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
	75VC	A. BUILDING: _____ B. WING _____	12/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICKSBURG CONVALESCENT CENTER	1708 CHERRY STREET VICKSBURG, MS 39180

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M 000	Initial Comments The State Agency (SA) conducted a licensure survey from 12/9/19 to 12/12/19. During the survey the SA determined the facility was not in compliance with the Minimum Standards for The Institutions For The Aged And Infirm. The SA cited the state statutes M620 and M815. The census at the time of entrance was 81, and the facility was certified for 100 beds.	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 II Based on observation, record review, staff interview and facility policy review the facility failed to provide catheter care in a manner to prevent the possibility for a Urinary Tract Infection (UTI) for one (1) of four (4) residents reviewed with catheters. Resident #41. Findings include: Review of the facility's statement on letterhead, dated 12/11/19, revealed, "The Perineal Care standard dated May 2014 is the Policy and Procedure for Perineal Care". Review of the Perineal Care Standard, revised May 2014, revealed: Perineal Care, for a female resident: a. Using washcloth/personal wipes,	M 620	1. On 12/11/19 at 12:30 pm, Resident #41 was assessed by the Registered Nurse for adverse effects of improper catheter care and it was determined no adverse effects were identified. Resident #41 was immediately provided proper catheter care per facility policy by Certified Nursing Assistant #1 and observed by Registered Nurse. 2. All residents with an indwelling catheter have the potential to be affected by this deficient practice. 3. "The Perineal Care" standard was reviewed and revised on 12/11/19 by the Administrator, Director of Nursing, Medical Director, and Staff Educator to include an attestation statement by the employee and	12/30/19

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M 620	Continued From page 1 clean in a downward motion (front to back) and from center to thighs (center to side to side). b. Separate labia with non-dominant hand to expose urethral and vaginal openings; and wash area downward from front to back using clean surface of washcloth for each swipe. Note: If the resident has an indwelling catheter, gently wash the juncture of the tubing from the urethra down the catheter about three (3) inches. On 12/11/19 at 11:00 AM, an observation revealed Resident #41's catheter care was provided by Certified Nursing Assistant (CNA) #1. CNA #1 wiped back to front along the left labia major, back to front along the right labia major and back to front between the labia minor with each step of the cleaning process to include cleansing, rinsing and drying. CNA #1 grasped the Foley Catheter at the connection to the drainage bag tubing, instead of at the catheter insertion site at the meatus and wiped downward from the direction of the catheter insertion site three (3) times to include cleansing, rinsing, and drying the Foley Catheter tubing. On 12/11/19 at 11:10 AM, an interview with CNA #1 revealed she was taught to wipe back to front on females during catheter care. CNA #1 stated the catheter should be held by the connector to the drainage tubing to prevent the catheter from being pulled out during care. An interview with Registered Nurse (RN) #3/Staff Education Nurse, on 12/11/19, at 12:00 PM, revealed RN #3 stated females should be wiped from front to back during catheter care and the catheter should be secured at the meatus to prevent pulling it out with the bulb inflated, which could cause stretching of the urethra and increased risk of infection.	M 620	observer for the return demonstration of the competencies for perineal care. Inservice provided to all Licensed Nurses and Certified Nursing Assistants with return demonstration observed by the Staffing Educator from 12/17/19 through 12/19/19. All Certified Nursing Assistants and Licensed Nurses performed satisfactory catheter care upon return demonstration observed by the Staff Educator. 4. The Staff Educator will randomly select a resident with an indwelling catheter weekly for sixty days and observe the Certified Nursing Assistant assigned to that resident for proper catheter care. After this sixty day period, annual observation of catheter care with return demonstration will be conducted with all Licensed Nurses and Certified Nursing Assistants. Any trends or patterns will be presented to the Quality Assurance Performance Improvement Committee monthly times three months, then ongoing as issues are identified for any action needed.	

