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
	38BH	A. BUILDING: _____ B. WING _____	12/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF MERIDIAN	4728 HIGHWAY 39 NORTH MERIDIAN, MS 39301

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M 000	Initial Comments The State Agency (SA) conducted an an annual recertification survey at the facility from 11/30/2021 to 12/3/2021. The SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M500 and M620. The facility was licensed for 120 beds and had a census of 92 at the time of survey.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical	M 500		1/19/22

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M 500	Continued From page 1 treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time	M 500		

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M 500	Continued From page 2 in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse	M 500		

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M 500	Continued From page 3 practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level II Based on observations, staff interviews, record review and facility procedural guidelines, the facility failed to ensure that residents were treated with respect and dignity while providing personal care for one (1) of six (6) residents reviewed for incontinent/catheter care observations. Resident	M 500	1. Resident #1 was covered up to provide privacy and dignity upon completion of care on 11/30/2021. Certified Nursing Assistant (CNA) #2 and CNA #3 were in-serviced on 12/1/2021 by the Infection Control Preventionist (ICP), who is a Registered Nurse (RN) on providing proper dignity to a resident	

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M 500	Continued From page 4 #1. Findings Include: Record review of the facility's "Performance Checklist Procedural Guideline: Perineal Care" revealed, "...3. Assembled supplies... 5. Performed perineal care for a female: ... c. Draped patient appropriately with bath blanket. d. Folded outer corners of blanket around patient's thighs, lifted lower tip of blanket to expose perineum..." Record review of the facility's policy titled "Residents' Rights Summary" dated May 1, 2012 revealed, "1. Exercise of Rights: The resident has the right to exercise his/her rights as a resident of the facility ... and to be free from interference, coercion, discrimination ... Examples of Violations: ... 4. Allowing a resident's body to be exposed. " Resident #1 On 11/30/21 at 11:10 AM, the State Survey Agency (SSA) observed Resident #1 being cleaned, washed, and receiving perineal care. The SSA observed Certified Nursing Assistant (CNA) #2 as she removed the resident's gown, washed the resident, and performed incontinent care for Resident #1. Throughout the procedure, CNA #2 did not drape the resident with a blanket to provide privacy. During the procedure, CNA #2 left the room to get supplies and continued to leave the resident uncovered and exposed, wearing only a brief. CNA #3 assisted CNA #2 with the procedure and stayed with the resident. Although the resident complained of being cold, CNA #3 did not cover the resident for comfort or dignity. CNA #2 returned and completed the	M 500	during resident care. 2. The center identified that each resident in the Center requiring incontinent/catheter care has the potential to be affected by the same deficient practice. 3. The ICP RN will in-service all nursing staff by 12/31/2021 on how to provide proper dignity to a resident during incontinence/catheter care. Each CNA will be successfully complete a competency evaluation by 12/31/2021. 4. In order to monitor the center□s performance to assure our performance is sustained, the ICP RN, Assistant Director of Nursing Services (ADNS), and Unit Manager (RN) will all observe and audit one (1) peri-care procedure daily, Monday through Friday, for four (4) weeks and then one (1) peri-care procedure weekly for eight (8) weeks to ensure proper dignity is used while providing care for a resident beginning 12/27/2021. The Director of Nursing Services (DNS), who is a RN, will bring the results of the Peri-Care Procedure Dignity Audit to the monthly Quality Assurance Performance Improvement (QAPI) Committee for three months for review and/or revision and to make recommendations as needed from the Peri-Care Procedure Dignity audit results. The QAPI Committee will consist of the following as a minimum; Medical Director, DNS, Nursing Home Administrator (NHA), and three (3) additional departmental managers or staff. The first QAPI meeting will be held	

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M 500	Continued From page 5 care. The resident was left exposed for the duration of the procedure which lasted twenty minutes. At 11:30 AM on 11/30/21, during an interview with CNA #2, she stated she was nervous and couldn't remember. The SSA asked CNA #2 about the resident's dignity, she said she did not cover the resident while providing care and left the resident with just her brief on for an extended amount of time. She confirmed she left the room during care to gather supplies and had left the resident uncovered. On 11/30/21 at 11:55 AM, during an interview with CNA #3, she confirmed CNA #2 did leave the resident uncovered for a long period of time and the resident complained of being cold. CNA #3 stated she could have covered the resident but she just forgot. On 12/01/21 at 04:05 PM, during an interview with Registered Nurse (RN) #1, she reported CNA #2 and CNA #3 should have covered the resident and by not covering her up, this was a dignity issue. She explained she completed orientation with CNA #2 upon hire and the CNA completed a performance checklist procedure for perineal care. She reported she also completed an in-service training months ago with all CNA's regarding providing care and dignity to residents. On 12/01/21 at 04:53 PM, during an interview with the Director of Nursing (DON), she stated CNA #2 should have had all supplies available, covered the resident when providing care, and CNA #3 could have covered Resident #1. She explained not covering while providing care is an issue of dignity for Resident #1.	M 500	1/18/2022.	

