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
	70RM	A. BUILDING: _____ B. WING _____	11/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF RIPLEY	101 CUNNINGHAM DR RIPLEY, MS 38663

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M 000	Initial Comments The State Agency (SA) conducted an annual survey at the facility along with complaint investigations (CI) MS00018141 related to residents rights on 11/07/21 through 11/10/21. During the survey, the SA determined that the the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm and cited M 640 and M 655. The SA found that the complaint was not substantiated. Census at time of the survey was 106 with a bed capacity of 140.	M 000		
M 640	45.21.8 Accidents Accidents. The facility shall ensure that the residents ' environment remains as free of accident hazards as possible, and adequate supervision shall be provided to prevent accidents. If an unexplained accident occurs, this injury must be investigated and reported to appropriate state agencies. This Statute is not met as evidenced by: Level II Based on observations, staff interviews and facility policy review the facility failed to provide residents with a safe environment, as evidenced by, a can of chemical disinfectant spray found unsecured on an open linen cart for one (1) of four (4) days of survey. Findings include: Review of the facility policy titled, "Internal Hazardous Materials Incident", no date, revealed, "Overview: Several hazardous chemical materials are stored and used within the center every day within several areas and departments. Examples	M 640	-The center addressed the corrective action for those residents found to have been affected by the deficient practice by the Registered Nurse Supervisor removing the can of disinfectant spray from the cart on 11/7/21. On 11/7/21, the nursing staff searched the entire center for any other potentially hazardous chemicals left unsecured. None were found. -The center identified that all residents have the potential to be affected by the same deficient practice. -To avoid recurrence of the deficient practice, the facility Administrator implemented systemic changes that included assuring locked storage areas	12/20/21

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M 640	Continued From page 1 include, but are not limited to: ...Nursing: Alcohols, disinfectants, and hazardous drugs... Preventing Accidental Exposure, Spills, and Releases...All chemicals stored within resident care areas will be secured in locked cabinets when not in use..." An observation on 11/7/2021 at 3:00 PM, revealed a can of chemical disinfectant spray on the clean linen cart on D hall. An interview on 11/7/21 at 3:02 PM, with Registered Nurse (RN) #3 revealed the disinfectant spray should not be on the clean linen cart. RN #3 removed the can. She stated that the staff knows that the spray is not supposed to be on the cart. An interview on 11/7/21 at 3:15 PM, with Certified Nursing Assistant (CNA) #3 confirmed the chemical spray should not be on the linen cart. She stated that a resident could possibly get it and hurt themselves or make them sick. CNA #3 stated that the can was there (on the open linen cart) when she came to the floor and she should have removed it then. An interview on 11/10/21 at 10:20 AM, with the Director of Nursing (DON), revealed that she did not know how the chemical disinfectant spray got on the linen cart unless, it was due to their recent COVID positive resident, and somebody put it on there to spray themselves. She confirmed that the disinfectant spray should not have been on the linen cart. The DON stated that the chemical could be harmful if a resident got it.	M 640	were made available on each unit for storage of hazardous chemicals on 11/7/21. On 11/9/21, the Director of Nursing, Assistant Director of Nursing, and the Director of Clinical Education initiated an inservice to staff regarding proper storage of hazardous chemical materials. All chemicals stored within resident care areas will be secured in locked cabinets when not in use.¿ -The center plans to monitor the effect of the systemic changes to make sure the solutions are sustained by the Administrator, Director of Nursing, Assistant Director of Nursing, and Registered Nurse Supervisors rounding in center three times weekly for three weeks beginning on 11/29/21, two times weekly for two weeks, and weekly times two weeks to ensure proper storage of hazardous chemicals. Any negative findings will be corrected immediately and addressed with one on one inservicing and/or the center's progressive discipline policy. Findings will be addressed in the monthly Quality Assurance Performance Improvement meeting beginning in the December 2021 meeting scheduled on the 20th by the interdisciplinary team for review monthly for two months then as deemed necessary by the Quality Assurance committee .¿ Date of Completion: 12/20/21	
M 655	45.21.11 Special needs	M 655		12/20/21

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M 655	Continued From page 2 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 interview and record review, the facility failed to store nebulizer tubing in a manner to prevent the possible spread of infection and failed to date oxygen tubing for three (3) of eight (8) residents with oxygen and nebulizer equipment. Resident #45, Resident #46 and Resident #70. Findings include: Resident #46 An observation on 11/07/2021 at 3:25 PM, of Resident #46 revealed oxygen (O2) at two point five (2.5) Liters per minute/ by nasal cannula (LPM/BNC) with the aqua pack (water bottle) dated 11/6/21. The O2 Tubing was not dated. The nebulizer machine on the bedside table with tubing and mask attached was dated 11/6/21 and was laying on top of the nebulizer and it was not in a zip lock bag. There was no plastic bag observed near the nebulizer or O2 concentrator to prevent the spread of infection. Record review of the Admission Record for Resident #46 revealed she was admitted to the facility on 4/7/2021 with diagnoses of Chronic Obstructive Pulmonary Disease, Morbid Obesity,	M 655	-The center addressed the corrective action for those residents found to have been affected by the deficient practice by the Director of Nursing and Assistant Director of Nursing immediately assessing residents #45, #46, and #70 with no adverse findings noted on 11/7/21. On 11/7/21, the Director of Nursing identified all residents with an order for oxygen and nebulizer therapy. Nursing Management ensured all oxygen tubing, humidifier bottles, nebulizer masks/tubing were changed out with dates on all and plastic bags provided for storage on 11/7/21.¿ -The center identified that any residents with oxygen and/or nebulizer therapy has the potential to be affected.¿100% audit of all residents with oxygen and nebulizer therapy was completed by the Director of Nursing on 11/7/21 with any negative findings corrected by Nursing Management.¿ -To avoid recurrence of the deficient practice, the facility implemented systemic changes that included inservicing by the Director of Nursing and Assistant Director of Nursing regarding oxygen and nebulizer therapy on 11/7/21. Education included that nebulizer masks are to be changed every three days on nightshift, nebulizer	

