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
	24GG	A. BUILDING: _____ B. WING _____	12/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GULFPORT CARE CENTER	11240 CANAL ROAD GULFPORT, MS 39503

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey from 12/16/19 through 12/19/19. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for the Aged and Infirm. The SA cited the state statutes a M460, M500, M620, and M730. At the time of the survey, the census was 81, and the facility held a license for 90 beds.	M 000		
M 460	45.16.3 Criminal History Record Checks Criminal History Record Checks. Pursuant to Section 43-11-13, Mississippi Code of 1972, the covered entity shall require to be preformed a disciplinary check with the professional licensing agency, if any, for each employee to determine if any disciplinary action has been taken against the employee by the agency, and a criminal history record check on: 1. Every new employee of a covered entity who provides direct patient care or services and who is employed on or after July 01, 2003, and 2. Every employee of a covered entity employed prior to July 01, 2003, who has documented disciplinary action by his or her present employer. 3. Except as otherwise provided in this paragraph, no employee hired on or after July 01, 2003, shall be permitted to provide direct patient care until the results of the criminal history record check revealed no disqualifying record or the employee has been granted a waiver. Provided the covered entity has documented evidence of submission of fingerprints for the background check, any person may be employed and provide	M 460		1/31/20

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M 460	Continued From page 1 direct patient care on a temporary basis pending the results of the criminal history record check but any employment offer, contract, or arrangement with the person shall be voidable, if he/she receives a disqualifying criminal record check and no waiver is granted. 4. If such criminal history record check discloses a felony conviction; a guilty plea; and/or a plea of nolo contendere to a felony for one (1) or more of the following crimes which has not been reversed on appeal, or for which a pardon has not been granted, the applicant/employee shall not be eligible to be employed at the licensed facility: a. possession or sale of drugs b. murder c. manslaughter d. armed robbery e. rape f. sexual battery g. sex offense listed in Section 45-33-23(g), Mississippi Code of 1972 h. child abuse i. arson j. grand larceny k. burglary l. gratification of lust m. aggravated assault n. felonious abuse and/or battery of vulnerable adult 5. Documentation of verification of the employee ' s disciplinary status, if any, with the employee ' s professional licensing agency as applicable, and evidence of submission of the employee ' s fingerprints to the licensing agency must be on file and maintained by the facility prior to the new employees first date of employment. The covered	M 460		

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M 460	Continued From page 2 entity shall maintain on file evidence of verification of the employee ' s disciplinary status from any applicable professional licensing agency and of submission and/or completion of the criminal record check, the signed affidavit, if applicable, and/or a copy of the referenced notarized letter addressing the individual ' s suitability for such employment. 6. Pursuant to Section 43-11-13, Mississippi Code of 1972, the licensing agency shall require every employee of a covered entity employed prior to July 01, 2003, to sign an affidavit stating that he or she does not have a criminal history as outlined in paragraph (3) above. 7. From and after December 31, 2003, no employee of a covered entity hired before July 01, 2003, shall be permitted to provide direct patient care unless the employee has signed an affidavit as required by this section. The covered entity shall place the affidavit in the employee ' s personnel file as proof of compliance with this section. 8. If a person signs the affidavit required by this section, and it is later determined that the person actually had been convicted of or pleaded guilty or nolo contendere to any of the offenses listed herein, and the conviction or pleas has not been reversed on appeal or a pardon has not been granted for the conviction or plea, the person is guilty of perjury as set out in Section 43-11-13, Mississippi Code of 1972. The covered entity shall immediately institute termination proceedings against the employee pursuant to the facility ' s policies and procedures.	M 460		

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M 460	Continued From page 3 9. The covered entity may, in its discretion, allow any employee unable to sign the affidavit required by paragraph (7) of this subsection or any employee applicant aggrieved by the employment decision under this subsection to appear before the covered entity ' s hiring officer, or his or her designee, to show mitigating circumstances that may exist and allow the employee or employee applicant to be employed at the covered entity. The covered entity, upon report and recommendation of the hiring officer, may grant waivers for those mitigating circumstances, which shall include, but not be limited to: (1) age at which the crime was committed; (2) circumstances surrounding the crime; (3) length of time since the conviction and criminal history since the conviction; (4) work history; (5) current employment and character references; and (6) other evidence demonstrating the ability of the individual does not pose a threat to the health or safety of the patients in the licensed facility. 10. The licensing agency may charge the covered entity submitting the fingerprints a fee not to exceed Fifty Dollars ($50.00). 11. Should results of an employee applicant ' s criminal history record check reveal no disqualifying event, then the covered entity shall, within two (2) weeks of the notification of no disqualifying event, provide the employee applicant with a notarized letter signed by the chief executive officer of the covered entity, or his or her authorized designee, confirming the employee applicant ' s suitability for employment based on his or her criminal history record check. An employee applicant may use that letter for a period of two (2) years from the date of the letter to seek employment at any covered entity licensed by the Mississippi State Department of	M 460		