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M 620	Continued From page 2 Record review of the Perineal Care: Performance Checklist Female revealed,CNA #1 had completed a performance check off with an "Acceptable" grade conducted by RN #3 on 5/7/19. The performance evaluation included female catheter care per agency policy. Record review of the Medication Review Report, dated 12/11/19, revealed Resident #41 had an indwelling catheter, for wound/shin protection due to a stage 3 sacral wound, with a start date of 10/23/19. Record review of the Admission Record for Resident #41 revealed the resident was admitted by the facility, on 10/22/19, with a primary diagnosis of Encounter for Orthopedic Aftercare Following Surgical Amputation, and secondary diagnoses to include but not limited to Acquired Absence of Left Leg Above Knee, Unspecified Severe Protein Calorie Malnutrition, Pressure Ulcer of Sacral Region Stage 3, and Urinary Tract Infection. Record review of the Minimum Data Set (MDS) Admission Assessment with an Assessment Reference Date (ARD) of 10/29/10, revealed a Brief Interview for Mental Status Score of 99, and the Cognitive Skills for Daily Decision Making was coded a 3, which indicated severe cognitive impairment, never or rarely made decisions. The MDS also revealed Resident #41 was coded for the presence of an indwelling catheter (which included a suprapubic catheter and/or nephrostomy tube) .	M 620		
M 815	45.29.1 Safe Food Handling Procedures	M 815		12/30/19

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M 815	Continued From page 3 Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This Statute is not met as evidenced by: Level II Based on observation, staff interview, and facility policy review, the facility failed to discard out of date foods, provide proper sanitation during food handling, and properly clean cooking utensils as evidenced by expired food items in the refrigerator, prepping foods with contaminated gloves and cookware with heavy grease buildup for two (2) of two (2) kitchen tours. Findings include: Review of the facility's policy titled, "Food Storage Labeling", revised 10/2019, revealed the facility will ensure the safety and quality of food by following good storage labeling procedures. Procedure 3b. revealed foods stored in storage units will be surveyed routinely to identify and discard foods that have passed its manufacturer use-by-date or expiration date. Review of the facility's policy titled, "Dining Service Operational Standards for Purchasing, Cooking, and Storage", revised 10/2019, revealed the facility stores, prepares, distributes, and serves food under sanitary conditions to prevent the spread of food borne illness and reduce those practices that result in food contamination and comprised food safety.	M 815	1. On 12/11/19 at 11:30 am, One (1) five (5) pound opened Ricotta cheese container with a pinkish -orange film over the top of the cheese, expiration date 9/19 ; two (2) five (5) pound containers of Ricotta cheese with an expiration date of 11/13/19; one third of a quart of buttermilk, expiration date 12/8/19; one (1) five (5) pound container of cottage cheese, expired on 10/8/19 ; and two (2) five (5) pound containers of Pimento cheese, expired on 10-26-19 the expired foods identified were immediately removed from the refrigerator by the Dietary Manager. All food storage units were thoroughly assessed on 12/11/19 at 1:00 pm by the Dietary Manager, Registered Dietitian, and Administrator for manufacturer's use-by-date or expiration date and no other issues were identified. On 12/11/19, the Dietary Aide was immediately in-serviced by the Dietary Manager on proper sanitation techniques including handwashing, changing of contaminated gloves, and procedure for exiting and returning to the food preparation area. On 12/11/19 at 1:00 pm, the cookware- a large skillet, five large baking pans, and two small baking pans were removed from the kitchen immediately by the Dietary Manager. The Dietary Aides and Cooks were immediately educated by the Dietary	

