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
	43SC	A. BUILDING: _____ B. WING _____	10/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER CROSS HEALTH & REHAB	503 SILVER CROSS DRIVE BROOKHAVEN, MS 39601

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M 000	Initial Comments The State Agency (SA) conducted a licensure survey from 10/7/19 through 10/10/19. During the survey the SA determined the facility was not in compliance with the Minimum Standards for the Age and Infirm. The SA cited M620 and M815. The State Agency (SA) investigated one (1) complaint (CI) MS #16286, involving allegations of resident abuse and dignity. Upon investigation, the SA could not substantiate any alleged abuse or dignity issues regarding these matters. At the time of the survey, the census was 55 and the facility held a license for 60 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, staff interviews, record review, and facility policy review, the facility failed to provide catheter care in a manner to prevent possible trauma for one (1) of two (2) resident catheter care observations, Resident #28. Findings include: A review of the facility's policy titled "Catheter Care", with an effective date of 3/6/15, revealed catheter care shall follow the facility guidelines.	M 620	*On 10/7/19, Certified Nursing Assistant #1 and Certified Nursing Assistant #2 for 7am-3pm shift assigned to resident #28 were in-serviced on catheter care and applying catheter leg strap by Staff Educator Registered Nurse. On 10/7/19, catheter leg strap was applied to resident #28 per assigned 7am-3pm Certified Nursing Assistants. On 10/9/19, resident #28 discharged home from facility after completion of rehab services. *All residents requiring an indwelling foley	11/25/19

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M 620	Continued From page 1 A review of Perry and Potter Eighth Edition, page 590, revealed to avoid placing tension on the catheter. On 10/08/19 at 2:45 PM, observation revealed Certified Nursing Assistant (CNA) #2 and CNA #1 set up to perform catheter care on Resident #28. Both CNA #1 and CNA #2 washed their hands, applied clean gloves, and began care. When CNA #1 unfastened Resident #28's brief, the resident did not have a securing device in place to either of his thighs. On 10/07/19 at 10:59 AM, an observation revealed, Resident #28 awake, alert and sitting in his wheelchair. Resident #28 was observed to have a catheter drainage bag strapped to his right lower leg. A record review of the physician orders, dated 9/27/19, indicated an order for a leg bag during the day and large bag at night. An order dated 9/19/19, revealed orders for a Fig Leaf Bag in place for privacy, leg strap in place Q shift: Catheter bag should always be below the level of the bladder. On 10/09/19 at 9:05 AM, an interview with CNA #1 revealed, there was not a catheter securing device in place to the Resident 28's thigh areas. On 10/09/19 at 9:10 AM, an interview with CNA #2 revealed there was not a securing device in place to the resident's thigh areas. On 10/09/19 at 9:36 AM, an interview with the Director of Nursing (DON) revealed the resident not having a securing device could cause tension on the catheter.	M 620	catheter have the potential to be affected by this deficient practice. There are currently two residents with indwelling an foley catheter in the facility. *On 10/14/19-10/25/19, all Certified Nursing Assistants and all nursing staff were in-serviced by Staff Educator Registered Nurse on following catheter care and applying catheter leg strap. On 10/14/19-11/1/19, all Certified Nursing Assistants performed catheter care skills check offs with Staff Educator Registered Nurse. Beginning 11/1/19, Staff Educator Registered Nurse will perform skills check offs with three Certified Nursing Assistants weekly for four weeks then monthly thereafter for two months. Beginning 10/14/19, Quality Assurance Registered Nurse will audit catheter leg straps to ensure placement of catheter leg straps weekly for four weeks then monthly for two months. *Any discrepancies will be brought to Quality Assurance Committee monthly by Quality Assurance Registered Nurse. The Quality Assurance Committee will make recommendations and/or changes as needed to ensure compliance.	

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M 620	Continued From page 2 On 10/09/19 at 10:05 AM, an interview with RN #1 revealed CNA #1 and CNA #2 should have ensured a securing device on the catheter tubing, to prevent tension from being on the catheter tubing, and to prevent "tugging" on the catheter tubing.	M 620		
M 815	45.29.1 Safe Food Handling Procedures 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 observations, staff interviews, record review, and facility policy review, the facility failed to store foods in a manner to prevent possible contamination and failed to remove expired food and milk from the refrigerator and milk cooler. Findings Include: A review of facility policy revealed that the first priority should be obtaining and documenting the temperatures for the freezer, refrigerator milk cooler when starting the morning shift. If temperatures are above the recommended 41 degrees Fahrenheit (F) for the refrigerator and milk cooler when starting the shift. If temperatures are above the recommended 41 degrees F for the refrigerator or milk cooler, zero (0) degrees F for the freezer, contact maintenance immediately. All foods should be covered, labeled, and dated. Products should	M 815	*On 10/7/19, thermometer was immediately placed in freezer by Dietary Manager. On 10/7/19, Dietary Aide #2 was in-serviced by Dietary Manager on freezer temperatures, ensuring thermometer in all freezers and refrigerators, and accurate documentation of freezer and refrigerator temps. On 10/7/19, dented cans were removed by Dietary Manager. On 10/8/19, half plastic carton of molded strawberries were removed from refrigerator by Dietary Manager. *All residents have the potential to be affected by this deficient practice. *On 10/10/19, all dietary personnel were in-serviced by Dietary Manager and Regional Supervisor for contracted dining services on expired milk, thermometers in all freezers and refrigerators, accurate documentation of freezer and refrigerator	11/25/19