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M 500	Continued From page 6 Record review of the facility's "Performance Checklist Procedural Guideline: Perineal Care" revealed CNA #2 completed the check off on 10/26/21 successfully with instructor RN #1, which indicated CNA #2 received training related to perineal care. Record review of an in-service training completed on 09/15/21 and presented by RN #1 revealed the "Program Content" of the training as perineal care which included, "Resident dignity always comes first." CNA #3's signature was on the sign-in sheet which indicated she was present for the training. Record review of Resident #1's "Admission Record" revealed the facility admitted Resident #1 on 5/18/21, with diagnoses including Dementia without behavioral disturbances, Alzheimer's Disease, Cerebral Infarction, and Major Depressive Disorder. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/24/21, revealed Section C, staff assessment for Mental Status resident had Brief Interview for Mental Status (BIMS) of 99, which indicated Resident #1 could not complete the assessment and resident had short and long-term memory problems, did not know the current season, location of room, or staff names and faces but did understand she was in a nursing home but rarely understands others. Resident #1 had no behaviors noted in the seven days look back. Section G revealed that Resident #1 required total assistance for eating and toilet use and extensive assistance for dressing, bed mobility, and personal hygiene and was always incontinent of bowel and bladder.	M 500		

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M 620	Continued From page 7	M 620		
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 observations, interviews, record review and performance checklist review, the facility failed to provide appropriate incontinent and catheter care for two (2) of six residents observed for incontinent/catheter care. Resident #1 and Resident #87. Findings Include: Resident #1 Record review of the PERFORMANCE CHECKLIST PROCEDURAL GUIDELINE 18.1 PERINEAL CARE revealed "PROCEDURAL STEPS ...5. Performed perineal care for a female: ...e. Washed and dried patient's upper thighs. f. Washed labia majora ...g. Separated labia, washed urethral meatus and vaginal orifice front to back ...h. Rinsed and dried area thoroughly ..." On 11/30/21 at 11:00 AM, the State Agency (SA) observed incontinent care provided by Certified Nurse Assistant (CNA) #2 with assistance of CNA #3. The SA noted Resident #1 had an incontinent episode and had a small bowel movement. During the procedure, the resident was lying on	M 620	1. Resident #1 had proper incontinence care performed by another Certified Nursing Assistant (CNA) on 11/30/2021, to include cleaning the groin and perineal area. Resident #87 had proper foley catheter insertion technique performed on the following in/out catheter procedure, to include proper cleaning during the procedure as of 12/1/2021. CNAs #2 and #3 were in-serviced by the Infection Control Preventionist (ICP) Registered Nurse (RN) on proper incontinence care and following the Care Plan on 12/1/2021 to include cleaning the groin and perineal area. RN #4 was in-serviced by the ICP RN on following the Care Plan and proper techniques for foley catheter insertion, to include proper cleaning during the procedure. 2. Each resident in the Center has the potential to be affected by the same deficient practice. 3. All nursing staff will be in-serviced by the ICP RN on proper incontinence care and following the Care Plan beginning 12/4/2021 to include cleaning the groin and perineal area. All nurses will be	1/19/22

