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
	54NP	A. BUILDING: _____ B. WING _____	12/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SARDIS COMMUNITY NH	613 EAST LEE STREET SARDIS, MS 38666

(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 an annual recertification survey in the facility from 12/13/21 through 12/16/21. The SA determined the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm and cited M655. The facility was licensed for 60 beds and had a census of 46 at the time of the survey.	M 000		
M 655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This Statute is not met as evidenced by: Level II Based on observations, staff interviews, record review, and facility policy review, the facility failed to date the oxygen tubing, date the humidification bottle, place a sign outside the room indicating oxygen usage and provide a storage bag for tubing for two (2) of four (4) residents reviewed for oxygen. Resident #40 and Resident #46. Findings include: Review of facility policy titled, "Oxygen-Administration, Concentrator, Storage, Assemblage", latest revision 10/17, revealed ...13. Post the "NO SMOKING - OXYGEN IN	M 655	The Comprehensive Care Plan for Oxygen (02) Therapy for Resident #46 was completed on 12/15/2021, by Nurse Case Manager. The Assessment Nurse responsible for timely completion of Resident # 46 Comprehensive Care Plan was educated and in-serviced on 12/28/2021 by Director Of Nursing (DON). All residents have the potential to be affected by this deficient practice. Residents with physician orders for oxygen had Comprehensive Care Plans for Oxygen (02) Therapy checked for compliance January 3, 2022, by Interdisciplinary Team. The Assessment	1/27/22

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M 655	Continued From page 1 USE," sign on the door of resident's room..." The facility policy did not address labeling of the oxygen tubing/nasal cannulas. Review of facility policy titled, " Infection Control Oxygen Equipment Cleaning," revealed "Use disposable tubing, masks, and cannulas for patients receiving oxygen therapy.This equipment is to be discarded as this procedure dictates.. 5. Pre-filled humidifiers are to be dated and replaced when the water level is insufficient to provide humidification, but not less than once per month ... 7. Tubing should be replaced every 7 days ... 9. Cannulas should be replaced every 7 days. 10. When not in use, store the mask/cannula in a plastic bag clearly labeled with the resident's name and date." Resident #40 An observation on 12/13/2021 at 10:30 AM, revealed Resident #40 was asleep and the oxygen tubing and nasal cannula were on the floor. The oxygen tubing and the humidifier water bottle were undated and there was no bag for storage of tubing. An interview on 12/13/2021 at 4:02 PM, with Resident #40 revealed she kept her oxygen cannula within reach and used when needed to improve her shortness of breath. An interview on 12/15/2021 at 10:30 AM, with Licensed Practical Nurse (LPN) # 2 revealed the resident's oxygen tubing was undated and did not have a storage bag for her tubing when not in use. LPN #2 confirmed a bag was needed to keep the cannula clean. Record review of Resident #40's Physician's	M 655	Nurses and Director of Nurses (DON), will audit 5 resident charts weekly for one month and then 5 charts each month for 3 months beginning 01/03/2022, to ensure compliance with M655. DON will audit Oxygen Therapy Care Plans for timely completion within 21 days of admission for all new admissions beginning 1/05/22, until substantial compliance is achieved. Interdisciplinary Team was in-serviced on 12/28/2021 by Facility Quality Improvement Nurse regarding timely completion of Comprehensive Care Plans for Oxygen Therapy. The Administrator or DON will report findings from audits regarding M655 in Weekly Facility Department Head Meeting beginning 1/10/2022, for 4 weeks and then monthly for 3 months and then quarterly at each Quality Assurance Committee Meeting until substantial compliance is achieved. If problems or concerns are identified with current corrective action plans, the QA committee will revise the plan of correction until compliance is obtained.	

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M 655	Continued From page 2 Telephone Order, dated 8/5/21, revealed "Resident may use O2 via BNC (by nasal cannula) continuously at 2L/min (liters/minute)." Review of Resident #40's Face Sheet revealed the resident was admitted to the facility on 8/5/2021 with diagnoses that included Congestive Heart Failure, Chronic Kidney disease, Emphysema, and Type 2 Diabetes Mellitus with Diabetic Chronic Kidney Disease. Review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/15/21 revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating Resident #40 was cognitively intact. Resident #46 An observation, on 12/13/21 at 10:01 AM, revealed Resident #46 had no date on the Oxygen (O2) tubing, no O2 storage bag for the tubing, and no O2 in use signage on the door. An observation, on 12/14/21 at 03:00 PM, revealed Resident #46 had no date on the O2 tubing, no O2 storage bag for the tubing, and no O2 in use signage on the door. An observation and interview, on 12/15/21 at 09:19 AM, with Director of Nursing (DON), confirmed Resident #46 had no O2 in use signage on the door, the O2 tubing was not dated, and there was no storage bag for the O2 tubing. The DON revealed that by not having a date on the O2 tubing prohibits other staff from knowing when the tubing was last changed and if the tubing is not changed appropriately the	M 655		

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M 655	Continued From page 3 humidified O2 has a higher risk for growth of bacteria. Record review of Resident #46's Physician's Telephone Order, dated 11/17/21, revealed, "O2 at 2 L (liters) continuously." Record review of Resident #46's Face Sheet revealed he was admitted on 11/17/21 with diagnoses that included Pleural Effusion, not elsewhere classified.	M 655		