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M 815	Continued From page 3 also be assessed to assure there is no spoilage (sour smell or taste, mold, etc.) and that expiration dates are reasonable, so that products can be used in a timely fashion. Expired milk will be separated. It will be labeled that milk is expired with signage and staff will be alerted. If a freezer does not have a thermometer, staff will immediately notify the Dietary Manager. The thermometer should be checked at least twice each day. Do not record temperatures if there is not a thermometer in the freezer. Inspect all canned foods upon on delivery. Remove any dented cans and place dented cans in the designated area labeled dented cans. On 10/07/19 at 10:10 AM, an initial tour of the kitchen revealed a freezer without a thermometer in it. It contain two (2) boxes of frozen biscuits and four (4) plastic bags of rolls. The temperature log sheet had recordings done for 10/07/2019 AM and PM. While checking canned goods, observation revealed two (2) dented cans of vegetables that had not been moved to the dented area of the kitchen. A check of the refrigerator revealed a half plastic container of strawberries with mold and the container had no date. The milk cooler contained two (2) crates of out-dated milk, 32 cartons of 2 percent (%) dated 10/4/19, and three (3) cartons 2% milk dated 10/5/2019. There were seven (7) chocolate milk cartons dated 10/4/2019, and four (4) fat free milk dated 10/7/2019. On 10/07/2019 at 10:55 AM, an interview with the Dietary Manager (DM) revealed she removes spoiled food from the refrigerator on Monday and Thursday before the food truck comes. The DM stated expired milk is to be left in the milk cooler, in a separate crate, until the milkman comes to pick it up.	M 815	temperatures, dates labeled on open food items, and dented cans. Beginning 10/14/19, Dietary Manager to audit for expired milk, thermometers in all freezers and refrigerators, accurate documentation of freezer and refrigerator temperatures, dates labeled on open food items, and dented cans daily Monday through Friday for two weeks, weekly for 4 weeks, then monthly thereafter for two months. *Any discrepancies will be brought to Quality Assurance Committee monthly by Dietary Manager. The Quality Assurance Committee will make recommendations and/or changes as needed to ensure compliance.	

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M 815	Continued From page 4 On 10/07/2019 at 11:10 AM, an interview with Dietary Aide #2 revealed he did not see a thermometer in the biscuit freezer. He stated, "I was in a rush and I just wrote something down for the AM and PM temperature". On 10/08/2019 at 1:08 PM, a tour of the kitchen revealed the half plastic carton of molded strawberries remained in the refrigerator, with no date. On 10/08/2019 at 10:50 AM, an interview with the DM revealed she estimated the thermometer had been missing since last Friday (10/4/2019). She stated the staff have been trained to inform her of missing thermometers and not to document falsely on temperature logs. She stated that her dish washing staff are responsible for checking temperatures and documenting them. She confirmed she forgot to take out the molded strawberries and write a date on them when she opened them. She stated she did not see the dented cans, if she had she would have moved them to the dented can sections in the storage area. She stated she usually does an in-service monthly. She also stated expired milk can cause the residents to be served sour milk. She stated that she should have removed the expired milk from the milk cooler. On 10/09/2019 at 11:08 AM, an interview with Dietary Aide #2 revealed he has had in-services on monitoring temperatures in the freezer and refrigerator. He also stated it was a long morning and he was in a rush to get things done. He stated that he can not recall the last time they had in-services. He confirmed that he should have contacted the Dietary Manager about the missing thermometer.	M 815		

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M 815	Continued From page 5 On 10/10/19 at 10:53 AM, an interview with the Administrator revealed the expired milk should have been removed from the milk cooler and the dented cans should have been removed from the can storage area; that the refrigerator items should be checked and removed daily. The Administrator stated falsifying temperature logs can effect the residents well being. He stated that the food not stored properly can potentially effect the well being of the residents. He also stated oversight issues has a potential to cause harm to the residents.	M 815		