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
	24GC	A. BUILDING: _____ B. WING _____	C 10/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL HEALTH AND REHABILITATION CENTER	1530 BROAD AVE GULFPORT, MS 39501

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M 000	Initial Comments The State Agency (SA) conducted Complaint Investigations (CIs) MS #26146, CI MS #26246, CI MS #26268, and CI MS #26447, at the facility from 9/23/24 through 10/2/24. CI MS #26246 was investigated for neglect and quality of care, CI MS #26268 was investigated for neglect, quality of care, and pressure sores, CI MS #26146 was investigated for dietary services, and CI MS #26447 was investigated for quality of care. 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 M615 was cited.	M 000		
M 615	45.21.3 Pressure sores Pressure sores. Residents with a pressure sore shall receive necessary treatment and service to promote healing and prevent the development of new pressure sores. Residents without pressure sores will not develop pressure sores unless the residents' clinical condition indicates they were unavoidable. This Statute is not met as evidenced by: Level III Based on interviews, record review, and facility policy review, the facility failed to ensure residents received consistent pressure ulcer (PU) care and treatment, for three (3) of three (3) residents reviewed for wounds, Resident #1, Resident #3, and Resident #4, and resulted in Resident #1 acquiring a wound infection with hospitalization. Findings Include: A review of the facility's policy titled "Skin and	M 615	1. On October 2, 2024, resident #1, #3, and #4 Pressure Ulcers evaluated and weekly skin assessment completed by Registered Nurse. 2. All residents have the potential to be affected. 3. Skin observations for all residents were completed beginning on October 7, 2024 and ending October 25, 2024. All identified Pressure Ulcers were evaluated and weekly wound assessment completed October 25, 2024. Seven (7) new pressure	10/29/24

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M 615	Continued From page 1 Wound", revised 01/24/2021, revealed, " ...To provide a system for identifying risk and implementing resident-centered interventions to promote skin health, prevention, and healing of pressure injuries ...Skin Impairment Identification: 1. Document presence of skin impairment(s)/new skin impairment(s) when observed ..." Resident #1: A record review of the "Order Summary Report" revealed Resident #1 had a physician's order, dated 07/03/24 for wound care to the sacrum daily. A record review of Resident #1's "Electronic Treatment Administration Record (E-TAR)" for July 2024 revealed that wound care was not documented as completed on ten (10) of 28 days: July 7, 8, 10, 11, 12, 15, 20, 26, 27, and 30. A record review of Resident #1's "E-TAR" for August 2024 revealed that wound care was not documented as completed on seven (7) of 21 days: August 2, 5, 6, 7, 8, 14, and 16. A record review of the "Wound-Weekly Observation Tool" revealed the facility had documented Resident #1's PU to the sacrum on 07/03/24 and again on 08/09/24, which was a significant gap in weekly wound documentation. The facility failed to perform weekly wound assessments or documentation, including wound measurements, characteristics, and progression of the sacral wound for the weeks of 07/07/24, 07/14/24, 07/21/24, 07/28/24, and 08/04/24. A record review of the "Progress Note Details", dated 7/3/24, indicated the Nurse Practitioner (NP) assessed Resident #1 for an "Initial Wound	M 615	ulcers identified and addressed. Educated Wound Care Registered Nurse on timely completion of weekly wound observation tool on October 4, 2024 by Administrator. Interim Director of Nursing and Director of Nursing educated all nurses on facility policy "Skin and Wound to include documentation" beginning September 26, 2024 and ending October 25, 2024. 4. Monitoring began October 7, 2024 by Administrator and Interim Director of Nursing. Findings will be brought to Quality Assurance Improvement Committee Meeting by Director of Nursing on October 29, 2024. Director of Nursing, Registered Nurse Unit Manager and Licensed Practical Nurse Unit Manager will monitor five (5) residents Wound Documentation weekly for three (3) weeks then monthly times three (3) months and quarterly times two (2) quarters). Finding will be brought to the Quality Assurance Performance Committee Meeting quarterly by Director of Nursing to determine effectiveness and make necessary changes as indicated.	

