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
	57ME	A. BUILDING: _____ B. WING _____	10/24/2019

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COURTYARD REHABILITATION AND HEALTHC	501 SOUTH LOCUST STREET MCCOMB, MS 39648

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification licensure survey, along with complaint(s) MS #16287, MS #16239, MS #16103, and MS #16272, from 10/21/19 to 10/24/19. The SA substantiated MS #16272 for pain medication not available and administered per orders, with M500 cited. The SA did not substantiate the other complaints, MS #16239-related to quality of care, missing clothing, infection control, and privacy; MS #16103-related to timely incontinent care and linen availability; and MS #16287-related to bedbugs. During the survey, the SA determined that the facility was not in compliance with the State Licensure Regulations for the Aged or Infirm, and also cited State Statutes at M080 and M620. The facility census was 126 and the facility was licensed for 145 beds at the time of survey.	M 000		
M 080 SS=D	45.2.11 Infectious Medical Waste Infectious Medical Waste. The term "infectious medical waste" includes solid or liquid wastes which may contain pathogens with sufficient virulence and quantity such that exposure to the waste by a susceptible host has been proven to result in an infectious disease. For purposes of this regulation, the following wastes shall be considered to be infectious medical wastes: 1. Wastes resulting from the care of residents and animals who have Class I and (or) II diseases that are transmitted by blood and body fluid as defined in the rules and regulations governing reportable diseases as defined by the Mississippi State Department of Health;	M 080		12/3/19

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M 080	Continued From page 1 2. Cultures and stocks of infectious agents; including specimen cultures collected from medical and pathological laboratories, cultures and stocks of infectious agents from research and industrial laboratories, wastes from the production of biological, discarded lie and attenuated vaccines, and culture dishes and devices used to transfer, inoculate, and mix cultures; 3. Blood and blood products such as serum, plasma, and other blood components. 4. All discarded sharps (e.g., hypodermic needles, syringes, Pasteur pipettes, broken glass, scalpel blades) which have come into contact with infectious agents; 5. Other wastes determined infectious by the generator or so classified by the Mississippi State Department of Health. This Statute is not met as evidenced by: Level II Based on observation, staff interview, and facility policy review, the facility failed to have lids sealed on the Biohazard Trash Cans for Seven (7) of seven (7) trash cans in the Biohazard Room, where staff placed medical waste. Findings include: According to the Policy and Procedure "Storage of Biohazardous Waste", revised 9/1/17, revealed: Policy: Biohazardous waste should be stored in a manner that is safe, effective and in compliance of all facility, local, state and federal laws, rules and regulations. Policy Statement: Medical waste will be handled and disposed of	M 080	1. Root Cause Analysis (RCA) was conducted by the Inter Disciplinary Team (IDT) and based on the results biohazard trash cans in biohazard room with lids 10-24-19 by Maintenance Supervisor. 2. Current residents have the potential to be affected. 3. Education with current staff began on 11-11-19 by Maintenance Supervisor on Federal regulation F921(Safe/Functional/Sanitary/Comfortable Environment) and the facility policy regarding storage of biohazard waste with emphasis on keeping lids secured on biohazard containers in biohazard room.	

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M 080	Continued From page 2 safely and in accordance with regulator requirements. Disposable items contaminated with excretions or secretions from residents believed to be infectious must be placed in plastic bags and sealed, and either decontaminated with bleach/EPA registered germicidal or stored in appropriate container until removal from the premises. On 10/23/2019 at 4:22 PM, observation revealed there were no lids on the seven (7) Biohazard trash cans in the Biohazard Room. On 10/23/2019 at 4:22 PM, an interview with the Maintenance Person revealed trash can lids should be placed on the biohazard trash cans. The Maintenance person stated the (company) picks up the biohazard waste weekly. On 10/24/2019 at 8:00 AM, an interview with the Administrator revealed the trash can lids should be placed on the biohazard trash cans; if there is trash in them. The Administrator was referred to the regulation, when asked since the room is only for Biohazard material, does the trash cans need the lids placed on them.	M 080	The Facility will handle and dispose of medical waste safely. Disposable items contaminated with excretions or secretions from residents believed to be infectious, must be placed in plastic bags and sealed. 4. Quality monitoring of biohazard waste began on 11-11-19 by the Maintenance Supervisor or the Director of Nursing five times a week for four weeks, then three times a week for four weeks, then monthly for two months to ensure disposable items contaminated with excretions or secretions believed to be infectious are placed in plastic bags, and sealed with lid on biohazard container. The findings of the Quality monitoring will be reported in the monthly Quality Assurance Performance Improvement (QAPI) committee meeting and reviewed by the IDT. RCA will be used by the committee and updates made to the Performance Improvement Plan as indicated by the findings.	
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	M 500		12/3/19

