registration desk for check in process. · Should you have an appointment after 5pm you will need to check in at the Adult ER department. o Exit straight out of CT department and proceed to end of hall. o Take a right at end of hall to enter Adult ER for check in process. o Once registration is completed proceed to CT/MRI lobby and have a seat, someone will be with you shortly. If you need to reschedule or cancel an appointment, please contact the radiology scheduling group at 601-815-4723. Thank you for choosing UMMC imaging services to serve your needs.

6/18/2024 12:05 PM	CT ROUTINE	15 min	UH CT [101001026]

Patient Instructions.
Location Instructions:

University of Mississippi Medical Center Date: Jun 18, 2024
UH Emergency
Phone: 601-984-4000

2500 N State St
JACKSON MS 39216

Name: George Wells
4607 LINDBERGH DR MRN: [illegible]
JACKSON MS 39209 DOB: [illegible]

RX: bacitracin ointment **Order ID** **282895971**

Sig: Apply topically 2 times daily for 10 days

Qty: 120 (One Hundred Twenty) g **Refill:** 0 (Zero) **Route:** Topical

Start: Jun 18, 2024 **DAW:** No

Signature: [signature]
Ordering Provider: Anderson, Carthal, MD NPI: 1598345998
Authorizing Provider: Anderson, Carthal, MD Auth NPI: 1598345998

Security features: Printed on tamper-resistant paper. (*) border for quantity and refill amount, this prescription.

WARNING: This document contains the following industry recognized tamper resistant security features:

Copy Void Pantograph:	The word "VOID" appears on the background of prescription when copied on most copiers and scanners
Anti-Erasure Background:	Light gray pattern prevents erasure and modification
MicroPrint Border:	Under magnification the border around the document will read "THIS IS AN ORIGINAL PRESCRIPTION"
Security Features Warning Box:	Warning box describing the tamper resistant security features within this document.

Date	Visit Type	Length	Department

Dept directions for UH CT: · Park in Garage A. · Enter the hospital at the Main entrance and once inside, proceed straight ahead to elevator or staircase to 1st floor. · Once on the first floor proceed straight past coffee shop, stay to your right and proceed to Critical Care "I" elevators. · Take "I" elevators down to "B" level. · Take a left off the elevators. · Take your next hallway to the right. · Take the next hallway to the right. · You will see the CT/MRI department straight ahead in front of you. · Proceed straight ahead to CT/MRI registration desk for check in process. · Should you have an appointment after 5pm you will need to check in at the Adult ER department. o Exit straight out of CT department and proceed to end of hall. o Take a right at end of hall to enter Adult ER for check in process. o Once registration is completed proceed to CT/MRI lobby and have a seat, someone will be with you shortly. If you need to reschedule or cancel an appointment, please contact the radiology scheduling group at 601-815-4723. Thank you for choosing UMMC imaging services to serve your needs.

6/18/2024 12:10 PM XR 5 5 min UH EMERGENCY XRAY [101001091]

Patient Instructions:

Anderson, Carthal, MD
Resident
Emergency Medicine

ED Provider Notes
Cosign Needed

Date of Service: 06/18/24 1149

Procedure Orders
Lac Repair [282895975] ordered by Anderson, Carthal, MD
Lac Repair [282895977] ordered by Anderson, Carthal, MD

History

Chief Complaint

Patient presents with:

- Fall

  86yom fall from lift- awake and alert laceration to head no blood thinners

HPI
George Wells is a 86 y.o. male with PMH of hypertension, diabetes and TIA who presents via EMS after he sustained a fall from his where lift while trying to transfer to his chair today landing on his head. He denies any blood thinners or lost consciousness but did sustain cuts to his superior forehead. He additionally is endorsing neck pain without new weakness or numbness and is chronically bed-bound. Denies shortness of breath, chest pain, extremity pain, or abdominal pain.

HISTORY:
History documented here is for the purposes of medical decision making and the ED physician note. It will NOT file to the patient's permanent history.:

Past Medical History:
Diabetes: Yes
Diabetes is currently be treated with oral diabetic medication.
Is patient compliant with current medication(s): Yes
HTN: Yes
MI:

Social History:

Illicit Drugs:

Past Medical History:

Diagnosis	Date
• Cancer (HCC)	
• Diabetes mellitus (HCC)	
• Skin cancer	

No past surgical history.

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance Use Topics

- Alcohol use: Never

- Drug use: Never

Review of Systems
Constitutional: Negative for chills and fever.
HENT: Negative for ear pain and sore throat.
Eyes: Negative for pain and visual disturbance.
Respiratory: Negative for cough and shortness of breath.
Cardiovascular: Negative for chest pain and palpitations.
Gastrointestinal: Negative for abdominal pain, diarrhea, nausea and vomiting.
Genitourinary: Negative for dysuria and hematuria.
Musculoskeletal: Positive for neck pain. Negative for arthralgias, back pain and myalgias.
Skin: Positive for wound. Negative for color change and rash.
Neurological: Positive for headaches. Negative for seizures, syncope and weakness.
All other systems reviewed and are negative.

