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 |
|---|---|---|---|
| | 04KO | A. BUILDING: _____ B. WING _____ | 04/20/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| MS STATE VETERANS HOME-KOSCIUS | 310 AUTUMN RIDGE DRIVE KOSCIUSKO, MS 39090 |

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| M 000 | Initial Comments<br><br>The State Agency (SA) conducted a licensure survey at the facility 4/17/18 through 4/20/18. During the survey, the SA determined the facility was not in compliance with State Licensure Regulations for the Aged or Infirm, and cited State Statutes at M620 and M735.<br><br>The census at the time of survey was 144, and the facility was certified for 150 beds. | M 000 | Standard 45.21.4 Urinary Incontinence<br><br>All Residents who require catheter/incontinent care have the potential to be affected by this deficient practice.<br>Residents #2,#4,#7 have the potential to be affected by this deficient practice.<br>Counseling and education for Direct Care Staff (LPN/RN/DCW ) was conducted by DON/ADON /RN Supervisior<br>Catheter care/Peri-care<br>Infection control/handwashing: 4/20/2018.<br>Clinical Check-off , Peri-care/Catheter Care, Handwashing , for Direct Care staff LPN/RN/DCW)was completed on 6/15/2018<br><br>Review of residents #2,#4,#7 charts reveal :<br>Review of Resident #4 chart reveal Urinalysis dated 07/21/2018 shows no bactreria growth<br>Review of records shows no treatment for UTI over last three months(March -May) | 6/30/2018 |
| M 620 | 45.21.4 Urinary incontinence<br><br>Urinary incontinence. Residents with urinary incontinence shall be assessed for need of bladder retraining program. An indwelling catheter will not be used unless the resident ' s clinical condition indicates that catheterization is necessary. These residents shall receive treatment and services to prevent urinary tract infections.<br>Level II<br><br>Based on observation, staff interview and facility policy review, the facility failed to provide catheter/incontinent care in a manner to decrease the potential for Urinary Tract Infections for three (3) of five (5) care observations, Residents #2, #4 and #7.<br><br>Findings include:<br><br>Resident #2<br><br>Review of the facility's policy titled, "Urinary Incontinence", dated 2/4/13, revealed if the indwelling catheter is determined to be medically necessary; the resident shall receive appropriate care to prevent infection. | M 620 | Review of Resident #7 chart reveal Urinalysis with C&S dated 2/18/2018 shows ESBL with treatment of Macrobid , Resident was hospitalized 2/27/2018 thru 3/2/2018 with readmit diagnosis of Urosepsis.<br><br>Review of Resident #2 chart reveals Urinalysis dated 1/21/2018 from hospital with no C&S noted/reported. (ER visit ). Returned from ER.Resident was treated for UTI Resident hospital return diagnosis: UTI with antibiotic therapy on hospital return. No other reports of UTI.<br><br>Residents #2,#4,#7 were assessed/reviewed by DON with No adverse effects noted<br>.<br><br>In-service for Catheter care ,handwashing and infection control will be conducted by Inservice Coordinator Quarterly for six months for all direct care staff and then every six months.<br><br>Skills check off will be conducted by RN supervisor/Inservice Coordinator for all new hire direct care staff LPN/RN/DCW) to include Peri-care/Catheter care and handwashing during orientation .<br>.<br>QA weekly monitor for Pericare:<br>DON or RN supervisor will conduct visual monitoring of at least one direct care staff (LPN/RN/DCW) performing Peri-care/ catheter care weekly for 90 days. Monitor will be used to identify deficient practice and need for additional training for staff. Results will be reviewed at the Quarterly QA meeting, deficiencies will be noted and required individual/group education/training will be conducted.<br>. | |