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M 500	Continued From page 3 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 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;	M 500		

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M 500	Continued From page 4 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 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	M 500		

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M 500	Continued From page 5 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 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	M 500		

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M 500	Continued From page 6 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 MS #16272 Based on staff interview, record review, facility policy, and resident interview, the facility failed to obtain and provide Resident #61's pain medication, as ordered, in a timely manner for one (1) of four (4) residents reviewed for pain. Resident #61 did not have Norco available for pain, as ordered by the physician, for nine (9) scheduled doses. Findings Include: A review of the facility's, "LTC Receiving Pharmacy Products and Services from Pharmacy", revised 10/31/16, revealed new orders for Schedule II controlled substances required a written prescription prior to dispensing, unless there is an emergency situation. An emergency situation is one in which the prescribing Practioner determines that immediate administration of the Schedule II controlled substance is necessary for proper treatment of the intended ultimate user. If the medication is needed before the next scheduled delivery, facility staff should indicate the exact time by which the medication is needed.	M 500	1. Root Cause Analysis (RCA) was conducted by the Inter Disciplinary Team 10-28-19 and based on results. 2. Quality review of current residents with physician orders for pain medications was completed 10-23-19 by Director of Nursing to ensure current residents pain medications ordered by physician are available for administration. Resident #61 received her pain medication on 9-26-19 as ordered by the physician. 3. Education with licensed nurses 11-8-19 by Divisional Director of Clinical Services (DDCS)on this Federal regulation F755 with emphasis on ordering medications and ensuring medication is available for administration. Policy for providing pain medication in a timely manner review began on 11-8-19 with Licensed Nurses by the DDCS. New hires will be educated in orientation. Facility will provide routine emergency drugs and biologicals to its residents and provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and	

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M 500	Continued From page 7 Review of the Physician's Orders, for Resident #61, revealed Norco 10-325 milligram (mg) one (1) tab every eight (8) hours for pain. Record review of the Medication Administration Record (MAR) for Resident #61 revealed no documentation for Norco 10-325 milligram (mg) on 9/23/19 at 2:00 PM and 10:00 PM; 9/24/19 at 6:00 AM, 2:00 PM, and 10:00 PM; and 9/25/19 at 6:00 AM. Record review of Resident #61's Controlled Narcotic Log for Norco 10-325 mg revealed the Norco 10-325 mg was last signed out 9/22/19 at 10:00 PM. The Log also shows Norco 10-325 mg #30 signed in for Resident #61 on 9/25/19, with the first dose signed out on 9/26/19 at 6:00 AM. This indicated the resident didn't receive Norco on 9/23/24 for three (3) doses, 9/24/19 for three (3) doses, and 9/25/19 for three (3) doses. (Total of nine (9) doses). During an interview on 10/21/19 at 11:25 AM, Resident #61 stated she ran out of her pain medication for about three (3) days. She stated the nurses told her the pharmacy needed a signed script for the medication, so they had to wait to get a doctor to sign a new script. She stated she was upset because she was hurting so bad. Resident #61 stated since the issue was cleared up, she hasn't had any problems with getting the pain medication and she's okay. During a telephone interview on 10/21/19 at 3:23 PM, a Pharmacy Representative stated that the pharmacy's records revealed that Resident #61's Norco 10-325 mg #90 was delivered to the facility on 8/19/19, and on 9/25/19 #45 was delivered to the facility. Review of a delivery receipt revealed Norco 10-325 mg was delivered to the facility for	M 500	administering of all drugs and biologicals to meet the needs of each resident. 4. Quality monitoring began 11-11-19 and is to be conducted three times a week for four weeks, then two times a week for four weeks, then monthly by Director of Nursing, Charge Nurse, or Unit Manager of medication availability to ensure physician ordered medications are available for administration. The findings of the Quality Review will be reported in the monthly Committee meeting and reviewed by the IDT. RCA will be used by the committee and updates made to the performance improvement plan as indicated by findings.	