Physical Exam

BP 173/82 (BP Location: Left arm, Patient Position: Sitting) | Pulse 68 | Temp 98 °F (36.7 °C) (Oral) | Resp 18 | Ht 1.6 m (5' 3") | Wt 59 kg (130 lb) | SpO2 96% | BMI 23.03 kg/m²

Physical Exam
Vitals and nursing note reviewed.
Constitutional:
Appearance: He is not ill-appearing or diaphoretic.
HENT:
Head: Normocephalic.
Comments: **Present shaped laceration measuring 3 cm over right superior scalp as well as a larger 4.5 cm laceration over superior occipital scalp. Mild venous oozing present.**
Right Ear: External ear normal.
Left Ear: External ear normal.
Nose: Nose normal. No congestion or rhinorrhea.
Mouth/Throat:
Mouth: Mucous membranes are moist.
Pharynx: Oropharynx is clear. No oropharyngeal exudate or posterior oropharyngeal erythema.
Eyes:
General: No scleral icterus.
Extraocular Movements: Extraocular movements intact.
Conjunctiva/sclera: Conjunctivae normal.
Pupils: Pupils are equal, round, and reactive to light.
Neck:
Comments: **In C-collar, mid cervical spinal tenderness to palpation.**
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Pulses: Normal pulses.
Heart sounds: Normal heart sounds. No murmur heard.
Pulmonary:
Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: Normal breath sounds. No wheezing or rales.
Chest:
Chest wall: No tenderness.
Abdominal:
General: Abdomen is flat. There is no distension.
Palpations: Abdomen is soft.
Tenderness: There is no abdominal tenderness. There is no guarding or rebound.
Musculoskeletal:
General: No swelling or deformity.
Cervical back: Tenderness present.

Right lower leg: No edema.
Skin:
General: Skin is warm and dry.
Capillary Refill: Capillary refill takes less than 2 seconds.
Comments: **Chronic open wound to left lateral thigh which appears well without purulence or spreading erythema.**
Neurological:
Mental Status: He is alert and oriented to person, place, and time.
Sensory: No sensory deficit.
Motor: Weakness present.
Comments: **Chronic weakness bilateral lower extremities, intact upper extremity strength**

ED Course

Lac Repair

Date/Time: **6/18/2024 2:53 PM**

Performed by: **Anderson, Carthal, MD**
Authorized by: **McKenzie, Leslie Kendall, MD** Consent: **Verbal consent obtained.**
Risks and benefits: **risks, benefits and alternatives were discussed**
Consent given by: **patient**
Patient understanding: **patient states understanding of the procedure being performed**
Patient consent: **the patient's understanding of the procedure matches consent given**
Procedure consent: **procedure consent matches procedure scheduled**
Patient identity confirmed: **arm band and verbally with patient**
Time out: **Immediately prior to procedure a "time out" was called to verify the correct patient, procedure, equipment, support staff and site/side marked as required.**
Body area: head/neck
Location details: **scalp**
Laceration length: 3 cm
Foreign bodies: no foreign bodies
Tendon involvement: none
Nerve involvement: none
Vascular damage: no
Anesthesia: **local infiltration**

Anesthesia:
Local Anesthetic: **lidocaine 1% without epinephrine**
Anesthetic total: **5** mL

Sedation:
Patient sedated: **no**

Preparation: **Patient was prepped and draped in the usual sterile fashion.**
Irrigation solution: saline
Irrigation method: jet lavage
Amount of cleaning: extensive
Debridement: none
Degree of undermining: none
Wound skin closure material used: 5-0 Ethilon.
Number of sutures: 6
Technique: simple
Approximation: close

Approximation difficulty: simple
Dressing: antibiotic ointment
Patient tolerance: **patient tolerated the procedure well with no immediate complications**

Lac Repair

Date/Time: **6/18/2024 2:54 PM**

Performed by: **Anderson, Carthal, MD**
Authorized by: **McKenzie, Leslie Kendall, MD** Consent: **Verbal consent obtained.**
Risks and benefits: **risks, benefits and alternatives were discussed**
Consent given by: **patient**
Patient understanding: **patient states understanding of the procedure being performed**
Patient consent: **the patient's understanding of the procedure matches consent given**
Procedure consent: **procedure consent matches procedure scheduled**
Required items: **required blood products, implants, devices, and special equipment available**
Patient identity confirmed: **verbally with patient**
Time out: **Immediately prior to procedure a "time out" was called to verify the correct patient, procedure, equipment, support staff and site/side marked as required.**
Body area: head/neck
Location details: **scalp**
Laceration length: 4.5 cm
Foreign bodies: no foreign bodies
Tendon involvement: none
Nerve involvement: none
Vascular damage: no
Anesthesia: **local infiltration**

Anesthesia:
Local Anesthetic: **lidocaine 1% without epinephrine**
Anesthetic total: **5** mL

Sedation:
Patient sedated: **no**

Preparation: **Patient was prepped and draped in the usual sterile fashion.**
Irrigation solution: saline
Irrigation method: syringe
Amount of cleaning: extensive
Debridement: none
Degree of undermining: none
Wound skin closure material used: 4-0 Ethilon.
Number of sutures: 7
Technique: simple
Approximation: close
Approximation difficulty: simple
Dressing: antibiotic ointment
Patient tolerance: **patient tolerated the procedure well with no immediate complications**

MDM
Patient is a 86 y.o. male who presents with EMS status post fall in clear lay while transferring to a chair. Phalen's head with posttraumatic headache, wounds to his gout and pain without new weakness, back pain, chest pain, shortness of breath, abdominal pain or known blood thinners. He did not lose consciousness.
-Vitals on arrival WNL
-PE showing GCS 15 male with chronic weakness of the lower extremities who has clear breath sounds, benign abdomen, no thoracic or lumbar spinal tenderness palpation, cervical midline tenderness palpation

with C-collar in place, 2 lacerations over scalp with mild venous oozing present. He has a chronic wound to his left lateral thigh that is well-appearing.
-Concern for/DDx includes: Intracranial or cervical traumatic abnormality
-Labs and imaging: CT Head, CT cervical spine, CXR. Labs considered but not needed at this time given only trauma symptoms without other illnesses. Will order if positive CT findings
-Initial treatment: Tetanus update, lidocaine for bedside repair of lacerations
-Work-up showing chest x-ray without rib fractures, pneumothorax or overt pneumonia, CT cervical spine with degenerative changes without acute fracture subluxation, CT head
-Scalp wounds numbed, washed thoroughly and repaired. Superior laceration with 6 x 5-0 Ethilon stitches and posterior laceration with 7 x 4-0 nylon stitches. Covered in bacitracin
-Social work consulted for transportation back to VA nursing home
Patient discharged

