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
	01TH	A. BUILDING: _____ B. WING _____	10/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NATCHEZ REHABILITATION AND HEALTHCAR	344 ARLINGTON AVENUE NATCHEZ, MS 39120

(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 conducted an annual recertification along with a complaint(s) MS #15768, MS #16087, and MS #15893, from 10/28/19 to 10/30/19. During the survey, the SA determined that the facility was not in compliance with the State Licensure Regulations for the Aged or Infirm. The SA did not substantiate MS #15768, MS #16087 and MS #15893, with no citations related to the complaint. The SA cited M720 during the survey. The facility was licensed for 58 beds, with a current census of 46.	M 000		
M 720	45.24.5 Disposal of drugs Disposal of drugs. 1. Unused portions of medicine may be given to a discharged resident or the responsible party upon orders of the prescribing physician or nurse practitioner/physician assistant. 2. Drugs and pharmaceuticals discontinued by the written orders of an attending physician or nurse practitioner/physician assistant or left in the facility on discharge or death of the resident will be disposed of according to the Mississippi State Board of Pharmacy disposal requirements. This Statute is not met as evidenced by: Level II Based on observation, staff interview, record review, and facility policy review, the facility failed to remove expired medication (med) from the storage room and medication cart for one (1) of five (5) med pass observations.	M 720	Preparation and submission of this plan of correction by Natchez Rehabilitation and Healthcare Center does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and submitted	11/22/19

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/19/19

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M 720	Continued From page 1 Findings Include: Review of a facility's "Storage of Medication" policy, dated April 2017, revealed the facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed. On 10/29/19 at 11: 15 AM, an observation with Licensed Practical Nurse (LPN) #1, of the medication storage room, revealed Fexofenadine Hydrochloride tablets USP 180 milligram (MG) Antihistamine 24 hour relief Allergy, with an expiration date of 06/2019. On 10/29/19 at 11:40 AM, an observation of Medication Cart A, with LPN #2, revealed Fexofenadine Hydrochloride tablets USP 180 MG/Antihistamine 24 hour relief Allergy, with an expiration date of 06/2019. Record review revealed a monthly medication room inspection by the pharmacist dated 10/25/2019. During an interview on 10/29/19 at 11:55 AM, the Director of Nursing (DON) stated the medication (Fexofenadine) should have been pulled on or by the expiration date. She stated medications are rotated when they come in, by the central supply staff. The DON stated the Pharmacist comes in the facility once a month to check the medication room.	M 720	solely pursuant to the requirements under state and federal law. M720: 1. On 10/29/2019,the Director of Nurses(DON) Registered Nurse (RN) pulled Fexofenadine Hydrochloride tablets USP 180 milligram (MG)Antihistamine 24 hour relief Allergy with expiration date of 6/2019 from medication room and medication cart A for destruction. The Director of Nurses (DON) Registered Nurse (RN) conducted an audit for all active and discharge residents dating back to 1/1/19 with orders for Fexofenadine Hydrochloride. There were no residents with orders for this medication. 2. All residents have the potential to be affected by this deficient practice. On 10/29/2019, and again on 11/13/19 the Director of Nurses(DON) Registered Nurse(RN)conducted an audit of the two (2) medication carts, medication storage room (1), treatment cart(1), and supply room(1) for any expired medications. No other outdated medications were noted. 3. On 10/31/2019, an in-service was initiated by the Director of Nurses (DON) Registered Nurse(RN) with licensed nursing staff on the Storage of Medication Policy. Effective 11/13/2019, licensed nurses will be responsible for logging and verification using the Medication Expiration form to confirm no outdated medication exist on the medication carts	

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M 720	Continued From page 2	M 720	at the beginning of their shift. 4. Effective 11/15/19, the Director of Nurses(DON) Registered Nurse (RN) will conduct an audit of medication cart, medication storage room, treatment cart, and supply room to ensure there are no outdated medications present. This audit will be conducted weekly for four (4) weeks then every two (2) weeks for three (3) months and quarterly thereafter. Storage of Medication policy in services will be conducted monthly for a period of four (4) months and ongoing with newly hired licensed nurses. A report of audit findings will be submitted by the Director of Nurses (DON) Registered Nurse (RN) to the Quality Assurance Performance Improvement Committee monthly for four (4) months for further review and recommendations. The Administrator and Director of Nursing are responsible for monitoring and compliance.	

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	01TH	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**10/29/2019**

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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 observations, the facility failed to properly protect hazardous areas 19.3.2.1. This deficiency affected two (2) of three (3) smoke compartments and all 47 residents in the facility on the day of survey Findings include: During the building inspection on October 29, 2019 at 10:40 AM, observation revealed the damage walls in the following rooms of the facility: 1. Boiler Room 2. Maintenance Office 3. Hopper Room 4. Mechanical Room 5. Milk Storage Room These rooms were not smoke tight and were incapable of resisting the passage of smoke throughout the facility.	M1245	M1245: 1. On 10/31/2019, the damaged walls in the Boiler Room, Maintenance Office, Hopper Room, Mechanical Room, and Milk Storage Room were repaired by removing the grills and exhaust fans, installing Type X, 5/8 sheet rock, and sealing with fire rated caulk by Maintenance Director. 2. On 10/31/2019, the Maintenance Director performed a complete inspection of the facility to ensure there were no other damaged walls that would allow the passage of smoke throughout the facility; no other issues were noted. 3. On 11/15/2019, an in-service was conducted by the Regional Maintenance Director with the facility Maintenance Director and Administrator on the requirements and processes of identifying, correcting, and preventing damage to walls that would allow passage of smoke throughout the facility.	11/22/19

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M1245	Continued From page 1	M1245	4. Effective 11/15/2019, the facility Maintenance Director will perform a weekly inspection of the fire walls to ensure there are no penetrations. This inspection will be conducted weekly for four (4) weeks then monthly thereafter. A report of audit findings will be submitted by the facility Maintenance Director to the Quality Assurance Performance Improvement committee monthly for three (3) months for further review and recommendations. The Administrator is responsible for monitoring and compliance.	