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M 655	Continued From page 3 Heart Failure, unspecified and Unspecified Atrial Fibrillation. Record review of Resident #46's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/28/21, revealed a Brief Interview for Mental Status (BIMS) score of 10 which indicated moderately impaired cognition. Record review of Resident #46's Clinical Physician Orders, last review date 11/1/21, revealed Oxygen concentrator every shift for (shortness of breath) SOB, acute respiratory distress, SaO2 (oxygen saturation) < 90% May infuse 2-4 LPM BNC, revision date 09/27/21. Ipratropium-Albuterol Solution 0.5-2.5 three (3) MG/3ML, 3 ml inhale orally via nebulizer every four (4) hours as needed for SOB related to Chronic Obstructive Pulmonary Disease unsupervised self-administration dated 05/11/21. Change oxygen tubing and humidifier bottle weekly. Clean any external filters with soap/water, every night shift every Fri. Change nebulizer mask and tubing every three (3) days, every night shift every 3 day(s) dated 4/7/2021. Resident #70 An observation on 11/07/2021 at 4:30 PM, of Resident #70's room revealed no Aqua Pack (water bottle) attached to the O2 concentrator and the O2 tubing was not dated. Record review of Resident #70's Order Summary Report revealed an order dated 08/13/21 for oxygen concentrator every day and evening shift , may infuse at 5 LPM BNC during wake hours. Resident #45	M 655	masks should be dated when changed and stored in a plastic bag; oxygen tubing and humidifier bottles are changed once weekly (every Friday night) per nightshift, oxygen tubing and humidifier bottles are both to be dated and a plastic bag should be taped to the concentrators for tubing storage when not in use. The Director of Nursing, Assistant Director of Nursing, or Unit Mangers will complete weekly audits beginning 11/29/21 of residents with oxygen therapy ensuring both the humidifier bottles and oxygen tubing are dated, also ensuring all have a plastic bag for storage. -The center plans to monitor the performance of the systemic changes to make sure the solutions are sustained by the Director of Nursing, Assistant Director of Nursing, or Registered Nurse Supervisor completing oxygen and nebulizer infection control rounds beginning on 11/29/21 three times weekly for two weeks, twice weekly for two weeks, then continue once weekly audits for four weeks. Any negative findings will be corrected immediately and addressed with one on one inservicing and/or the center's progressive disciplinary policy. Findings will be discussed in the Quality Assurance Performance Improvement meeting beginning in the December 2021 meeting scheduled on December 20th by the interdisciplinary team monthly for two months then as deemed necessary by the Quality Assurance committee.¿ Date of Completion: 12/20/21	

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M 655	Continued From page 4 On 11/07/21 at 05:17 PM, an observation revealed Resident #45 had no date on the O2 tubing. A nebulizer mask with tubing attached but not to the machine was laying on the bedside table near the nebulizer machine. Record review of Resident #45's "Order Summary Report" revealed an order dated 10/10/2020 for Ipratropium-Albuterol Solution 0.5-2.5 (3) MG/3ML one (1) vial inhale orally every six (6) hours as needed for SOB/decreased SAO2 related to Chronic Obstructive Pulmonary Disease, unsupervised self-administration and an order dated 9/27/21 for Oxygen concentrator as needed for SOB/respiratory distress may infuse 2-4 LPM BNC. On 11/09/2021 at 2:10 PM, an interview with the Director of Nurses (DON) revealed it was the standard in the facility to change O2 tubing and water bottles weekly. Usually the order is to be changed on Friday night and they date the water bottle but not the oxygen tubing. The nebulizer tubing and mask are changed every three days and they date the mask. We store mask and cannulas in plastic bags when not in use. The DON confirmed that the nebulizer mask and the oxygen cannulas should have been stored in plastic bags. On 11/10/2021 at 9:00 AM, an interview with the DON revealed when asked what could happen if the O2 tubing itself was not changed but the water bottle got changed, she replied that it could cause bacteria growth or make the resident sick. When asked for a policy for changing and dating O2 tubing the DON denied that the facility had a policy that spoke to dating of the oxygen tubing and stated we go by the physician orders and chart it on the medication administration record.	M 655		

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