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M 460	Continued From page 4 Health without the necessity of an additional criminal record check. Any covered entity presented with the letter may rely on the letter with respect to an employee applicant ' s criminal background and is not required for a period of two (2) years from the date of the letter to conduct or have conducted a criminal history check as required in this subsection. 12. For individuals contacted through a third party who provide direct patient care as defined herein, the covered entity shall require proof of a criminal history record check. 13. Pursuant to Section 43-11-13, Mississippi Code of 1972, the licensing agency, the covered entity, and their agents, officer, employees, attorneys, and representatives, shall be presumed to be acting in good faith for any employment decision or action taken under this section. The presumption of good faith may be overcome by a preponderance of the evidence in any civil action. No licensing agency, covered entity, nor their agents, officers, employees, attorneys and representatives shall be held liable in any employment discrimination suit in which an allegation of discrimination is made regarding an employment decision authorized under this section. This Statute is not met as evidenced by: Level II Based on record review, interview and facility policy review, the facility failed to provide background checks/finger print letters for two (2) of five (5) new hire charts reviewed, Housekeeping Staff #1 and Certified Nurses Assistant (CNA) #3.	M 460	1. The background checks for housekeeping staff #1 and certified nursing assistant #3 were obtained prior to survey exit, both with no disqualifying events. 2. All residents could have been affected. 3. The two background checks were	

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M 460	Continued From page 5 Findings include: Review of the facility policy titled ,"Hiring", dated 4/06 revealed, " When hiring new employess, the following criteria should be utilizied: 3. Reference checks -Including background checks." CNA #3 was hired on 8/14/2019. The facility failed to ensure they had a background/finger print letter completed when hired. On 12/18/2019 when the State Agency (SA) reviewed the employee records the facility had not completed the background/finger print letter for CNA #3. Laundry/Housekeeping # 1 was hired on 9/11/19. The facility failed to ensure the had a background/finger print letter completed when hired. On 12/18/2109 when the SA reviewed the employee records the facility had not completed the background/finger print letter for Laundry/Housekeeping # 1.	M 460	obtained prior to survey exit, both with no disqualifying events. The Nursing Home Administrator completed an audit of all active employees on January 8, 2020. Any employee found to not have a background check on file will be completed, reviewed and filed by January 31, 2020. The Nursing Home Administrator will audit new employee background checks weekly for four weeks, monthly for three months and periodically thereafter as needed. These audits began on January 8, 2020. 4. If any issues arise, they will be brought to the Quality Assurance and Performance Improvement Committee by Nursing Home Administrator. The Quality Assurance and Performance Improvement Committee meets at least quarterly (though may meet more often should the need arise), and will at that time initiate a Corrective Action Plan along with root cause analysis and review on completion for any further action that may be required.	
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 the facility and to respect the personal rights and	M 500		1/31/20

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M 500	Continued From page 6 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; 5. is encouraged and assisted, throughout his	M 500		

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M 500	Continued From page 7 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 law of third-party payment contract;	M 500		

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M 500	Continued From page 8 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 by the attending physician or nurse	M 500		