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M 815	Continued From page 4 Procedure 6d. revealed to wash hands before handling food, after handling raw food, and after any interruption that may contaminate hands. Review of the facility's policy titled, "Manual Warewashing", revised 10/2019, revealed dining service pots and pans that cannot fit in a dish machine are cleaned and sanitized in the three-compartment sink. Procedure #2 revealed to rinse, scrape, and soak all items before washing. Procedure #3 revealed to use a brush, cloth, or nylon scrub pad to loosen remaining soil. An observation, of the kitchen on 12/9/19 at 11:20 AM, and a revisit on 12/11/19 at 11:15 AM, revealed the following out of date foods in the walk in refrigerator: One (1) five (5) pound opened Ricotta cheese container with a pinkish -orange film over the top of the cheese, expiration date 9/19 ; two (2) five (5) pound containers of Ricotta cheese with an expiration date of 11/13/19; one third of a quart of buttermilk, expiration date 12/8/19; one (1) five (5) pound container of cottage cheese, expired on 10/8/19 ; and two (2) five (5) pound containers of Pimento cheese, expired on 10-26-19. An interview, on 12/11/19 at 11:15 AM, with the Dietary Manager (DM), revealed it is everyone's responsibility to check dates, but ultimately it was her responsibility because she is the manager. The DM stated they need to be checking food expiration dates closer every day. She stated this could cause people to get sick. An observation, on 12/11/19 at 11:45 AM, with the Dietary Manager (DM) during the tray line prep, revealed the Dietary Aide (DA) prepping parsley in a large bowl that was to be placed on the lunch trays. The parsley was being stemmed. The DA	M 815	Manager and Staff Educator on the "Manual Warewashing" policy. 2. The facility has determined that sixty nine residents have the potential to be affected by this deficient practice. 3. On 12/13/19, the Administrator, Director of Nursing, Dietary Manager, Medical Director, and Staff Educator reviewed facility policies for "Food Storage Labeling", "Dining Service Operational Standards for Purchasing, Cooking, and Storage", and "Manual Warewashing". All policies were determined to meet the requirements and no revisions were needed. On 12/17/19, all dietary staff were in-serviced by the Dietary Manager and Staff Educator and completed a return demonstration competency check off on the facilities policies and guidelines for food storage labeling; dining service operational standards regarding sanitary conditions to prevent the spread of food borne illness and reduce those practices that result in food contamination and compromised food safety; and manual warewashing. A tray line and sanitation checklist will be utilized by the Dietary Manager and Registered Dietitian. Daily logs to monitor the proper food storage labeling and manual warewashing will be completed by the dietary staff. 4. The Dietary Manager will complete the tray line and sanitation checklist weekly for ninety days, the Registered Dietitian will complete the tray line and sanitation checklist monthly to ensure compliance with this requirement. After completion of	

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M 815	Continued From page 5 stemmed several pieces of parsley with gloves on then moved to another table and picked up the tray cards and a box of plastic wrap taking them back to prep table and started prepping the parsley again. He then assisted with the tray line by placing the parsley and tray cards on the plates and picking up the plate covers. The dietary aide did not change gloves and wash his hands at any time during this process. An interview, on 12/11/19 at 11:50 AM, with the dietary aide (DA),. confirmed his gloves were not clean when he touched the parsley. He stated this could cause illness or infection. An interview, on 12/11/19 at 11:55 AM, with the DM, revealed the DA should have changed his gloves and washed his hands before touching the parsley. The DM confirmed the DA's gloves were contaminated by touching the plastic wrap and the tray cards .She stated the only thing the DA should have been doing was putting the parsley on the trays. The DM stated she felt he was just nervous. An observation, on 12/11/19 at 12:05 PM, revealed a large skillet sitting on the stove with an approximate two (2) inch ring of dark brownish black build-up around the inside of the top of the skillet and the outer sides and bottom were thickly coated with a rough black build-up. The observation also revealed five (5) large and two (2) small baking pans coated on the outside and bottom with a dark brownish build-up. An interview, on 12/11/19 with the DM, revealed the skillet and the pans should be scrubbed to remove the burned-on grease. The DM stated it is possible that some of the black buildup on the skillet could come off in the food. She also stated	M 815	the ninety days, the Dietary Manager and Registered Dietitian will complete the tray line and sanitation checklist monthly and report findings to the Quality Assurance Performance Improvement Committee to address any actions as indicated.	

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M 815	Continued From page 6 the build up on the skillet and pans could cause a fire during cooking.	M 815		