ED COURSE as of 06/18/24 1508

Tue Jun 18, 2024

1253 **XR Chest 1 View**
Linear perihilar opacities, likely atelectasis.
[CA]

1256 **CT Cervical Spine WO IV Contrast**
Degenerative changes with no acute fracture or subluxation of the cervical spine. [CA]

1309 **CT Head WO IV Contrast**
Scalp contusions and lacerations with no acute intracranial findings.

Parenchymal volume loss and chronic infarcts noted.
[CA]

Clinical Impressions

Final diagnoses

Fall, initial encounter
Laceration of scalp, initial encounter

Plan

ED Disposition

ED Disposition	Condition	Comment
Discharge	Stable	George Wells discharge to home/self care.

Discharge information if applicable:

Discharge Medications

New Medications
bacitracin ointment

Apply topically 2 times daily for 10 days
Quantity: 120 g
Refills: 0

Anderson, Carthal, MD
Resident
06/18/24 1506

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25JA	A. BUILDING: _____ B. WING _____	C 09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS STATE VETERANS HOME-JACKSON	4607 LINDBERGH DRIVE JACKSON, MS 39209

(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 640	Continued From page 1 Findings include: Resident #2 Review of the facility's policy titled, "Storage of chemicals and hazards products," undated, revealed "Storage area: Store chemicals in a safe, secure, ventilated, and fire-resistant area. This area should be locked and only accessible to authorized personnel ..." Record review of the facility's "Report of Investigation," revealed On 6/14/24, Resident #2 potentially drank floor cleaner that he got off a cart. The resident was given water, observed for change in behavior and sent to the hospital. The resident returned to the facility on 6/15/24 with documentation stating that the resident was not in distress and there were no adverse problems related to the incident. Record review of a follow-up abdominal x-ray that was done on 6/17/24, revealed that there was no acute process noted from the ingestion of chemicals. On 09/17/24 at 2:32 PM, in an interview and observation on D hall with Housekeeper #1 stated the cart will lock, but she did not have a key to lock it. The Housekeeper added that all chemicals are kept on the cart, and she keeps an eye on her cart. She revealed she started working at the facility on 8/22/24, and has never locked her cart since beginning employment. On 09/17/24 at 2:38 PM, in an interview and observation of housekeeping cart on B hall with Housekeeper #2, he stated his cart lock broke this past Sunday. The Housekeeper added that	M 640	B. Resident #2: All residents that are ambulatory or move about the facility have the potential to be affected by this deficient practice. Resident #3: All residents who use require a lift have the potential to be affected by this deficient practice. C. Resident #2: Staff were in-serviced on 6/14/2024 by the RN Supervisor on ensuring chemicals are locked when not in use (attachment 6). The Maintenance Director also checked carts to ensure locks were working and each housekeeper had a key. On 6/17/2024 the Director of Nursing in-serviced all staff on the storage of chemicals, purple wipes, hand sanitizer, peri wash, and other chemicals that could cause harm if consumed (attachment 7). On 6/26/2024 Administrator held a Town Hall meeting to discuss the building, keeping chemicals locked up, and not leaving any hazardous chemicals in an unlocked area (attachment 8). On 9/17/2024 each housekeeping cart lock was checked by the Maintenance supervisor to ensure locks were functioning properly and those that were not were changed. Also, each housekeeper was provided a key to their cart. On 9/18/2024 the current housekeepers were in-serviced by the new housekeeping supervisor on the storage of chemicals and hazardous products and locking chemicals in cart (attachment 9).	11/1/24

IN-SERVICE TRAINING REPORT

Attachment 6

(Personnel Attendance Record on Reverse)

Facility: Jackson Veterans Home Department(s): Jackson Veterans

Date: 10/14/24 From: ○ AM ⊘ PM To: ○ AM ○ PM

Employee group(s) present:

Topic/Title: Chemical Agents Proper storing

Contents or summary of training session *(if related to OSHA standard bloodborne pathogens training indicate "See Below" and use that convenient check-off list):*

All chemical agents, cleaners, soaps, sanitizers, sprays, non-ingestible agents shall be stored in locked areas out of reach of residents when not actively being used and monitored by staff using it. No non-ingestible agent should be ~~left~~ left unattended at any time. If any agent is seen unattended at any time it is to be placed in area out of reach of residents immediately.

OSHA standard bloodborne training requirements. Check those topics covered. Use space above to clarify.

