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
	17SH	A. BUILDING: _____ B. WING _____	02/06/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

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M 000	Initial Comments The State Survey Agency (SA) conducted an annual recertification survey at the facility from 02/03/2020 to 02/06/2020. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm. The SA cited statutes at M190, M610 and M655. At the time of the survey, the census was 130, and the facility held a license for 140 beds.	M 000		
M 190	45.2.33 Restraint Restraint. The term "restraint" shall include any means, physical or chemical, which is intentionally used to restrict the freedom of movement of a person. This Statute is not met as evidenced by: Level II Based on record review, staff interview, and facility policy review, the facility failed to provide ongoing evaluation of a Resident #70's restraint, for one (1) of one (1) resident with a restraint. Findings include: Review of the facility's "Physical Restraint Guideline" policy, dated June 2017, revealed, Purpose: For each patient/resident to maintain his or her highest practical health or wellbeing in an environment that prohibits the use of restraints for discipline or convenience, and limits restraint use to circumstances in which the resident has medical symptoms that warrant the use of restraints. Process: The Interdisciplinary Team	M 190	- Center Registered Nurse Assessment Coordinator completed Physical Restraint Elimination Evaluation on Resident #70 on 2/5/2020. Restraint reduction was unsuccessful for Resident #70 on 2/5/2020. - Center Director of Nursing Services conducted a 100% audit of all restraint evaluation alerts in Point Click Care on 2/5/2020 to determine if further evaluation User Defined Assessments are deficient. There were no other deficiencies noted. - Center MDS coordinators educated by the Director of Clinical Education on 3/9/2020 related to completing all assessments required by policy during Quarterly, Comprehensive and change of resident condition assessments on all	3/10/20

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M 190	Continued From page 1 (IDT) care plan needs to address when the restraint is to be used, plans for alternative measures, periodic and routine evaluation for reduction of the device and continued need. When a patient/resident is determined to need a restraint, the Physical Restraint Elimination evaluation "UDA" will be completed at least on a quarterly basis or with a significant change in the patients/residents condition. This evaluation will assist in determining continued need or possible reduction/elimination. Review of Resident #70's "Order Summary Report" for February 2020, revealed an order dated 07/26/2016, "May use tray table to wheelchair when out of bed (OOB) to promote socialization and attend activities; Release every two (2) hours and as needed. Every two (2) hours for muscle weakness with abnormal body movements related to Spondylosis without Myelopathy or Radiculopathy, Lumbar Region release every 2 hours times (x) 15 minutes for incontinent care and exercise and every 2 hours as needed." Review of the Restraint Evaluation for Resident #70, in Point Click Care (PCC), revealed, "Next Evaluation Due: Restraint Evaluation 29 days overdue - 01/07/2020." A review of the Restraint Evaluation for Resident #70, revealed the last evaluation was completed on 10/09/2019. On 02/03/2020 at 12:40 PM, during an observation, Resident #70 was observed sitting in his wheelchair with a locked lap tray in place. On 02/05/2020, at 9:39 AM, during an interview with the Director of Nursing (DON), she	M 190	residents. - Center Administrator and Director of Nursing Services will discuss and audit all Resident Assessment alerts Monday through Friday in Daily Clinical Start-up starting 3/9/2020 for four weeks, then two times per week for three months to ensure an entire cycle of assessments are completed timely. Results of audits will be taken to center Quality Assurance Performance Improvement committee meeting for 4 months to ensure compliance. Any deficient practices identified will be discussed with plans for correction documented and implemented.	