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Evaluation" for the PU to the sacral region. The NP followed up with the sacral wound on 8/21/24 and determined the wound was deteriorating and recommended the resident be sent out for possible surgical debridement due to deterioration and odor.

A record review of the "History and Physical" documentation from a local hospital, dated 08/21/24, revealed Resident #1 had a "History of Present Illness" listed as Sepsis, sacral wound infection ...Assessment/Plan Goals indicated Resident #1 had sepsis and the source was listed as "sacral wound infection, stercoral colitis, possible UTI (Urinary Tract Infection)...Status post excisional debridement on 8/26/24 by general surgery..." Further review revealed he was discharged from the local hospital on 09/04/24.

A record review of the "Admission Record" revealed that the facility initially admitted Resident #1 on 1/30/2017 and he had current diagnoses including Osteomyelitis.

Resident #3:

Sacrum/Right Buttocks:
A record review of the "Order Summary Report" revealed Resident #3 had a physician's order, dated 6/26/24, for wound care daily. Further review revealed the physician's treatment order for the right buttocks/sacrum was changed on 8/26/24 for continued wound care daily.

A record review of the "E-TAR" for July 2024 revealed wound care was not documented for Resident #3's sacral wound as completed on nine (9) out 31 days: July 1, 5, 7, 13, 14, 26, 27, 30, and 31.

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M 615	Continued From page 3 A record review of the "E-TAR" for August 2024 revealed wound care was not documented for Resident #3's sacral wound as completed for nine (9) of 31 days: August 2, 7, 9, 14, 15, 16, 17, 18, and 19. A record review of the "Wound-Weekly Observation Tool" revealed the facility had documented on 7/4/24 that Resident #3 had Moisture Associated Skin Damage (MASD) to the right buttocks/sacrum. The facility's next weekly wound documentation occurred on 8/13/24 in which the area was identified as a diabetic/ischemic wound and created a significant gap in documentation. The facility failed to perform weekly assessments or document wound measurements and progression for the sacral/right buttocks wound on the weeks of 07/07/24, 07/14/24, 07/21/24, 07/28/24, 08/04/24, and 08/18/24. Left Heel: A record review of the "Order Summary Report" revealed Resident #3 had a physician's order, dated 6/26/24, for wound care daily. Further review revealed the physician's treatment order for the left heel was changed on 8/22/24 for wound care daily. A record review of the "E-TAR" for July 2024 revealed that wound care was not documented as completed on nine (9) out of 31 days: July 1, 5, 7, 13, 14, 26, 27, 30, and 31. A record review of the "E-TAR" for August 2024 revealed wound care was not documented for Resident #3's left heel as completed for ten (10) out of 31 days: August 2, 7, 9, 14, 15, 16, 17, 18, 25, and 26.	M 615		

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M 615	Continued From page 4 A review of Resident #3's medical record revealed there were no weekly wound reports documented for the wound to the left heel until 8/13/24, in which the area was classified as "Diabetic/Ischemic". The facility failed to perform weekly assessments or document wound measurements and progression for the left heel wound on the weeks of 07/07/24, 07/14/24, 07/21/24, 07/28/24, and 08/04/24. Right Heel: A record review of the "Order Summary Report" revealed Resident #3 had a physician's order, dated 8/12/24, for wound care daily. Further review revealed the physician's treatment order for the right heel was changed on 8/21/24 and 8/26/24. A record review of the "E-TAR" for August 2024 revealed wound care was not documented for Resident #3's right heel as completed for: August 14, 15, 16, 17, 18, 25, and 26. A record review of the "Admission Record" revealed that the facility admitted Resident #3 on 12/22/21 with diagnoses including Unspecified Injury to the Cervical Spine Cord and Paraplegia. Resident #4: Right Heel: A record review of the "Order Summary Report" revealed Resident #4 had a physician's order, dated 5/21/24, for wound care to the right heel daily. Further review revealed the order changed on 8/22/24. A record review of the "E-TAR" for July 2024 revealed that wound care was not documented as	M 615		

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completed on five (5) out of eleven (11) days: July 7, 13, 21, 27, and 31.