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| M 620 | Continued From page 1<br><br>Review of the facility's policy titled, "Foley Catheter Care Protocol", with a revision date of 04/20/18, revealed collect supplies, cloth for washing, cloth for rinsing, and cloth for drying.<br><br>Review of Mosby's Textbook for Long Term Care Assistants, Fourth Edition, revealed [1] Safety Alert: Perineal Care stated protect the person from the spread of infection. A pre-procedure check list as follows: (4) to collect at least (four) 4 wash cloths, (5) the over bed table should be covered with paper towels and items needed should be placed on top of them. Review of the Procedure section for Giving Male Perineal Care revealed (5) rinse the area with another clean wash cloth, (15) remove and discard the gloves and decontaminate your hands. Post procedure instructions included provide comfort and place signal light within reach after gloves removed and hands decontaminated. Post procedure instructions also included wipe off the over bed table with paper towels. (7) Clean the shaft of the penis. Use firm downward strokes. Rinse the area. [2] Giving Female Perineal Care, (23) Separate the labia. Clean downward from front to back with one stroke.<br><br>Observation of Direct Care Worker (DCW) #1, on 04/19/18 at 9:50 AM, revealed the DCW placed a wash basin of water, two (2) wash cloths and body wash on Resident #2's over bed table without using a barrier. DCW #1 put body wash in the basin making the water soapy, and used a soapy wash cloth to clean the resident's catheter and perineal area. She then tried to get the soap out of the wash cloth by rinsing it out in the basin. She stated the water was too soapy. She took the basin to the sink in the resident's room, poured out the soapy water, refilled the basin with clear water, and rinsed out the soapy wash cloth in the | M 620 | | |

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| M 620 | Continued From page 2<br>basin. She then used the same wash cloth to rinse soap from the resident's catheter and perineal area. DCW #1 then turned the resident, and cleaned stool from the resident. Next, she placed a clean brief on the resident, positioned him on his side with a wedge, pulled up his covers, and placed his call light on the bed without changing gloves. After she completed the care, she moved the over bed table to the other side of the bed and left the room.<br><br>Interview with DCW #1, at 10:00 AM on 4/19/18, revealed DCW #1 stated she thought she changed gloves during the care. DCW #1 stated she should have used a clean wash cloth to rinse after cleaning the resident's catheter. DCW #1 stated she did not realize she touched the resident's linens and call light with a dirty glove after cleaning the resident of stool. DCW #1 confirmed she should have cleaned the over bed table.<br><br>Interview with Licensed Practical Nurse (LPN) #1/Staff Development Nurse, on 04/20/18 at 10:30 AM, revealed LPN #1 stated we use the Mosby's Textbook for Long-Term Care Assistants, Fourth Edition, as a guide for incontinent and catheter care. LPN #1 stated we teach staff to wash, rinse and dry with separate cloths during perineal care. We teach staff to change gloves and wash hands after touching dirty areas, and before moving to clean areas. LPN #1 stated she was not sure if the staff had been taught to use a barrier, but common sense should tell them they should clean the table after using it during perineal care. LPN #1 revealed these actions by the DCW would cause cross contamination and possible infection.<br><br>Interview with Registered Nurse (RN) #1, who | M 620 | | |

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| M 620 | Continued From page 3<br>had assisted DCW #1 during the catheter care and perineal care, on 04/20/18 at 10:45 AM, revealed she was not aware the DCW had used a soiled wash cloth to rinse the resident's catheter and perineal area. RN #1 stated she didn't notice DCW #1 had not changed gloves, or decontaminated hands during the care. RN #1 stated DCW #1 should have used a clean wash cloth to rinse the resident when performing catheter care. RN #1 revealed she noticed DCW #1 did not clean the overbed table and stated this is a big problem. RN #1 further stated staff should always change gloves and wash their hands when going from dirty to clean. RN #1 stated DCW #1 should have removed her gloves, and washed her hands before touching the linen and call light.<br><br>Review of the facility's Admission Record, revealed Resident #2 was admitted by the facility on 06/15/17. Resident #2's diagnoses included Alzheimer's, Primary Hypertension, Atrial Fibrillation, Urinary Tract Infection, and Heart Failure.<br><br>Resident #4<br><br>Observation of Resident #4, on 04/18/18 at 10:30 AM, revealed DCW #2 provided male perineal care. During the observation, DCW #2 used adult disposable wipes, and wiped from the scrotum up to the shaft of the penis. For the peri-anal area, DCW #2 wiped from back to front, instead of from front to back.<br><br>Interview on 04/18/18 at 10:45 AM, with DCW #2, revealed he initially stated he usually wipes back to front, and later stated he usually wipes front to back on residents when providing care. DCW #2 confirmed he wiped in the wrong direction during | M 620 | | |