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M 500	Continued From page 8 Resident #61 on 8/19/19, and 9/25/19. During a phone interview on 10/21/19 at 5:08 PM, Licensed Practical Nurse (LPN) #2 stated Resident #61 did go without her pain medication for one (1) - two (2) days. She stated that it was on her weekend to work and she gave the 10:00 PM dose on Sunday night 9/22/19, but there were none for Monday morning. LPN #2 stated that she returned to work on Wednesday 9/25/19, and Resident #61 still did not have any Norco, so she obtained a hard script from the facility's Physician's Assistant (PA) for the Norco. LPN #2 stated that when she spoke to the PA to obtain the new prescription, he stated that nobody had called him over the weekend for a hard script or for a substitute. During an interview on 10/22/19 at 8:58 AM, the Physician's Assistant revealed that he was never made aware of Resident #61 being without her Norco at any time. During a phone interview on 10/22/19 at 10:00 AM, LPN #3 revealed Resident #61 did not have Norco in the building for her shift on 9/23/19 for the 10:00 PM, 9/24/19 - 6:00 AM, 9/24/19 - 10:00 PM, and 9/25/19 - 6:00 AM doses. LPN #3 stated she reported not having the medication to Registered Nurse (RN) #2 the first night, and then RN #3 the second night. LPN #3 stated to her understanding they do have an E-kit, but they have to contact the pharmacist and the pharmacist has to contact the physician to be able to get into the box. LPN #3 stated that RN #2 tried to call the Physician's Assistant, without an answer. LPN #3 stated after she reported it the first night, she thought the Norco would come in with the medication order around 11:00 PM, but it didn't, and when she returned to work the next	M 500		

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M 500	Continued From page 9 day, she thought it would be there, but it wasn't, so that's when she reported to RN #3. She stated she also reported it the next morning to the oncoming nurse. During an interview on 10/22/19 at 10:12 AM, LPN #1 stated she didn't remember if the medication (Norco) was in the building or not. She stated if she would have noticed the medication was not there, she would have called the pharmacy to see if Resident #61 had any on backup that could have been sent. She further stated if the medication was a narcotic, she would call the doctor for a hard script and get the medication into the facility. LPN #1 stated she worked 9/23/19 and 9/24/19, and she just didn't remember calling the pharmacy or the doctor to get a script. She stated she didn't remember the resident complaining about not getting pain medication. LPN #1 stated they have an E-kit and a code was needed to call the doctor and the pharmacist. LPN #1 stated they have an after-hour backup pharmacy, (name) and they will come out at night. LPN #1 stated she gave the resident Tylenol on 9/23/19 at 4:45 PM, 9/24/19 at 8:45 AM, and 9/24/19 at 6:15 PM. During an interview on 10/22/19 at 10:20 AM, RN #2 revealed she remembered on 9/24 or 9/25, that Resident #61 did not have her pain medication. RN #2 stated Resident #61 called her to come to her room and the resident reported she didn't have her pain medication. RN #2 stated she called the Medical Director and left him a message and even called him two (2) or three (3) times with no answer from him. She stated she even called his house phone. RN #2 stated that she didn't know the process of getting into the E-kit, but she just usually called the physician with what she needed. RN #2 stated they offered	M 500		

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M 500	Continued From page 10 Resident #61 some Tylenol and she refused it. RN #2 stated if it had been reported to her earlier in the day, she would have gotten a script, because the PA was in the building earlier that day. RN #2 stated she remembered the PA came into the building on 9/25/19, and LPN #2 got a hard copy from him and got Resident #61's Norco. RN #2 stated that she knew Resident #61 well and she needed her pain medication. During an interview on 10/22/19 at 10:44 AM, RN #3 stated all she could remember was that Resident #61 didn't have her medication on 9/23/19, and she reported it to the morning nurses on 9/24/19. She stated Resident #61 was complaining that she needed her pain medication. RN #3 stated they offered her Tylenol and she refused at first, but then took it. RN #3 stated she called the Medical Director, who is Resident #61's physician, on 9/24/19, and left a message that Resident #61 needed a hard script sent to pharmacy for her pain medication, that she was out, and the physician texted back the word "ok". RN #3 stated that she didn't work 9/24/19 or 9/25/19, but came back on 9/26/19, and Resident #61 had her medication at that point. During an interview on 10/22/19 at 1:20 PM, the Administrator revealed getting the medication for Resident #61 just fell through the crack. The Administrator stated the nurses did not follow through with the process to obtain Resident #61's pain medication in a timely manner, but she was glad they gave her something until it was obtained. During an interview on 10/22/19 at 3:14 PM, the Medical Director revealed he did not have a memory regarding Resident #61 running out of pain medication. The Medical Director stated the	M 500		