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M 620	Continued From page 8 her left side and had her back toward the CNA. CNA #2 wiped the resident from behind and continued wiping from front to back until no more bowel movement was noted on the resident. She then placed a clean brief on the resident. CNA #2 did not reposition Resident #1 onto her back so that care could be provided to the groin and perineal areas. On 11/30/21 at 11:30 AM, during an interview with CNA #2, she confirmed she did not clean the groin and perineal area. On 11/30/21 at 11:55 AM, during an interview with CNA #3, she confirmed CNA #2 only cleaned Resident #1 from the back and didn't clean the groin or front perineal area. On 12/01/21 at 04:53 PM, during an interview with Director of Nursing (DON), she confirmed that CNA #2 provided improper incontinent care. Record review of Resident #1's "Admission Record" revealed the facility admitted Resident #1 on 5/18/21, with diagnoses including Dementia without behavioral disturbances, Alzheimer's Disease, Cerebral Infarction, and Major Depressive Disorder. Record review of Quarterly MDS with Assessment Reference Date (ARD) of 11/24/21 revealed in Section C, Resident #1 had a Brief Interview of Mental Status (BIMS) score of 99, which indicated Resident #1 could not complete the assessment. Section G revealed Resident #1 required total assistance for eating and toilet use and extensive assistance for dressing, bed mobility, and personal hygiene. Section H revealed Resident #1 was always incontinent of bowel and bladder.	M 620	in-serviced by the ICP RN on following the Care Plan and proper techniques for foley catheter insertion, to include proper cleaning during the procedure beginning 12/4/2021. The ICP RN, Assistant Director of Nursing Services (ADNS), and/or Unit Manager (UM) will all observe and audit one (1) peri-care procedure daily, Monday through Friday, for four (4) weeks and then one (1) peri-care procedure weekly for eight (8) weeks to ensure proper incontinence care is performed per the policies and the care plan beginning 12/27/2021. The ADNS, RN UM, and/or ICP RN will observe one (1) catheter insertion per day, Monday through Friday, for four (4) weeks and then 1 catheter insertion per week for eight (8) weeks to ensure proper foley catheter insertion is being performed beginning 12/27/2021. 4. The Director of Nursing Services (DNS), who is a RN, will bring the results of the Peri-Care Procedure and Catheter Insertion Procedure audits to the monthly Quality Assurance Performance Improvement (QAPI) Committee for three months for review and/or revision and to make recommendations as needed from the Peri-Care Procedure Dignity audit results. The QAPI Committee will consist of the following as a minimum; Medical Director, DNS, Nursing Home Administrator (NHA), and three (3) additional departmental managers or staff, the first QAPI meeting to be held 1/18/2022.	

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M 620	Continued From page 9 Record review of orientation checklist packet for CNA #2 "Performance Checklist Procedural Guideline Perineal Care" was completed on 10/26/21 and the observed by RN #1, which indicated CNA #2 received training on perineal care. Resident #87 Record review of the facility's "Performance Checklist Skill for Insertion of a straight or indwelling urinary catheter" revealed three (3) parts including Assessment, Planning, and Implementation. The section implementation revealed 1. Checked patient's plan of care for size and type of catheter, used smallest size possible ... 15. Cleansed urethral meatus: a. For female patient: (1) separated labia with fingers of nondominant hand. (2) Maintained position of nondominant hand throughout procedure. (3) Cleansed labia with one cotton ball using forceps, cleaned labia and urinary meatus appropriately. On 11/30/21 at 01:35 PM, the SA observed RN #4 performing an in/out catheter procedure for Resident #87. During the observation, RN #4 used one (1) of the three (3) betadine swabs to clean the perineal area. She used only the one swab to clean the meatus, and then inserted the catheter. RN #4 failed to use the other two (2) swabs to clean each side of the labia before inserting the catheter. At 1:38 PM on 11/30/21, during interview with RN #4, she explained she just got nervous and should have used all three (3) betadine swabs and cleaned the labia and meatus. On 12/01/21 at 4:15 PM, during an interview with	M 620		

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M 620	Continued From page 10 RN #1, Infection Preventionist, she confirmed that if a nurse does not properly clean a resident prior to inserting an intermittent catheter, it could cause a urinary tract infection. On 12/01/21 at 4:30 PM, during an interview with the DON, she confirmed the catheter insertion was not completed properly. Record review of Admission Record revealed the facility admitted Resident #87 on 05/31/2017, with diagnoses of Paranoid Schizophrenia, Epilepsy, Major Depressive disorder, Hypothyroidism, Unspecified Psychosis, Extrapyramidal and movement disorder, Personal history of Urinary Tract Infections, Retention's of urine, Schizoaffective disorder, Depressive type, and Neuromuscular dysfunction of bladder. Record review of Order Summary Report for Resident #87 revealed an order dated 11/22/21 orders for intermittent catheter (in and out) three times a day, in and out catheter every eight (8) hours as needed. Record review of Quarterly MDS with an ARD of 11/23/21, revealed Resident #87 had a BIMS score of 15, which indicated cognitively intact. Record review of the facility's "Performance Checklist Skill: Insertion of a Straight or Indwelling Urinary Catheter" for RN #4 revealed the checklist was successfully completed on 10/12/21 with instruction by RN #1, which indicated RN #4 received training on catheter insertion.	M 620		