- ❑ Explanation of regs
- ❑ Epidemiology & symptoms
- ❑ Modes of transmission
- ❑ Exposure control plan
- ❑ Recognizing tasks/activities that pose risk or risk potential
- ❑ Methods to prevent/reduce exposure ❑ Engineering controls ❑ Work practices ❑ Protective equipment
- ❑ Personal protective equipment (must include types, use, removal, handling, decontamination, disposal, & selection)
- ❑ Hepatitis B vaccine
- ❑ Reporting and responding to exposure occurrences, employer post-exposure evaluation and follow-up responsibilities
- ❑ Signs & labels and/or color coding used to identify equipment used to store or transport blood or potentially infectious material

Conducted by: Marianna Butler RN

Name(s), Title(s) and Qualification(s)

Evaluation, comments, suggestions:

Signature of person completing report: Title:

NAMES AND JOB TITLES OF PERSONNEL ATTENDING	NAMES AND JOB TITLES OF PERSONNEL ATTENDING
McCall, RN	Shalesia Turner CNA
[illegible]	[illegible]
E Alexander, LPN	
C. Tupler, CNA	
L Wilson CNA	
[illegible], CNA	
[illegible] LY CNA	
J Clarkm RN	
Aneua Ashley CNA	
Karson [illegible]	
Harry Smith - VSO	
Theminia Nampson	
Rosetta Maxwell	
Espee Anna	
[illegible] Wells	
Dantacia Wade	
Tina Minor, RN	
Kathleen Dennis CNA	
Veronica Henry, LPN	
Heather Champion, LPN	
T Brown	
[illegible] CNA	
R Weatherspoon RN	
Velella Gray, Pharm D	
Deranica Adams CNA	

BRIGGS Healthcare

INSERVICE 6/14/24:

All chemical agents, cleaners, soaps, sanitizers, sprays, non-ingestible agents, should be stored in locked area out of reach of residents when not actively being used and monitored by staff. Non-ingestible agents should not be left unattended at any time. If at any time staff sees any non-ingestible agent left unattended it should be placed in area out of reach of residents immediately.

INSERVICE TRAINING

Attachment 7

FACILITY: Ms State Veterans Home

INSERVICE CODE:

INSERVICE SUBJECT: Chemicals (purple top wipes) Hand Sanitizer Periwash, razors, anything that the resident may drink to harm them.

\# ATTENDING:

INSTRUCTOR'S NAME: Jesselyn Clemes

HOURS:

INSTRUCTOR'S TITLE: Director of Nursing

Please
REQUIRED DEPARTMENTS:

DATE GIVEN: 6/17/2024

MANDATORY INSERVICE: YES NO

NAME (Last, First)	SOCIAL SECURITY #	HOURS EARNED
1. Rosetta Maxwell	[illegible signature]	
2. Roberta Edwards, SLP	Harry Smith - VSO	
3. Dastacia Wade, CNA		
4. Jasma Clark, Activities	M. Simpson	
5. Joseph Moore		
6. Syenthia Dorn	Latisha Hicks, LPN	
7. Brandi McC[illegible], LPN	Tula Minor, RN	
8. DeSaree McGee	Veronica Henry, LPN	
9. Rachael Hunter	Hannah Jordan, CNA	
10. Kathleen Sims CNA	[illegible] RA	
11. Garrett Demetria	Veronica Adams CNA	
12. Sharika Turner CNA	[illegible signature]	
13. Kaylia Davis, Activities		
14. [illegible signature]		
15. [illegible signature]		
16. [illegible signature]		
17. [illegible signature]		
18. [illegible signature]		
19. [illegible signature]		
20. Jordan [illegible]		
21. [illegible], LPN		
22. [illegible], LPN		
23. Will Smith, CNA		
24. [illegible] Coleman, CNA		
25. K [illegible] LPN II		

VG-102 (REV. 9/95)

[illegible] Allen CNA

NAMES AND JOB TITLES OF PERSONNEL ATTENDING	NAMES AND JOB TITLES OF PERSONNEL ATTENDING
Bianca Jones	Security - Swetman
Roxanne McAfee - Dietary Aide	
Caleb Wallace - Dietary aide	
[illegible] Dietary	
[illegible] Dietary	
Shari Strong	Security Swetman
Tareeka Lane	Admin
Lydia Harrison RN	
Deanna McGee - HR	
Dana McAfee - Unit Sup.	
Shaquita Clark - Soc. Ser	
[illegible]	
Sabrina Smith	
Megan Slee	Therapy
Yasma Clark, Activities	Activities [illegible]
Valeka Grady	
[illegible]	
M McCallek RN	
Jessilyn James	
Harvey Smith - VSO	
Raphael Hunter	House Keep Supervisor
Rochay Johnson	Dietary manager
Brenkeenda Langston	Dietitian
[illegible]	[illegible]
Mary Stewart Dietary	Mary Stewart
[illegible] Dietary	
Danada Holliday	Receptionist
Henry Willis	Security

Education on leaving chemicals out in the facility.

Must ensure employees are in-serviced on keeping all chemicals out of reach for residents. Must ensure employees are locking housekeeping carts. Must ensure employees are keeping a look out on their carts while in use on the hallways.

Thank you,

Joyce Course
6/17/24

Richard Hamlin
6-17-24

Attachment 8

IN-SERVICE TRAINING REPORT

(Personnel Attendance Record on Reverse)

Facility: Jackson VA Department(s): Managers

Date: 6/26/24 From: ○ AM ○ PM To: ○ AM ○ PM

Employee group(s) present: Managers

Topic/Title: Town Hall Meeting

Contents or summary of training session *(if related to OSHA standard bloodborne pathogens training indicate "See Below" and use that convenient check-off list):*

(1) Open conversation about the building and team building. Survey Readiness. Mock Survey. Vacation

(2) Ensure All chemicals are locked-up on the cart when not in use by All Housekeeping staff.

OSHA standard bloodborne training requirements. Check those topics covered. Use space above to clarify.