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M 500	Continued From page 11 nurses should have been persistent in contacting someone to get a hard script, or to get a substitute pain medication, until they received the Norco in the facility. The Medical Director stated, "I think Resident #61 receiving Neurontin and Tylenol is what helped her maintain a decent pain level without the Norco". The Medical Director stated he thought there was a way the nurses could call the pharmacy and get an emergency supply of medication, but he wasn't sure what the facility's process was.	M 500		
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 observation, staff interview, record review, and facility policy review, the facility failed to prevent cross contamination during catheter care as evidence by incorrect cleaning technique of the catheter tubing for one (1) of five (5) catheter care observations, Resident #15. Findings Include: A review of facility policy titled "Catheter care, Urinary" revised 9/5/17, revealed the procedure for catheter care was to "clean the catheter tubing with soap and water, starting close to the urinary meatus, cleaning in a circular motion along its	M 620	1. Resident #15's catheter care was conducted 11-14-19 by Director of Nursing (DON) to ensure appropriate technique to prevent urinary tract infections secondary to cross contamination. Director of Nursing assessed resident #15 for s/s of trauma from improper catheter care on 11-14-19 with no s/s of trauma present. 2. Five residents with catheters have the potential to be affected. 3. Competency Check offs began on 11-13-19 and are to be conducted with current Certified Nursing Assistants with emphasis on using appropriate techniques in performing catheter care to prevent	12/3/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	57ME	A. BUILDING: _____ B. WING _____	10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD REHABILITATION AND HEALTHC	501 SOUTH LOCUST STREET MCCOMB, MS 39648

(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 620	Continued From page 12 length for about four (4) inches, moving away from the body. Rinse well using the same motion". Resident #15 An observation on 10/21/19 at 10:45 AM, revealed Certified Nursing Aide (CNA) #1, assisted by CNA #2, entered the room to perform catheter care on Resident #15. CNA #1 gloved and held the tubing approximately 12 inches up the tubing and away from the meatus. CNA #1, holding the tubing away from the meatus, wiped upwards away from the body with a soapy cloth and repeated this procedure while rinsing and drying the tubing. During an interview on 10/22/19 at 1:38 PM, CNA #1 stated she was supposed to hold the catheter at the meatus when cleaning the tubing. CNA #1 stated that she couldn't remember how she held the tubing, but she thought that she held it at the meatus, however, she was nervous. CNA #1 stated she should know how to do catheter care correctly. During an interview on 10/22/19 at 1:43 PM, CNA #2 confirmed CNA #1 performed improper catheter care. CNA #2 stated she saw CNA #1 hold the catheter tubing away from the meatus as she wiped up on the tubing. During an interview on 10/22/19 at 2:07 PM, the Director of Nursing (DON) stated CNA #1 should have held the catheter tubing at the meatus, not up the tubing. The DON stated holding the tubing away from the meatus could have caused trauma to the meatus as the CNA wiped upward on the tubing.	M 620	urinary tract infections secondary to cross contamination annually, upon hire, and as indicated. In-service began on 11-13-19 by the Director of Nursing, Charge Nurse, and Unit Manager regarding catheter care. 4. Quality Observation of Certified Nursing Assistants performing catheter care to be conducted by Director of Nursing, Unit Manager, or Charge nurse with a sample of three Residents with catheters three times a week for two weeks, then a sample of three two times a week for two weeks, then a sample of two monthly for two months. The findings of the Quality Observation will be reported in the monthly Quality Assurance Performance Improvement (QAPI) committee meeting and reviewed by the IDT. RCA will be used by the committee and updates made to the Performance improvement plan as indicated by findings.	

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
	57ME	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**10/24/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD REHABILITATION AND HEALTHC	**501 SOUTH LOCUST STREET MCCOMB, MS 39648**

(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
M1245	45.41.1 Date of Construction & Life Safety... Date of Construction and Life Safety Code Compliance. 1. Buildings constructed after the effective date of these regulations shall comply with the edition of the Life Safety Code (NFPA 101) effective on the date of construction. 2. Buildings constructed prior to the effective date of these regulations shall comply with Chapter 13 of the Life Safety Code (NFPA 101), 1985 edition. This Statute is not met as evidenced by: Based on observation, the facility failed to properly maintain the fire alarm system in accordance NFPA 72. This condition affected all 126 residents in the facility at the time of survey. Findings include: On October 24, 2019 at 10:30 am, observation a dialer issue "trouble signal" on the fire alarm panel of the facility. The fire alarm system worked properly during testing and was capable of notifying emergency services.	M1245	1. The dialer issue "trouble signal" on the fire panel was corrected by a qualified vendor. 2. There is only one fire alarm panel with a dialer issue "trouble signal" in the facility, therefore no additional reviews were needed. 3. The Executive Director educated the Maintenance Director on the importance of the NFPA 101 fire alarm system - testing and maintenance specific to proper service of the fire alarm panel shows "trouble signals," and will continue to monitor in accordance with NFPA standards. Work order called in on 10/24/19, repairs completed on 11/21/19. Sent work order and invoice copies on 12/19/19. 4. Any findings will be reported to the monthly QAPI Committee for further review.	12/20/19

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		11/15/19