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M 500	Continued From page 9 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 Based on observation, staff interview and facility policy review, the facility failed to ensure a resident's right to dignity, as evidenced by (AEB), leaving the urinary catheter drainage bag uncovered, for one (1) of four (4) residents observed with a catheter, Resident #12. Findings include: Review of the facility's "Resident Rights" policy, dated 11/17, revealed: All residents in a long term care facility have rights guaranteed to them under Federal and State law. Residents residing at this facility will be guaranteed a dignified existence, self determination and services inside and outside the facility. On 12/16/19 at 10:54 AM, an observation was made of Resident #12's catheter drainage bag, hanging on the left side of the resident's bed. The urinary catheter drainage bag was visibly exposed to the hallway. On 12/16/19 at 3:05 PM, Resident #12's catheter drainage bag was observed, hanging on the left side of the bed, facing the hallway door. The "Dignity" bag was hanging beside the drainage bag, but was not in use.	M 500	1. Resident #12 was immediately provided with a dignity bag for the catheter drainage bag. 2. Six residents in the facility had indwelling catheters. Any of these six residents with an indwelling catheter could have been affected by not having a dignity bag covering the catheter drainage bag. 3. An audit was completed on December 17, 2019, by the Registered Nurse Director of Nursing of all residents with indwelling catheters. No other resident with an indwelling catheter was without a dignity bag. On December 31, 2019, all staff (to include registered nurses, licenses practical nurses, certified nursing assistants, social services, activities, administrative staff, dietary, housekeeping, laundry and maintenance) were in-serviced by the Registered Nurse Director of Nursing and Nursing Home Administrator regarding facility's policy on "Dignity and Respect," ensuring all residents with indwelling catheters have a dignity bag covering the catheter drainage bag, unless the resident has a documented preference to not have a dignity bag. The Registered Nurse	

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M 500	Continued From page 10 During an interview, on 12/16/19 at 2:59 PM, Certified Nursing Assistant (CNA) #4 stated the urine drainage bag should be placed inside the catheter dignity bag, when its not being emptied. CNA #4 stated, not having the catheter drainage bag covered, would be considered a dignity problem. During an interview, on 12/16/19 at 3:07 PM, CNA #5 confirmed Resident #12's catheter drainage bag was not in the dignity bag, hanging on the resident's bedside. CNA #5 stated the catheter drainage bag is suppose to stay in the privacy/dignity bag, unless its being emptied. During an interview, on 12/17/19 at 12:02 PM, the Assistant Director of Nursing (ADON), revealed, at no time should a catheter drainage bag be seen without a cover, unless it is being emptied. The ADON stated it is a dignity problem.	M 500	Director of Nursing and the Registered Nurse Assistant Director of Nursing will monitor compliance by completing audits of all residents with indwelling catheters ensuring the presence of dignity bag; audits will be completed weekly for four weeks, monthly for three months, and periodically as indicated thereafter. These audits began on December 23, 2019. 4. If any issues arise in regards to residents with indwelling catheters not having a dignity bag (unless the resident has a documented preference to be without a dignity bag), the issues will be brought to the Quality Assurance and Performance Improvement Committee by either the Registered Nurse Director of Nursing or Registered Nurse Assistant Director of Nursing. The Quality Assurance and Performance Improvement Committee meets at least quarterly (though may meet more often should the need arise), and will at that time initiate a Corrective Action Plan along with root cause analysis and review on completion for any further action that may be required.	
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	M 620	1. Resident #71 was observed by a	1/31/20

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M 620	Continued From page 11 Based on observation, interview, record review, and facility policy review, the facility failed to provide incontinent care for Resident #71, in a manner to prevent infection for one (1) of six (6) residents reviewed. Findings include: The facility's, "Perineal Care" policy, revised 10/18, revealed: the staff should use a clean portion of the washcloth or pre-moistened wash wipe after each stroke. Review of Resident 71's care plan, revealed a problem to address risk for skin breakdown, with an intervention to provide pericare after each incontinent episode. During an observation of Resident #71's incontinent care, on 12/17/19 at 2:39 PM, Certified Nursing Assistant (CNA) #1 used the same wash cloth (folded multiple times) to clean the perineal area and buttocks, and did not change her gloves. During an interview, on 12/17/19 at 2:53 PM, Certified Nursing Assistant (CNA) #1 revealed she should have changed towels prior to cleaning Resident #71's buttocks, and not continue to wipe with one (1) towel multiple times. CNA #1 stated she was trained to fold the towel only three (3) times. CNA #1 stated she was nervous because of the State Agency (SA) watching her. CNA #1 did not indicate a problem with not changing her gloves. During an interview, on 12/17/19 at 2:54 PM, the Director of Nursing (DON) confirmed CNA #1 should have changed gloves after cleaning the	M 620	licensed practical nurse on December 19, 2019, for any negative effects and none were noted. Treatment Registered Nurse observed incontinent care on resident #71 on January 16, 2020, by a certified nursing assistant, and care was provided in accordance with facility policies regarding incontinent care and infection control. 2. Any resident requiring incontinent care could have been affected. 3. The Registered Nurse Director of Nursing on December 31, 2019, in-serviced direct care staff (to include registered nurses, licenses practical nurses, and certified nursing assistants) regarding facility policies on infection control, incontinent care, catheter care, and following the care plan. The Registered Nurse Director of Nursing, Registered Nurse Assistant Director of Nursing, and/or Licensed Practical Nurse Staff Development Coordinator will randomly audit by direct observation certified nursing assistants completing incontinent care, weekly for four weeks, monthly for three months, and then periodically as needed thereafter. These audits began on December 23, 2019. 4. If any issues arise, they will be brought to the Quality Assurance and Performance Improvement Committee by the Registered Nurse Director of Nursing. The Quality Assurance and Performance Improvement Committee meets at least quarterly (though may meet more often should the need arise), and will at that time initiate a Corrective Action Plan along	