- ❑ Explanation of regs
- ❑ Epidemiology & symptoms
- ❑ Modes of transmission
- ❑ Exposure control plan
- ❑ Recognizing tasks/activities that pose risk or risk potential
- ❑ Methods to prevent/reduce exposure ❑ Engineering controls ❑ Work practices ❑ Protective equipment
- ❑ Personal protective equipment (must include types, use, removal, handling, decontamination, disposal, & selection)
- ❑ Hepatitis B vaccine
- ❑ Reporting and responding to exposure occurrences, employer post-exposure evaluation and follow-up responsibilities
- ❑ Signs & labels and/or color coding used to identify equipment used to store or transport blood or potentially infectious material

Conducted by: Joyce Course, Administrator
Name(s), Title(s) and Qualification(s)

Evaluation, comments, suggestions:

Signature of person completing report: Title:

NAMES AND JOB TITLES OF PERSONNEL ATTENDING	NAMES AND JOB TITLES OF PERSONNEL ATTENDING
[illegible] - Admin. Asst	
[illegible] - HR	
[illegible] Smith - VSD	
[illegible] Matthews RN - MDS	
[illegible] RN	
[illegible] Soc. Ser.	
[illegible]	
[illegible]	
[illegible]	
Tayl[illegible]	
Rashawn [illegible] HKS.	
[illegible]	
[illegible]	
[illegible]	
[illegible] Langston	

Attachment 9

IN-SERVICE TRAINING REPORT

(Personnel Attendance Record on Reverse)

Facility: MS States Veterans Home Department(s): HouseKeeping

Date: 9/18/24 From: ○ AM ○ PM To: ○ AM ○ PM

Employee group(s) present: HouseKeeping

Topic/Title: locking Chemicals up on your cart

Contents or summary of training session *(if related to OSHA standard bloodborne pathogens training indicate "See Below" and use that convenient check-off list):*

① Do not leave chemical on your cart out

② Putting chemicals in a lock area in your cart

OSHA standard bloodborne training requirements. Check those topics covered. Use space above to clarify.

❑ Explanation of regs	❑ Methods to prevent/reduce exposure ❑ Engineering controls ❑ Work practices ❑ Protective equipment	❑ Reporting and responding to exposure occurrences, employer post-exposure evaluation and follow-up responsibilities
❑ Epidemiology & symptoms	❑ Personal protective equipment (must include types, use, removal, handling, decontamination, disposal, & selection)	❑ Signs & labels and/or color coding used to identify equipment used to store or transport blood or potentially infectious material
❑ Modes of transmission	❑ Hepatitis B vaccine	
❑ Exposure control plan		
❑ Recognizing tasks/activities that pose risk or risk potential		

Conducted by: Danny Little
Name(s), Title(s) and Qualification(s)

Evaluation, comments, suggestions:

Signature of person completing report: Danny Little Title: Custodian Supervisor

NAMES AND JOB TITLES OF PERSONNEL ATTENDING	NAMES AND JOB TITLES OF PERSONNEL ATTENDING
Wesley Gibson	
Dorothy Jones	
Joseph Moore	
Charles Mathell	
Shelia Collins	
Alicia Collins	
W. Brent	
Danny Little	
Rosie Shuren L	
Martrel Reginal	
Christeen Thompson	
Keith Jefferson	

Mississippi VA

Storage of chemicals and hazards products:

Storage area: Store chemicals in a safe, secure, ventilated, and fire-resistant area. This area should be locked and only accessible to authorized personnel.

Containers: Use containers designed for chemical storage and appropriate for each type of chemical. Ensure that lids are tight.

Labeling: Label all chemicals to ensure proper identification.

Storage location: Store chemicals below eye level and keep them off the floor, window ledges, and balconies.

Storage by chemical group: Store chemicals by chemical group to keep incompatible chemicals away from each other.

Dispensing: Use automated dispensing systems instead of manual dilution and mixing.

Disposal: Discard disinfectants after the expiry date.

Cleaning and maintenance: Keep cleaning and disinfection equipment well maintained, in good repair, and clean and dried between uses.

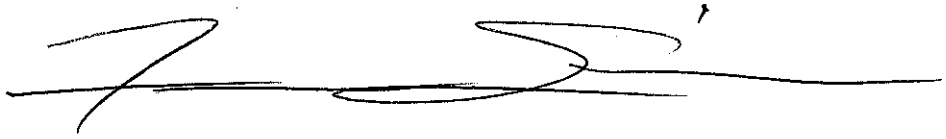
Separation of clean and soiled items: Use different bags to clearly separate clean and soiled items to avoid cross-contamination.

Lockable compartments: Use lockable compartments.

Chemical and label match: Make sure the chemical and the label match.

Never refill used containers: Never refill used containers with different chemicals.

Never refill dispensers: Never refill dispensers intended for single use.



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Shelia Collins - 10-3-24

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Charles Mitchell

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Wanda Brent

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Dorothy Jones

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Storage location: Store chemicals below eye level and keep them off the floor, window ledges, and balconies.

Storage by chemical group: Store chemicals by chemical group to keep incompatible chemicals away from each other.

Dispensing: Use automated dispensing systems instead of manual dilution and mixing.

Disposal: Discard disinfectants after the expiry date.

Cleaning and maintenance: Keep cleaning and disinfection equipment well maintained, in good repair, and clean and dried between uses.

Separation of clean and soiled items: Use different bags to clearly separate clean and soiled items to avoid cross-contamination.

Lockable compartments: Use lockable compartments.

Chemical and label match: Make sure the chemical and the label match.

Never refill used containers: Never refill used containers with different chemicals.

Never refill dispensers: Never refill dispensers intended for single use.

