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
	24GN	A. BUILDING: _____ B. WING _____	06/23/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENBRIAR NURSING CENTER	4347 WEST GAY ROAD DIBERVILLE, MS 39540

(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 at the facility 6/20/17, to 6/23/17. During the survey, the SA determined the facility was not in compliance with State Licensure Regulations for the Aged or Infirm, and cited State Statute M620.	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 2 Based on observation, staff interview, record review, and facility policy review, the facility failed to perform Foley catheter care in a manner to prevent the possible spread of infection for one (1) of three (3) catheter care observations, Resident #1. Findings Include: A facility policy titled "Catheter Care Policy", dated 01/01/17, revealed the procedure was to cleanse the catheter from the body to the end of the catheter. An observation on 06/21/17 at 9:55 AM revealed while cleaning the catheter tubing, Certified Nursing Assistant (CNA) #1 failed to secure the catheter tubing to prevent trauma to Resident #1's urinary meatus. CNA #1 held the Foley	M 620	1.Resident #1 was assessed by the Director of Nursing on 6/23/2017 for signs and symptoms of infection. Resident #1 did not exhibit signs and symptoms of infection at that time. CNA #1 was in-serviced on Foley Catheter Care, proper implementation of the Care Plan and Infection control on 6/30/2017 immediately upon return from vacation. 2.3 of 81 Residents were identified to have the potential to be affected due to the presence of indwelling catheters. 3.All CNA□ s were in-serviced on Foley Cather Care, Proper Implementation of the Care Plan and Infection Control by the Infection Control Nurse on 6/30/2017. All CNA□ s have provided return demonstration on Foley Catheter Care following proper Infection Control Technique. The Infection Control Nurse will observe and document at least one CNA weekly performing catheter care to	7/12/17

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/13/17

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M 620	Continued From page 1 catheter tube at the end of the rubber tubing where the catheter tubing connected to the drainage bag tubing. CNA #1 washed the catheter tubing towards the urinary meatus three (3) separate times. A review of Resident #1's physician orders revealed an order dated 05/18/17 for a Foley catheter and for staff to provide Foley catheter care every shift. An interview on 06/21/17 at 10:15 AM revealed CNA #1 confirmed she did hold the catheter away from the meatus and wiped towards the urinary meatus. CNA #1 said the concern was the possible spread of infection and trauma to the urinary meatus. An interview on 06/23/17 at 11:20 AM revealed the Director of Nursing (DON) confirmed the correct way to wipe the catheter tubing was away from the meatus and to hold the tube close to the meatus. The DON said the aide was just really nervous. A review of the facility's face sheet revealed the facility admitted Resident #1 on 05/27/15. Resident #1's diagnosis included Urinary Tract Infection. The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/28/17 revealed Resident 1's Brief Interview for Mental Status (BIMS) was 14 and indicated intact cognition.	M 620	ensure proper technique and infection control procedures are followed ensuring all CNA□s are checked off quarterly.The Infection Control Nurse will continue weekly Foley Catheter Care observations ensuring all CNA's are checked off quarterly X 4 quarters. After completion of 4 quarters the Infection Control nurse will observe and document all CNA's performing Foley Catheter Care biannually this will be ongoing. 4.The Infection Control Nurse will report any concerns related to weekly Foley Catheter Care Observations to the Quality Assurance Committee monthly. The Quality Assurance Committee will make changes to the corrective action plan as needed.	