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M 620	Continued From page 12 perineal area, and changed towels after folding it three (3) times During an interview, on 12/18/19 at 3:47 PM, Registered Nurse (RN) #1/Care Plan Nurse confirmed, CNA #1 should have changed the towels and gloves while providing incontinent care to Resident #71.	M 620	with root cause analysis and review on completion for any further action that may be required.	
M 730	45.25 MEDICAL RECORDS SERVICES MEDICAL RECORDS SERVICES This Statute is not met as evidenced by: Level II Based on observation, record review, facility policy review, and staff interview, the facility failed to accurately complete a medical record for one (1) of 21 medical records reviewed, Resident #124. Findings include: Review of the facility policy, "Medical Records", revised 04/17, revealed: The facility maintains a resident record in accordance with regulations and accepted standards of practice that are complete and accurate. The resident's medical recored must contain sufficient information to identify the resident, resident's assessments, the comprehensive plan of care and services provided. The purpose of the clinical record is to document the course of the resident's plan of care. Review of Resident #124's cumulative Physician Orders for December 2019, revealed there was	M 730	1. A physician's order was obtained for resident #124's indwelling catheter on December 18, 2019. Resident #124 had been routinely observed by a licensed practical nurse and experienced no adverse effects related to the facility not having a physician's order for her indwelling catheter following her readmission from a hospital. 2. Any resident with an indwelling catheter could have been affected. 3. An audit was completed on December 18, 2019, by the Registered Nurse Director of Nursing of all residents currently in the facility with an indwelling catheter to ensure a physician's order for an indwelling catheter was in place. No other resident with an indwelling catheter was without a physician's order. On December 31, 2019, the Registered Nurse Director of Nursing and the Nursing Home Administrator in-serviced all registered nurses and licensed practical nurses	1/31/20

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	24GG	A. BUILDING: _____ B. WING _____	12/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GULFPORT CARE CENTER	11240 CANAL ROAD GULFPORT, MS 39503

(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 730	Continued From page 13 not an order for an indwelling catheter. During an observation and interview, on 12/18/19 at 4:10 PM, revealed Resident #124 had an indwelling catheter. Resident #124, the resident stated she returned from the hospital, on 12/9/2019, with the catheter. During an interview, on 12/18/19 at 12:11 PM, the Director of Nursing (DON) revealed Resident #124 had returned from the hospital on 12/9/2019, with an indwelling catheter. The DON stated although the care and documentation had been provided, the order had not been entered into the computer. DON stated the Medical Records designee was responsible for maintaining an accurate medical record for each resident.	M 730	regarding facility's policies on Indwelling Catheterization and Physician's Orders. The Nursing Home Administrator and Registered Nurse Director of Nursing will monitor compliance by completing audits of physician's orders weekly for four weeks, monthly for three months, and periodically as indicated thereafter. These audits began on December 23, 2019. 4. If any issues arise, the issues will be brought to the Quality Assurance and Performance Improvement Committee by either the Nursing Home Administrator or the Registered Nurse Director of Nursing. The Quality Assurance and Performance Improvement Committee meets at least quarterly (though may meet more often should the need arise), and will at that time initiate a Corrective Action Plan along with root cause analysis and review on completion for any further action that may be required.	