Martrel Regina

120 NORTH ST STREET • JACKSON, MS 39201 • P.O. BOX 3439 • JACKSON, MS 39207 • PHONE: 601-576-4850 • FAX: 601-576-4870

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25JA	A. BUILDING: _____ B. WING _____	C 09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS STATE VETERANS HOME-JACKSON	4607 LINDBERGH DRIVE JACKSON, MS 39209

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M 640	Continued From page 2 he reported it to maintenance, however, he was told they would fix it when they got a chance. He stated that he does not leave his cart unattended. When cleaning a room, he parks his cart by the door, and he keeps an eye on the cart. The cart was not locked at the time of the observation and Resident #2 was wandering up and down the hall. On 09/17/24 at 4:00 PM, in an interview with Director of Nursing (DON) stated Resident #2 is a wanderer. She stated she was aware that there had been an incident when Resident #2 ingested cleaning chemicals, however, it occurred prior to her employment with the facility. The DON stated that she was told that Certified Nursing Assistant (CNA) #3 was charting at the time of the incident, and she saw Resident #2 pick up a container off the cart and take a drink. The DON stated that it is the responsibility of Housekeeping to make sure that chemicals are locked up. The DON added that she was told that it was the former Housekeeping Manager that had left the chemical out. On 09/17/24 at 4:30 PM, in an interview with Administrator in Training (AIT) stated the former Housekeeping Manager left the cart in the hall and left the building. She stated housekeeping leaves at 3:30 PM and prior to leaving they are supposed to make sure that all chemicals are locked up. The AIT added that the Administrator at the time of the incident had put building monitoring in place as a corrective action, however, when she left, the monitoring did not continue. The last time the building monitoring took place was on 7/15/24. On 09/17/24 at 4:50 PM, in an interview with Housekeeping Supervisor he stated he was a driver at that time of the incident and was not	M 640	Resident #3: All nursing staff were in-serviced on 6/18/2024 by Director of Nursing on Proper Use of all lifts (policies MSNH 200-086/200-85 – attachment 10). D. On 6/15/2024 staff did 30 days of monitoring. The new housekeeping supervisor will resume monitoring on 10/10/2024 by doing cart checks 2 X per week for 60 days to ensure housekeepers are keeping their chemicals locked and stored in secure areas (attachment 11). The deficient practice was reported to the QA committee on 7/18/2024 for further corrective actions. Pertaining to the monitoring starting on 10/10/2024, the Administrator will report findings to the QA committee at the meeting scheduled for 10/31/2024. The Director of Nursing completed lift checks on 2 residents per week beginning 6/19/2024 for 3 months to ensure the nursing staff were properly educated and trained on lift use and procedure (attachment 12). The deficient practice was reported to the QA committee on 7/18/2024 for further corrective actions.	11/1/24

MISSISSIPPI VETERANS AFFAIRS BOARD
OFFICE OF THE EXECUTIVE DIRECTOR
660 NORTH STREET, SUITE 200
JACKSON MISSISSIPPI 39202-3139

Attachment 10

MSNH 200-086 Approved: 7/12/2023
TOPIC: TOTAL LIFT POLICY

1. **REVIEW:** Annually

2. **GENERAL:** The Mississippi State Veterans Home will use the total lift for residentsthat require assistance to ensure the safety of residents and staff at the facility.

3. **PURPOSE:** The purpose of this policy is to assist residents who require a mechanical lift for lifting/transfers in a manner that is safe and comfortable for the resident and the employee.

4. **PROCEDURE:**

Always check the resident's physician order and nursing care plans in the paper chart or electronic health record for information regarding type of lift and sling to be used on each specific resident.

Only trained personnel will use the mechanical lift in the facility. All mechanical lifts require two persons assist.

Steps in the procedure:

1. Perform hand hygiene either hand washing or hand sanitizer.
2. Assemble equipment- correct lift/correct sling per physician orders and nursing care plans. Knock on door.
3. Identify yourself and obtain permission to perform procedure. Explain procedure and provide for privacy.
4. To transfer a resident from bed to wheelchair, you should:
   A. Position the wheelchair and lock the wheels for safety.
   B. Position the resident onto sling by turning the resident to his/her side. Place the sling, fan folded, along the resident's back, making sure the top of the sling is at the head and the bottom is at the resident's knees.
   C. Assist the resident to turn to the opposite side and position the sling flat on the bed. Reposition resident on his /her back and check for correct placement of the sling. (Reposition if needed).
   D. Position lift over the waist area of the resident and attach the appropriate lift sling by using the colored hook tabs located on the straps of the lift at the top and bottom portion of the lift sling. The arm of the lift must be lowered slowly to the appropriate height to attach the lift sling, making certain not to bump the sling arm into the resident. The sling hooks should slide easily onto the arm hook making sure that the color chosen for the head of the resident will be elevated higher that the feet and legs when lifted.
   E. Position legs of lift for broad base of support- (open legs of base).
   F. Instruct and/or assist the resident to fold arms/hands across the chest, if possible, for safety.

G. Raise the resident from the bed slowly and monitor for positioning and potential problems. -remember this is a two person assist procedure for all mechanical lifts- slowly lower the resident back to the bed if needed. Example- for repositioning of resident, adjustments of sling.
H. Raise resident to a height that just clears the bed with the lift.
I. Assist the resident in moving his/her legs off the bed. While moving the lift away from the bed. Be sure the resident is positioned in a manner that he/she is facing the person operating the lift and is in position to be lowered to the wheelchair. With two persons assist one person is responsible for maneuvering the lift, the other for positioning the resident. Both are responsible for monitoring for safety/comfort of the resident.
J. Position the lift sling with resident over the wheelchair. Be sure the resident is positioned over the seat and positioned with his/her back at the back of the wheelchair. Slowly lower the resident. One person operating the lift, the second assisting to assure positioning of the resident. Lower resident into the chair far enough to allow the sling to be easily released from the sling, but monitoring so that resident is not bumped by the arm of the lift.
K. Be sure resident is comfortable.
L. Remove the sling hooks from the sling arm.
M. Remove the lift.
N. Place call light in reach.
O. Check safety devices as ordered and check functioning: example: tab alarms, pressure pad alarms, lap tray, etc.
P. Remove lift from room and place back into storage area.