A record review of the "E-TAR" for August 2024 revealed that wound care was not documented as completed on three (3) out of 19 days: August 2, 14, and 25.

A review of Resident #4's medical record revealed there were no weekly wound reports documented for the wound to the right heel until 8/13/24. The facility failed to perform weekly assessments or document wound measurements and progression for the left heel wound on the weeks of 07/07/24, 07/14/24, 07/21/24, 07/28/24, and 08/04/24.

Sacral:
A record review of the "Order Summary Report" revealed Resident #4 had a physician's order, dated 5/21/24, for wound care to the sacrum daily.

A record review of the "E-TAR" for July 2024 revealed that wound care was not documented as completed on eight (eight) days out of thirty-one (31) days, July 7, 13, 14, 21, 26, 27, 30, and 31.

A record review of the "E-TAR" for August 2024 revealed that wound care was not documented as completed on seven (7) out of nineteen (19), August 2, 5, 7, 9, 14, 17, and 25

A review of Resident #4's medical record revealed there were no weekly wound reports documented for the wound to the sacrum heel until 8/13/24. The facility failed to perform weekly assessments or document wound measurements and progression for the left heel wound on the weeks of 07/07/24, 07/14/24, 07/21/24, 07/28/24,

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M 615	Continued From page 6 and 08/04/24. Left Heel: A record review of the "Order Summary Report" revealed Resident #4 had a physician's order, dated 6/14/24, for wound care to the left heel every other day. A record review of the "E-TAR" for July 2024 revealed that wound care was not documented as completed on five (5) out of eleven (11) days, July 7, 13, 21, 27, and 31. A record review of the "E-TAR" for August 2024 revealed that wound care was not documented as completed on four (3) out of 18 days, August 2, 14, 16, and 25. A review of Resident #4's medical record revealed there were no weekly wound reports documented for the wound to left heel until 8/13/24. The facility failed to perform weekly assessments or document wound measurements and progression for the left heel wound on the weeks of 07/07/24, 07/14/24, 07/21/24, 07/28/24, and 08/04/24. A record review of the "Admission Record" revealed that the facility admitted Resident #4 on 08/07/23 with diagnoses including Type 2 Diabetes Mellitus. On 09/24/24 at 1:00 PM, during an interview, the Physician confirmed that weekly wound reports are required for proper wound assessment and progression tracking. He noted that the facility experienced staff changes, including the resignation of the Director of Nursing (DON) and wound nurse, which impacted the consistency of wound documentation during July 2024.	M 615		

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M 615	Continued From page 7 On 10/02/24 at 12:58 PM, during an interview with the Wound Nurse, she confirmed that weekly wound assessments should be documented electronically for communication and care planning. She stated this was essential for staff communication regarding different approaches to wound care and/or changes. During an interview on 10/2/24 at 1:10 PM, the Interim-DON revealed the weekly wound observation tool guide was a very important tool to monitor wounds and wound progress. The facility staff was performing wound care on the residents, but some may have been missed with documentation. She explained the facility used the "Wound-Weekly Observation Tool" to document measurements and characteristics of resident wounds and that they should be completed weekly. She confirmed that Residents #1, #3, and #4 did not have consistent weekly wound documentation completed for July and August. On 10/02/24 at 2:00 PM, during an interview with the Administrator, she acknowledged the facility's staff turnover issues in July 2024, contributed to inconsistent wound documentation. The Administrator explained that the facility had since hired a full-time wound nurse and that a Nurse Practitioner (NP) visits weekly to assess deteriorating wounds and updates care plans. On 10/4/24 at 10:00 AM, during an interview with Wound Care NP, she confirmed that the facility assigned her a list of residents with wounds to be evaluated weekly, including the wounds that have deteriorated. She explained she normally evaluated five (5) or more residents weekly. She revealed she recommends measuring the	M 615		

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M 615	Continued From page 8 wounds in the facility weekly to determine their characteristics and size, whether they have any drainage, and whether they have gotten better or worse.	M 615		