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
	41LM	A. BUILDING: _____ B. WING _____	C 12/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TUPELO NURSING AND REHABILITATION CENTER	1901 BRIAR RIDGE ROAD TUPELO, MS 38804

(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 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by: Based on observation, staff and resident interviews, record review and facility policy review, the facility failed to provide nail care, facial shaving, and hair washing for two (2) of eight (8) residents observed. Resident #4 and Resident #59. Findings Include: Record review of Bath/Shower-Dependent policy, HISTORY ...8/11 revealed, "POLICY: A bath (shower/tub) for cleanliness and comfort is scheduled at least weekly for each resident. RESPONSIBILITY: Nursing Assistants or Licensed Nurses monitored by Charge Nurse". This policy revealed under Procedure: # 12 "Shampoo hair unless done by beautician ..." Review of A.M. Care Policy, HISTORY 10/09 revealed, POLICY: A.M. Care will be given to residents daily. RESPONSIBILITY: All Nursing Assistants ...PROCEDURE: ...10. Provide nail care as needed 11. Provide/assist with shaving (male and female) as needed ..."	M 610	1. On 12/9/2021, the Director of Nursing trimmed and cleaned the fingernails for Resident #4. On 12/10/2021, per his request, Resident #4 received a shower and shampoo. On 12/9/2021, Resident #59 received a shower with shave and shampoo by the certified nurse assistant. 2. Any resident residing in the facility has the potential to be affected. 3. On 12/10/2021, the Director of Nursing initiated education with direct care staff regarding Activities of Daily Living care and documentation. On 12/13/2021 an audit of nail care for residents was completed by the DON, Assistant DON, Treatment Nurse, and charge nurse to ensure all residents were provided nail care per resident preference. Any identified concerns were addressed at that time.	2/11/22

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M 610	Continued From page 1 Resident #4 An observation on 12/06/21 at 11:45 AM, revealed Resident # 4 sitting in the dining room eating lunch with his hands. Resident # 4's fingernails had a brown substance on top and under all of his fingernails, hair stubble on his face and his hair appeared greasy and unwashed. An interview on 12/8/21 at 9:20 AM, with Resident #4 revealed that he tries to clean his own nails and prefers to eat with his hands. Resident #4 revealed he would like to have his nails trimmed and filed. An observation on 12/9/21 at 8:53 AM, revealed that Resident # 4's nails had a brown substance under them and were long. An interview on 12/9/21 at 9:03 AM, with Certified Nursing Assistant (CNA) #4 revealed that when the residents get a bath, the CNAs cut nails, shave, wash hair and blow dry their hair if they want that done but confirmed that that is not something that they have to document in the computer system. During an interview and observation on 12/9/21 at 12:00 PM, with the Director of Nursing (DON) and Resident #4, the DON confirmed that Resident #4 needed his nails cleaned and trimmed and stated "he refused to let me cut his nails yesterday." Resident #4 stated that he wanted his nails trimmed and needed them cleaned. Record review of Resident # 4's Care Plan with a problem onset date of 5/3/21 revealed, "Problem/Need ... I require assist with my ADLs	M 610	The DON initiated education on 12/13/2021 with nurses and nursing assistants in regards to ADL's, nail care, and documentation of care refusals. In-services to be completed by 12/27/2021. Newly hired nurses and nursing assistants will be in-serviced during orientation by the DON or Staff Development Coordinator. Beginning 12/10/2021, 10% observation of ADL care to include verification of showers, shave and nail care will be completed by the DON weekly for 8 weeks, then monthly for two months utilizing the ADL audit tool. Any areas of identified concern will be addressed by the DON. 4. The Administrator will present the findings of the ADL audit tools to the Quality Assurance Performance Improvement Committee for review and recommendation on 01/11/2022, then monthly for two months.	

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M 610	Continued From page 2	M 610		

(Activities of Daily Living) related to impaired mobility." The goal for this care plan was, "My ADL needs will be met thru next review date ...Approaches ... Assist me with my shower/bath 3x (three times) weekly and as needed."

Record review of Resident # 4's Face Sheet revealed he was admitted to the facility on 05/03/21 with diagnoses including Encounter for orthopedic aftercare following surgical amp, Anemia, Acquired absence of right leg below knee, and Acquired absence of left leg below knee.

Record review of Resident # 4's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/2/21 revealed a Brief Interview for Mental Status of 15 indicating full cognitive ability.

Resident #59

An observation on 12/07/21 at 08:55 AM, of Resident # 59 revealed he has hair growth on his chin and above his lip with hair stubble on his cheeks and his hair appeared greasy and unwashed.

Record review of Resident # 59's Face Sheet revealed an admission date of 07/17/20 with diagnoses of Chronic Obstructive Pulmonary Disease (COPD), Hypertension, Dementia, and Depressive Disorder.

Record review of Resident # 59's Care Plan with a problem onset date of 7/22/2020 revealed "Problem/Need I require assist with my ADLs (Activities of Daily Living) related to impaired mobility and incontinence". The goal for this care plan was "My ADLs will be met thru next review date." The interventions for this care plan

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M 610	Continued From page 3 included, " ...Assist me with my shower/bath 3x (three times) weekly and as needed". An interview on 12/8/21 at 9:40 AM, with the Director of Nurses (DON) revealed that the residents are on a schedule for their baths or showers, and they can request different days. The DON revealed that Resident #4 had three baths per week documented. The DON revealed the Certified Nursing Assistant(CNA)s document when showers occur and if the resident refuses, they are to tell the nurse. The DON revealed that the CNAs document when the resident has a bath, but there is no specific place in the computer system for the CNA to document about particular things like nail care and shaving. The DON revealed that the CNAs know that nail care and shaving is just part of a bath. An interview on 12/9/21 at 11:00 AM, with Assistant Director of Nurses (ADON) verified there is no area in their computer system for the CNAs to document specifics about the residents' baths such as nail care and shaving. The ADON verified that there was no place for the nurse to verify that the residents nail care and shaving had been completed. The ADON verified that an area would have to be added to our system for them to document nail care and shaving and that it doesn't let the CNAs know to perform that area of care.	M 610		

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M 610	Continued From page 4	M 610		

Level II

Based on observation, staff and resident interviews, record review and facility policy review, the facility failed to provide nail care, facial shaving, and hair washing for two (2) of eight (8) residents observed. Resident #4 and Resident #59.

Findings Include:

Record review of Bath/Shower-Dependent policy, HISTORY ...8/11 revealed, "POLICY: A bath (shower/tub) for cleanliness and comfort is scheduled at least weekly for each resident. RESPONSIBILITY: Nursing Assistants or Licensed Nurses monitored by Charge Nurse". This policy revealed under Procedure: # 12 "Shampoo hair unless done by beautician ..."

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