5. **SUPERSESSION:** When Replaced

"No lift facility"

I _____have been fully informed of the policy of the Mississippi. State Veterans Home regarding the facility "No Lift" policy. As a CNA or nurse, I have been instructed and understand any lifting of residents must be done using the mechanical lifts provided by the facility. Further more, as an employee of this facility in any other position, I understand heavy lifting by myself without adequate help or use of a lift device is prohibited. If I attempt to lift without adequate help or use of lift device, I have done so against the advice and instruction of the facility policy and any resulting injury may prove myself liable for possible negligence.

By my signature below, I agree to abide by the "No Lift" policy and fully understand the policy. I also understand I must conduct a return demonstration of a check off related to the use of each lift if I am a CNA or nurse. These check offs are done at time of hire and a second time during this year and every year hereafter.

I AGREE_____ DATE:_____

MISSISSIPPI VETERANS AFFAIRS BOARD
OFFICE OF THE EXECUTIVE DIRECTOR
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JACKSON MISSISSIPPI 39202-3139

MSNH 200-85
TOPIC: LIFTS

Approved: 7/12/2023

1. **REVIEW:** Annually

2. **GENERAL:** The Mississippi State Veterans Home maintains a no lift policy to protect residents and employees from harm/injury and to provide comfort and good body alignment while the resident is being moved.

3. **PURPOSE:** It is the policy of the Mississippi State Veterans Home to maintain a no lift policy. Lifts will be provided for use with lifting of residents who have been assessed to require either a total lift or sit to stand mechanical lift for safe transfers.

4. **PROCEDURE:**

   Refer to the residents' Physician order and nursing care plans in the paper chart and/or electronic health record to determine which lift and sling is to be used with each individual resident. **All lifts require two persons assist for safety.**

5. **SUPERSESSION:** When Replaced

IN-SERVICE TRAINING REPORT

(Personnel Attendance Record on Reverse)

Facility: Ms State Veterans Home Department(s): Nursing

Date: 6/18/2024 From: ○ AM ○ PM To: ○ AM ○ PM

Employee group(s) present: _____

Topic/Title: Proper Use of Lift per Policy, Uniforms, No med pass in Dining Area or @ meal times. Everyone Nurse and CNAs should be feeding.

Contents or summary of training session (*if related to OSHA standard bloodborne pathogens training indicate "See Below" and use that convenient check-off list):*

- We work as a team better.
- Respect and Professional Behavior
- Tube feeding (time)
- Wheel chairs to be cleaned. (ex. if a piece of sausage is in the chair & crumbs please clean the chair.)
- Clean up behind your, do not leave medicine cup in residents room.
- Hydration every 2 hours
- Abuse and Neglect

OSHA standard bloodborne training requirements. Check those topics covered. Use space above to clarify.

- ❑ Explanation of regs
- ❑ Epidemiology & symptoms
- ❑ Modes of transmission
- ❑ Exposure control plan
- ❑ Recognizing tasks/activities that pose risk or risk potential
- ❑ Methods to prevent/reduce exposure ❑ Engineering controls ❑ Work practices ❑ Protective equipment
- ❑ Personal protective equipment (must include types, use, removal, handling, decontamination, disposal, & selection)
- ❑ Hepatitis B vaccine
- ❑ Reporting and responding to exposure occurrences, employer post-exposure evaluation and follow-up responsibilities
- ❑ Signs & labels and/or color coding used to identify equipment used to store or transport blood or potentially infectious material

Conducted by: _____
Name(s), Title(s) and Qualification(s)

Evaluation, comments, suggestions: _____

Signature of person completing report: Jesselyn James, RN Title: DON

NAMES AND JOB TITLES OF PERSONNEL ATTENDING	NAMES AND JOB TITLES OF PERSONNEL ATTENDING
Shalesia Trunner CNA	
Veronica Adams CNA	
Ebony Suggs CNA	
Brittany Robinson CNA	
Brittney McGruder CNA	
Jill Smith CNA	
[illegible]	
Faylonda Epps LPN	
Kyundra Meeks CNA	
Daisha Blanford, LPN	
Cassandra Dixon CNA	
Stephanie Steele CNA	
Pam Hunt CNA	
[illegible] CNA	
[illegible]	
Tequila [illegible] CNA	
Shirdalia Hill CNA	
Shannah Jordan CNA	

CART CHECK

MONTH: _____

DATE	ITEMS STORED ON TOP OF CART Y/N	CHEMICAL STOREAGE AREA ON THE CART LOCKED Y/N	EMPLOYEE CHECKING THE CART(S)	COMMENTS

Attachment 11

Attachment 12

Lift Monitoring

Month June 2024

Resident Name	Date	Shift	What lift does the resident require	What lift was used?	Was proper procedure used (2) staff
Wells, G.	6/19	7-3	Total	Total	yes
Magee, C.	6/19	7-3	Total	Total	yes
Appleton	6/24	3-11	Total	Total	yes
White, J.	6/24	3-11	Total	Total	yes

Jesselyn James, RN

Lift Monitoring

Month July

Resident Name	Date	Shift	What lift does the resident require	What lift was used?	Was proper procedure used (2) staff
Taylor, H	7/3	11-7	Total	Total	yes
Johnson, M	7/3	11-7	Total	Total	yes
Featherson	7/10	7-3	Total	Total	yes
Alexander	7/10	11-7	Sit to Stand	Sit to stand	yes
Thurman	7/17	7-3	Total	Total	yes
G. Wells	7/17	7-3	Total	Total	yes
Dunbar	7/24	7-3	Total	Total	yes
Thomas	7/24	11-7	Total	Total	yes