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M 190	Continued From page 2 confirmed the Restraint Assessment was 29 days over due. The DON stated the last assessment was done on 10/09/2019. The DON revealed the assessment should be completed quarterly to determine if the restraint could be decreased and the goal would be to try to use the least restrictive restraint. The DON stated Therapy had worked with him in the past to reduce the restraint, but when they had attempted a trial removal of the lap tray, Resident #70 would try to jump up out of the chair. Record review of the Admission Record for Resident #70, revealed he was admitted by the facility on 03/22/2016, with diagnoses which included Postpolio Syndrome, Muscle Weakness, Unspecified Lack of Coordination, Specific Developmental Disorder of Motor Function, Abnormal Posture, Anxiety Disorder, Spondylosis without Myelopathy or Radiculopathy, Lumbar Region, Type 2 Diabetes Mellitus and Other Secondary Hypertension.	M 190		
M 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by:	M 610		3/10/20

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M 610	Continued From page 3 Level II Based on observation, staff interview, resident interview, family interview, record review and facility policy review, the facility failed to provide Activities of Daily Living (ADL) assistance, for four (4) of 26 residents, Residents #54, #76, #93, and #106. Findings include: The facility did not have a Policy and Procedure that addressed the different levels of assistance with Activities of Daily Living. Resident #54 During an observation and interview, on 02/03/2020 at 4:07 PM, Resident # 54 was observed sitting in the dining room. An observation of Resident #54's fingernails revealed they were long, jagged and dirty. Resident # 54's fingernails reveal nails on the left hand were approximately 1/2 to 3/4 inches long, thick, curled and with a black substance underneath the nails. Fingernails on the right hand were approximately 1/2 inches long, with jagged edges and a black substance under each nail. Resident #54 revealed he would like for someone to trim and clean his fingernails. On 02/04/2020 at 8:30 AM, an observation of Resident #54's hands revealed the fingernails on both hands were long, with jagged edges and a black substance underneath the nails. During an interview, on 02/04/2020 at 4:38 PM, Registered Nurse (RN) #2 confirmed Resident #54's fingernails were long, jagged, thick, and with a black substance under them. RN #2 revealed the Certified Nursing Assistants (CNA)	M 610	- Center DNS instructed staff on 2/4/2020 to make an appointment with a manicurist to have fingernails clipped for resident # 54. Center transported resident #54 to the manicurist on 2/5/2020 and nails were trimmed. Center DNS instructed nursing staff on 2/5/2020 to cut fingernails and toenails for resident #76. West Wing Registered Nurse Unit Manager soaked the resident□s nails and trimmed them on 2/5/2020. Center staff assisted resident #106 with toileting on 2/4/2020 when the matter was brought to the attention of RN #2. Center staff provided a bath for resident #93 on 2/3/2020. His fingernails were cleaned and he was received a shave. - DNS and RN Unit Managers conducted a 100% audit of center residents on 2/5/2020 related to nail care for fingernails and toenails on. Any residents found requiring nail care had their nails trimmed by 2/6/2020. DNS and RN Unit Managers Conducted a 100% rounding at 1:15 pm on 2/4/2020 to ensure that all call lights had been answered and resident received services as requested. Center Director of Nursing Services and RN Unit Managers conducted a 100% audit of all bath/shower alerts in the electronic medical record on 2/3/2020 to determine if other residents were	

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M 610	Continued From page 4 should have reported to Nursing the condition of the resident's nails. On 02/05/2020 at 10:25 AM, an interview with the Director of Nursing (DON), revealed Resident #54's fingernails had been trimmed and cleaned. Record review of Resident #54's Comprehensive Care Plan revealed a problem which addressed Activities of Daily Living self care deficit, with an intervention for nursing staff to perform nail care as needed. Record review of the Quarterly Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 12/10/2019, revealed Resident #54 required extensive assistance with personal hygiene. Resident #54 had a Brief Interview of Mental Status (BIMS) score of 13,which indicated cognitively intact. Resident #76 On 02/03/2020 at 3:38 PM, an observation of Resident #76's hands, revealed long fingernails, approximately 1/2 to 3/4 inches long, with a black substance under them. Resident # 76's right hand revealed his pinky finger was bent and contracted tightly to the palm of his hand, and the next three (3) fingers were are straight and tight over the pinky finger and against the palm of his hand and the thumb was not contracted. Resident # 76's left hand revealed the pinky finger was contracted downwards onto the palm of his hand, the index finger had a fingernail completely grown over the tip of the finger,and the thumb nail was thick, approximately 3/4 inches long, jagged and with a black substance under the nail. Resident #76 stated he needed his nails trimmed and cleaned. On 02/04/2020 at 10:20 AM, during an	M 610	documented as needing baths or showers. Residents noted with shower/bath alerts were offered a shower or bath. - Direct care staff educated by the Director of Clinical Education on 2/5/2020 related to providing Activities of Daily Living including nail care, answering call lights, providing peri-care and assistance and providing showers/baths timely and appropriately as outlined on residents Kardex driven by the resident care plan. - Center Administrator, Director of Nursing, Assistant Director of Nursing and RN Unit Managers will audit 25% of center residents weekly for four weeks then 10% of center residents for two months to ensure that Activities of Daily Living are being provided appropriately per the Kardex driven by the resident care plan. Results of audits will be taken to the center Quality Assurance Performance Improvement committee meeting for four months to ensure compliance. Any deficient practices identified will be discussed with plans for correction documented and implemented. Center Administrator and DNS will discuss and audit all resident bath/shower alerts Monday through Friday in Daily Clinical Start-up for four weeks, then two times per week for three months to ensure resident are receiving showers/baths timely. Results of audits will be taken to center Quality Assurance Performance Improvement committee meeting for four months to ensure compliance. Any deficient practices identified will be	