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| M 620 | Continued From page 4<br>Resident #4's care.<br><br>Interview on 04/19/18 at 3:20 PM, with LPN #1/Staff Development Nurse revealed, when DCWs provide perineal care, the correct direction for the strokes is front to back in the perineal area, and front to back in the peri-anal area. LPN #1 stated, in 01/18 or 02/18, she provided training to the DCWs by showing a video on the correct method to provide perineal care. LPN #1 stated she did not observe when any of the DCWs actually provided care. LPN #1 stated she had been providing staff education since 10/17.<br><br>Review of the Admission Record revealed Resident #4 was admitted by the facility, on 07/12/17, with diagnoses which included Diabetes Mellitus Type I, Dementia, and Hypertension.<br><br>Resident #7<br><br>Observation of Resident #7, on 04/18/18 at 2:15 PM, revealed DCW #3 wiped back to front during perineal care instead of front to back.<br><br>Interview on 04/18/18 at 2:25 PM, revealed DCW #3 confirmed she cleaned Resident #7's perineal area from back to front.<br><br>Review of the Admission Record revealed Resident #7 was admitted by the facility, on 02/10/17, with diagnoses which included Type 2 Diabetes Mellitus and Dementia. | M 620 | | |
| M 735 | 45.25.1 Medical Records Management<br><br>Medical Records Management.<br><br>1. A medical record shall be maintained in | M 735 | | |

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| M 735 | Continued From page 5<br>accordance with accepted professional standards and practices on all residents admitted to the facility. The medical records shall be completely and accurately documented, readily accessible, and systematically organized to facilitate retrieving and compiling information.<br><br>2. A sufficient number of personnel, competent to carry out the functions of the medical record service, shall be employed.<br><br>3. The facility shall safeguard medical record information against loss, destruction, or unauthorized use.<br><br>4. All medical records shall maintain the following information: identification data and consent form; assessments of the resident's needs by all disciplines involved in the care of the resident; medical history and admission physical exam; annual physical exams; physician or nurse practitioner/physician assistant orders; observation, report of treatment, clinical findings and progress notes; and discharge summary, including the final diagnosis.<br><br>5. All entries in the medical record shall be signed and dated by the person making the entry. Authentication may include signatures, written initials, or computer entry. A list of computer codes and written signatures must be readily available and maintained under adequate safeguards.<br><br>6. All clinical information pertaining to the residents stay shall be centralized in the resident's medical records.<br><br>7. Medical records of discharged residents shall | M 735 | Standard 45.25.1<br>All Residents who receive medications have the potential to be affected by the deficient practice.<br>For Resident Sample A - Had the potential to be affected by this deficient practice. Correction was made to time change on 4/19/2018 per Doctors order. Resident had no ill effects from the deficient practice .<br>Counseling and education were performed for LPN/RN Nursing staff for Physician Orders was started on 4/19/2018 and continued through 6/15/2018<br>100 % audit of Medication Administration Records (MAR)was completed-April 30,2018- and May 30,2018,with corrections/orders obtained.<br><br>All physician orders will be reviewed by medical records staff within 48 hours for accuracy of order and appropriate time to be given , any deficiencies will be reported by Medical Record staff at each Morning meeting. Deficiencies will be addressed /corrected by the DON/ADON/RN supervisor.<br><br>All Physician orders will be reviewed by DON/ADON/RN supervisor within 24 hours for accuracy of order and appropriate time to be given. Deficiencies will be addressed/corrected by the DON/ADON/RN supervisor.<br><br>Monthly review of Physician orders will be conducted by DON/ADON/RN supervisor for accuracy of order and appropriate time to be given , for six months.<br><br>Deficiencies will be reported by the QA Nurse/ADON at the Quarterly Quality Assurance Meeting , any deficiencies will be noted and required education/training will be conducted by the DON/ADON/Inservice Coordinatoras needed. | 6/30/2018 |