Lift Monitoring

Month August

Resident Name	Date	Shift	What lift does the resident require	What lift was used?	Was proper procedure used (2) staff
McReynold	8/7	11-7	Sit to Stand	Sit to Stand	yes
Sharpe	8/7	7-3	Total	Total	yes
Crossley	8/14	11-7	Total	Total	yes
Wilson, W.	8/14	7-3	Total	Total	yes
R. Clark	8/21	11-7	Sit to Stand	sit to stand	yes
Wells, G.	8/21	7-3	Total	Total	yes

, RN

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M 640	Continued From page 3	M 640		

working in housekeeping. He stated since he took over, he makes sure all chemicals are kept in the cubby area of the carts at all times when not being used. He added that the housekeepers are told to keep chemicals in the cart and that the area of the cart, in which they are stored, is locked.

On 09/18/24 at 10:20 AM, an observation and interview with Housekeeper #1 on D Hall, her cart was locked. The Housekeeper pulled a key out of her pocket and stated I now have a key and can keep my cart locked. She also revealed that the locked cart can be stored in the housekeeping storage room that has a keypad lock.

On 09/18/24 at 10:33 AM, in an observation and interview with of Housekeeper #2 on B Hall he stated the cart lock is now working, and pulled on the chemical storage door on his cart and demonstrated that it was locked.

On 09/18/24 at 3:27 PM, in an interview with CNA #3 stated she witnessed Resident #2 drink out of the bottle that contained cleaning chemicals. CNA #3 confirmed that Resident #2 wanders and observed the resident coming down the hall that night and looking around. She stated she saw the resident pick up a bottle and drink from it. She added that she was not sure how much he drank, but she immediately took it from resident. She stated he got it off a PPE (Personal Protective Equipment) cart or possibly the rail in the hallway. She stated she was not sure, but that nothing used by housekeeping should be left on the floor.

Review of the "Face Sheet," for Resident #2 revealed the facility admitted the resident on an 2/15/22. The resident had diagnoses that included Unspecified Dementia, Disorientation,

MSDH - Health Facilities Licensure and Certification

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M 640	Continued From page 4 and Wandering. Review of the Quarterly Minimum Data Set (MDS), with Assessment Reference Date (ARD) of 4/26/24 revealed, Resident #2 had a Brief Interview for Mental Status (BIMS) score of 3, which indicated the resident had severe cognitive impairment. Resident #3 Review of the facility's policy titled, "Lifts," approved 7/12/23, revealed " ...All lifts require two persons assist for safety ..." Record review of the facility's "Resident Incident Report," revealed that on 6/18/24, while transferring Resident #3 from the bed to the chair using a lift, the resident fell to the floor. At the time of the incident, it was noted that the resident was bleeding from the head. The nursing staff began monitoring the resident for a head injury and the resident was subsequently transferred to the local Emergency Room (ER) for evaluation. Record review of the discharge information of the care at the local ER revealed that there were two (2) scalp lacerations that were cleaned and sutured. The results of the x-rays of Resident #3's chest, cervical spine, along with a CT (computed tomography) of the head, revealed a final diagnosis of "Scalp contusions and lacerations with no acute intracranial findings." Record review of the facility's "Witness Statement" written and signed by CNA #1, dated 6/18/24, revealed she was "getting Resident #3 up in the lift and he fell out of it and hit the floor. He was properly inside it."	M 640		

MSDH - Health Facilities Licensure and Certification

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M 640	Continued From page 5 Record review of a witness statement written, signed and dated 6/19/24 by CNA #2 and interview with CNA #2 revealed she was on the floor checking residents and making up beds. She stated she heard a loud noise coming from Resident #3's room. She stated she went to the resident's room and observed the resident was on the floor. She stated she observed blood on the floor, and she went to get the nurse. The statement revealed that CNA #1 asked CNA #2 to get towels and tell the nurse that she was in the room at the time of the accident. CNA #2 stated that CNA #1 asked her to lie and she refused. On 09/18/24 at 2:54 PM, in an interview the DON stated she was in the building the morning the incident happened. She stated that she went down to Resident #3's, room after CNA #2 reported the fall. She stated the lift was up in the air and the sling was attached. Resident #3 was on the floor saying get me up. She assessed the resident, and he was bleeding from the back of his head. The resident was left on the floor until the ambulance arrived. The DON stated that when she spoke with CNA #1, the CNA stated that she was using the lift, and the resident fell headfirst out of the lift. CNA #2 had previously told her that she was not in the room when the incident happened, and that CNA #1 had asked to lie and say she was in the resident's room when the fall occurred. The DON confirmed when Resident #3 returned from the ER, he had sutures in the back of his head. Review of the "Face Sheet" for Resident #3 revealed the facility admitted the resident on 6/11/19. The resident had diagnoses that included Unspecified Dementia, Peripheral Vascular Disease, and Encounter for Palliative Care.	M 640		

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M 640	Continued From page 6 Review of the 2024 in-service records revealed prior to the incident, two (2) in-services were held on the use of lifts. Each time, the facility policy was reviewed that states when using, all lifts, two (2) persons assist, for safety. The first in-service was held 1/9/24 through 1/11/24, and the second in-service was held on 5/16/24. Both sign in sheets revealed the signature of CNA #1 as having attended the inservices. Record review of the"Termination/Resignation Request" dated 6/19/24 for CNA #1, revealed she was terminated due to failure to follow the facility's lift per policy requiring two (2) person assist, resulting in resident injury.	M 640		