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M 610	Continued From page 5 observation, Resident # 76's fingernails revealed long, jagged fingernails, with a black substance under the nails. On 02/04/2020 at 2:30 PM, during an interview with Resident #76's spouse, she revealed that she had cut the resident's fingernails earlier, because they were in such bad shape. Resident #76's spouse confirmed the fingernails were long, jagged and very dirty. During an interview, on 02/06/2020 at 9:49 AM, Certified Nursing Assistant (CNA) #4 revealed she was assigned to Resident #76 and was aware of his long and dirty fingernails. CNA #4 revealed because Resident was a diabetic and his hands were contracted, she asked his wife to see if she could trim his nails. Record review of the Comprehensive Care Plan for Resident # 76, revealed a problem that addressed physical functioning deficit and self care impairment, with an intervention for nursing staff to provide nail care as needed. Record review of the Quarterly MDS Assessment, with an ARD of 12/20/2019, revealed Resident #76 required extensive assistance of one (1) person for personal hygiene. Resident #106 During an interview, on 02/04/2020 at 12:09 PM, Resident # 106 revealed she had been waiting a long time to be toileted. While surveyor was present in the room, Resident #106 call light was turned on from 12:47 PM until 01:00 PM (13 minutes), when CNA #3 came into the room to deliver the lunch tray. CNA #3 turned off the call light and left the room, without asking the resident if she needed assistance. Resident #106 turned	M 610	discussed with plans for correction documented and implemented.	

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M 610	Continued From page 6	M 610		

the call light on again. RN #2 walked by Resident #106's room, while her call light was on, to the food cart and preceded to remove a tray. Surveyor revealed to RN #2 that Resident #106 needed assistance. Resident #106 reported to RN #2 she needed to be toileted. RN #2 stated she would get someone to come and help her. At 1:10 PM, two (2) CNAs entered Resident #106's room to toilet her. Resident #106 stated to the CNAs, " I have been trying to get someone to come help me, but couldn't get anyone to come."

On 02/04/2020 at 12:45 PM, during an interview with RN #2, she revealed CNA #3 told her she needed help handing out the lunch trays, and that Resident #106's call light had been on for a long time. RN #2 revealed anyone should answer a call light, a nurse or any CNA. RN #2 stated a call light should be answered between three (3) to six (6) minutes.

On 02/06/2020 at 09:26 AM, an interview with CNA #3, revealed she did not see the call light at Resident #106's room going off for 13 minutes. CNA #3 revealed the reason she turned the call light off when she delivered Resident #106's lunch tray and didn't ask the resident why her light was on, was because she was passing trays and needed to get back to her trays. CNA #3 confirmed Resident # 106 needed assistance with toileting and had a history of falling when trying to transfer or toilet herself without assistance.

Record review of the Quarterly MDS Assessment, with an ARD of 1/15/2020, revealed Resident #106 required extensive assistance with transfers and toileting.