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| M 735 | Continued From page 6<br>be completed within sixty (60) days following discharge.<br><br>8. Medical records are to be retained for five (5) years from the date of discharge or, in the case of a minor, until the resident reaches the age of twenty-one (21), plus an additional three (3) years.<br><br>9. A resident index, including the resident's full name and birth date, shall be maintained.<br><br>This Statute is not met as evidenced by:<br>Level 2<br><br>Based on observation, record review, staff interview, and facility policy review, the facility failed to maintain an accurate clinical record for Unsampled Resident A from 9/18/17 to 4/19/18, related to scheduled medication administration for one (1) of 17 sampled residents reviewed and one unsampled resident.<br><br>Findings include:<br><br>Review of the facility's Med (Medication) Pass Times, which was not dated, revealed the BID (twice daily) times for administration of medications were 9:00 AM and 5:00 PM.<br><br>A review of a facility statement, signed by the facility's Administrator, with no date, revealed the facility did not have a policy for the accuracy of the medical record.<br><br>Observation of medication administration for Unsampled Resident A, on 04/18/18 at 11:30 AM, revealed Licensed Practical Nurse (LPN) #1 administered Omeprazole 20 milligrams (mg). | M 735 | | |

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| M 735 | Continued From page 7<br><br>Review of the cumulative Physician's Orders for Unsampled Resident A for April 2018, revealed an order dated 09/18/17, for Omeprazole 20 mg 1 tab (one tablet) oral BID 9A, 5P (9:00 AM and 5:00 PM).<br><br>Review of the original handwritten order, dated 09/18/17, revealed, Omeprazole 20 mg. 1 PO BID (one by mouth twice daily).<br><br>Review of Unsampled Resident A's Medication Sheet for April 2018, revealed the Omeprazole 20 mg had been changed from 9:00 AM and 5:00 PM to 6:00 AM and 11:00 AM, but there had been no order change to administer the medication at different times than the scheduled times for BID medications. This continued until there was an order change on 04/19/18.<br><br>Review of Unsampled Resident A's Medication Sheets, dated September 2017 through March 2018, revealed the Omeprazole was given at 0600 AM and 1100 AM.<br><br>Interview on 04/18/18 at 3:20 PM, with LPN #1, revealed LPN #1 confirmed the times on the Medication Sheets for Unsampled Resident A were changed from 9:00 AM and 5:00 PM to 6:00 AM and 11:00 AM, and the April 2018 Physician's Orders were for the scheduled BID times of 9:00 AM and 5:00 PM.<br><br>Interview and record review, on 04/18/18 at 3:40 PM, with the Medical Records employee, confirmed the scheduled times for BID, and the original order for the medication to be given BID.<br><br>Interview on 04/20/18 at 9:20 AM, with the Registered Nurse (RN) Unit Manager, revealed for a schedule change in medication | M 735 | | |

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| M 735 | Continued From page 8<br>administration, a Physician's Order should first be obtained, but there was no documented evidence of an order change for Unsampled Resident A's Omeprazole.<br><br>Review of the Admission Record, revealed Unsampled Resident A was admitted by the facility, on 08/17/17, with diagnoses, which included Hypertension, Gastroesophageal Reflux and Anemia. | M 735 | | |

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| M 000 | Initial Comments<br><br>42 CFR 483.70(a)<br><br>The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA).<br><br>There were no LSC deficiencies cited during this survey. | M 000 | | |

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