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
	24DW	A. BUILDING: _____ B. WING _____	09/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIXIE WHITE HOUSE HEALTH AND REHABILIA	538 MENGE AVENUE PASS CHRISTIAN, MS 39571

(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 licensure survey from 09/03/19 to 09/05/19. During the survey the SA determined the facility was not in compliance with the Minimum Standards for The Institutions For The Aged And Infirm. The SA cited the state statute M620. The census at the time of entrance was 59, and the facility was certified for 60 beds.	M 000		
M 620	45.21.4 Urinary incontinence 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. Level II Based on observation, staff interview, record review, and facility policy review, the facility failed to provide Resident #28's incontinent care in a manner to prevent the possibility of a Urinary Tract Infection and/or cross contamination. This was identified for one of three (1 of 3) residents reviewed. Findings include: Review of the facility's policy titled, "Perineal Care", dated December 2017, revealed the policy did not address changing gloves and washing hands should they become contaminated with feces prior to providing care near the urinary meatus.	M 620	1.) On 9/7/2019, the Director of Nursing (DON) in-serviced certified nursing assistant #1 (CNA) on incontinence care with return demonstration. Resident assessed on 9/5/2019 with no adverse findings. 2.) Rounds were performed by monitoring incontinence care by the DON or Nurse Supervisor to determine any other issues with providing incontinence care between 9/29/2019 and 10/4/2019. 3.) All CNAs will be in-serviced on providing incontinence care by the DON or Nurse Supervisor between 9/5/2019 and 10/11/2019. 4.) Random incontinence care	10/11/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 09/27/19

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M 620	Continued From page 1 An observation of incontinent care for Resident #28, on 09/04/19 at 4:06 PM, revealed Certified Nursing Assistant (CNA) #1 wiped and cleaned the buttock areas after Resident #28 had a Bowel Movement (BM) and then proceeded to turn Resident #28 over. CNA #1 provided incontinent care near the urinary meatus without changing gloves or washing hands. CNA #1 wore the same gloves she used to clean Resident #28's BM to provide the incontinent care. An interview, on 09/04/19 at 4:30 PM, with CNA #1 confirmed she did not change gloves and/or wash hands in between cleaning the BM and wiping the vaginal area near the urinary meatus for Resident #28. CNA #1 confirmed this placed Resident #28 at risk for infection and Urinary Tract Infection (UTI). An interview, on 09/04/19 at 4:30 PM, with CNA #2, revealed she confirmed CNA #1 wiped the BM then turned Resident #28 over and then wiped the vaginal area and did not change gloves or wash her hands. Brief Interview for Mental Status (BIMS) that indicated severe cognitive impairment. This assessment noted Resident #28 was always incontinent under section HO200 for bowel and bladder. An interview, on 09/05/19 at 9:29 AM, with the Director of Nursing (DON), revealed she stated CNA #1 should have washed her hands and changed gloves after cleaning the BM and before providing the incontinent care because of cross contamination. The DON confirmed all CNAs are trained to do this all the time. In an interview, on 09/05/19 at 10:45 AM, with the Minimum Data Set (MDS) Registered Nurse	M 620	observations by the Director of Nursing or Nurse Supervisor will be completed three times per week for four weeks, then quarterly thereafter. Results/findings of the incontinence care observations will be reported to the Quality Assurance (QA) committee and discussed quarterly at the QA meeting to ensure continued compliance. QA will make recommendations/changes as needed.	

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M 620	Continued From page 2 (RN), she revealed staff should clean a BM first prior to providing incontinent care and they should change gloves and wash their hands after cleaning a BM. Record review revealed the facility admitted Resident #28, on 07/9/18, with the included diagnoses of Atrial Fibrillation, Cardiomyopathy, Hypertension (High Blood Pressure) and Chronic Obstructive Pulmonary Disease (COPD). Review of the Significant Change MDS, with the Assessment Reference Date (ARD) of 08/21/19, revealed Resident #28 scored 3 on the Basic Interview for Mental Status (BIMS), which indicated severe cognitive impairment. Further review of the MDS revealed Resident #28 was always incontinent of bowel and bladder.	M 620		