Resident #93
During an observation and interview, on

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M 610	Continued From page 7 02/03/2020 at 12:50 PM, Resident #93 revealed he had not been getting showers like he was supposed to. Resident #93 stated the staff would say they were short staffed, and would just wipe him down later. Resident #93 was noted to have long fingernails, with a brown substance under a few of them, and his beard was unshaven. A review of the facility's "Shower Schedule", effective 12/12/2019, revealed Resident #93 was scheduled to receive his showers on Tuesday, Thursday, and Saturday, on the 7 AM - 3 PM shift. The schedule documented, "All residents are expected to receive a shower unless they refuse. If Resident refuse a shower, notify the charge nurse." Review of Resident #93's Activities of Daily Living (ADL) grid sheet, documented he received a shower on Monday, 01/27/2020 at 10:46 AM; Wednesday, 01/29/2020 at 10:55 AM; and on Monday, 02/03/2020 at 12:43 PM, which were not his scheduled days for showers. There was not documentation of refusals. During an interview, on 02/05/2020 at 9:35 AM, the Director of Nursing (DON) revealed the facility did not have a policy for how often residents are to get a bath or shower. The DON stated the resident's shower preferences are put on the CNAs care giver guides, and they have shower schedules in place to refer to. The DON revealed the CNAs should carry the care giver guides in their pockets for reference. A review of Resident #93's Significant Change MDS Assessment, with an ARD of 01/10/2020, revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated cognitively	M 610		

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M 610	Continued From page 8 intact.	M 610		
M 655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This Statute is not met as evidenced by: Level II Based on observation, resident interview, staff interview, record review, and facility policy review, the facility failed to provide storage and cleaning of respiratory equipment to in a manner to prevent potential spread of infection for one (1) of 20 residents reviewed with respiratory equipment, Resident #99. Findings include: The facility did not provide a policy to address cleaning and/or storage of respiratory equipment. On 02/03/2020 at 11:55 AM, during initial tour, an observation was made of Resident #99's nebulizer machine, mask, and tubing laying on her bedside chair, dated 01/10/2020, and uncovered. During an observation and interview, on 02/03/2020 at 2:15 PM, the Director of Nursing (DON), was brought to the room to view the	M 655	- Center Director of Nursing removed the nebulizer equipment from the room of Resident #99 on 2/3/2020 and took it to be cleaned and stored properly. - Center Director of Nursing, Assistant Director of Nursing and Registered Nurse Unit Managers audited 100% of residents using nebulizer equipment on 2/3/2020 to ensure that there were orders indicating how often nebulizer equipment tubing should be should be dated, changed and/or stored. - Center Director of Clinical Education provided education to center staff on 2/10/2020 related to entering orders for nebulizer equipment tubing and masks changing and/or storage. Education was also provided on 2/10/2020 related to following orders for nebulizer equipment tubing and masks related to dating and changing as ordered. - Administrator, Director of Nursing and	3/10/20

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M 655	Continued From page 9 uncovered nebulizer equipment, dated for 01/10/2020. The DON removed nebulizer and tubing from the room. The DON stated, "They are to be changed every seven (7) days and as needed if they get soiled. This should have been changed three (3) times since then (01/10/2020) and wasn't." During an interview with the DON, on 02/03/2020 at 3:10 PM, she revealed the the facility did not have a written policy for changing nebulizer masks and tubing, but they are ordered to be changed every seven (7) days, dated, and placed in a plastic bag for storage. Review of the "Order Summary Report" for Resident #99, dated 02/04/2020, revealed an order for Ipratropium-Albuterol Solution 0.5-2.5 (3) milligrams/milliliter (MG/ML) 1 inhalation - inhale orally as needed for congestion - 3 ml inhalation for nebulizer treatment. There was not an order to indicate how often nebulizer equipment should be changed and/or stored.	M 655	Assistant Director of Nursing will audit all nebulizer equipment in use beginning 3/9/2020 weekly for four weeks and will check 50% of equipment in use weekly for two additional months to ensure compliance. Results of audits will be taken to center Quality Assurance Performance Improvement committee meeting for four months to ensure compliance. Any deficient practices identified will be discussed with plans for correction documented and implemented.	