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
	06OG	A. BUILDING: _____ B. WING _____	03/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK GROVE RETIREMENT HOME	209 OAK CIRCLE/P. O. BOX 198 DUNCAN, MS 38740

(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 (SA) conducted an annual recertification survey, at the facility, from 03/09/2020 to 03/12/2020. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards for the Aged or Infirm requirements of participation and cited M735. At the time of the survey, the facility had a census of 57, and held a license for 60 beds.	M 000		
M 735	45.25.1 Medical Records Management Medical Records Management. 1. A medical record shall be maintained in accordance with accepted professional standards and practices on all residents admitted to the facility. The medical records shall be completely and accurately documented, readily accessible, and systematically organized to facilitate retrieving and compiling information. 2. A sufficient number of personnel, competent to carry out the functions of the medical record service, shall be employed. 3. The facility shall safeguard medical record information against loss, destruction, or unauthorized use. 4. All medical records shall maintain the following information: identification data and consent form; assessments of the resident's needs by all disciplines involved in the care of the resident; medical history and admission physical exam; annual physical exams; physician or nurse practitioner/physician assistant orders; observation, report of treatment, clinical findings	M 735		4/21/20

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M 735	Continued From page 1 and progress notes; and discharge summary, including the final diagnosis. 5. All entries in the medical record shall be signed and dated by the person making the entry. Authentication may include signatures, written initials, or computer entry. A list of computer codes and written signatures must be readily available and maintained under adequate safeguards. 6. All clinical information pertaining to the residents stay shall be centralized in the resident's medical records. 7. Medical records of discharged residents shall be completed within sixty (60) days following discharge. 8. Medical records are to be retained for five (5) years from the date of discharge or, in the case of a minor, until the resident reaches the age of twenty-one (21), plus an additional three (3) years. 9. A resident index, including the resident's full name and birth date, shall be maintained. This Statute is not met as evidenced by: Level II Based on staff interview, record review, and facility policy review, the facility failed to develop a care plan to address the use of an anticoagulant, for one (1) of 15 resident care plans reviewed, Resident #53. Findings include:	M 735	45.25.1 Medical Records Management (MS Long Term Care Regs) Bullet 1. Correction actions accomplished for alleged deficient practice: A. On 3/11/2020, a 100% audit was done by the Director of Nursing and Care Plan Nurse on anticoagulant medicines in	

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M 735	Continued From page 2 A review of the facility's "Care Plans - Comprehensive" policy, revised September 2010, revealed: "An individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident." Record review of the March "Physician Orders" for Resident #53, revealed an order for the anticoagulant, Eliquis 5 milligrams (mg) by mouth (PO) twice a day (BID) for stroke prevention, with an order date of 01/22/2018. A review of the February and March 2020 Medication Administration Record (MAR) for Resident #53, revealed, Eliquis was being administered twice a day as ordered by the physician. Review of Resident #53's comprehensive care plan, revealed, there was not a care plan to address the use of an anticoagulant. A review of Resident #53's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/21/2020, revealed, Section N0410E (Medication received), was coded to indicate the resident received an anticoagulant for seven (7) days, during the lookback period for this assessment. During an observation, on 03/11/2020 at 9:37 AM, revealed, Resident #53 had no abnormal bruising or bleeding noted. An interview, with the Director of Nursing (DON) and Registered Nurse (RN) #1/MDS Assessment Nurse, on 03/11/2020 at 10:20 AM, revealed, Resident #53 was receiving Eliquis twice a day,	M 735	the facility to address the use of an anticoagulant. B. On 3/11/2020, a 100% completion of Care Plan was done by the Care Plan Nurse on all Residents being administered anticoagulant medicine, including Resident #53, to address the use of an anticoagulant. C. On 3/11/2020, the Administrator and the Director of Nursing located and reviewed Policy on Care Plans to ensure compliance with regulation, including Resident #53. D. On 3/11/2020, a 100% body audit was completed on all Residents by the Assistant Director of Nursing noted to be on anticoagulant drug therapy, including Resident #53. E. On 3/11/2020, the Medical Director was notified by the Director of Nursing of Care Plans and current orders reviewed by the Director of Nursing. F. On 3/11/2020, Resident #53 was assessed and had no abnormal bruising or bleeding upon review by the Assistant Director of Nursing. G. On 04/02/2020, 4/9/2020, and 4/16/2020, Resident #53 had no abnormal bruising or bleeding upon review by the Assistant Director of Nursing. Bullet 2. All residents have potential to be affected by this deficient practice.	

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M 735	Continued From page 3 and should have had a care plan for the anticoagulant, but it was not included. A review of the facility's "Face Sheet" for Resident #53, revealed, she was admitted by the facility, on 08/02/2012, with diagnoses which included Psychotic Disorder with Hallucinations, Anxiety Disorder, Essential Hypertension, and Paroxysmal Atrial Fibrillation.	M 735	Bullet 3. Measure put in place to ensure the alleged deficient practice does not reoccur. A. On 3/11/2020, an in-service was completed with all nursing staff and Certified Nursing Assistants by the Director of Nursing on anticoagulants and the side effects of anticoagulant. B. On 3/11/2020, all nursing staff, the Direct of Nursing, and Care Plan Nurse was in-serviced by the Administrator of the importance of addressing all Residents on anticoagulant therapy, with weekly skin assessment, prn skin assessment, skin issues, notification of Medical Director, labs as directed and proper care plans. C. On 3/11/2020, the Treatment records will be reviewed by the Assistant Director of Nursing for proper documentation on skin audit. D. The Medication records will be reviewed by the Director of Nursing and Charge Nurses monthly for proper anticoagulant order. E. All written orders to be reviewed Monday thru Friday by the Director of Nursing beginning, 3/11/2020. F. Care plans will be updated Monday thru Friday by the Care Plan Nurse beginning, 3/12/2020. Bullet 4. The Director of Nursing will review orders Monday thru Friday in	

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M 735	Continued From page 4	M 735	morning meeting. All orders will be given to the Care Plan Nurse for proper care planning. The Director of Nursing is responsible to ensure all orders have been transcribed correctly. The Director of Nursing will monitor this deficient practice beginning 3/16/2020, weekly Monday thru Friday x eight weeks and then two weeks x four and then monthly. The Director of Nursing will report finding to the Quality Assurance Committee on a quarterly basis. Quality Assurance will review findings and make recommendations for changes and/or revisions as needed.	