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
	53SM	A. BUILDING: _____ B. WING _____	C 10/23/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STARKVILLE MANOR HEALTH CARE AND REH	1001 HOSPITAL ROAD STARKVILLE, MS 39759

(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) determined during an annual licensure survey, conducted from 10/20/19 to 10/23/19, along with complaints, MS #16161, MS #16246, and MS #16293, the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm, and cited deficiencies at M610, unrelated to the complaints. The SA substantiated MS #16293, related to the complaint for environment and staffing, and cited M1010. The SA did not substantiate MS #16161, related to Quality of Care or MS #16246, for Quality of Care and misappropriation. The census at the time of the survey was 106 with a bed capacity of 119.	M 000		
M1010	45.35.1 Housekeeping Facilities and Services Housekeeping Facilities and Services. 1. The physical plant shall be kept in good repair, neat, and attractive. The safety and comfort of the resident shall be the first consideration. 2. Janitor closets shall be provided with a mop-cleaning sink and be large enough in area to store house cleaning supplies and equipment. A separate janitor closet area and equipment should be provided for the food service area. This Statute is not met as evidenced by: CI MS #16293 Level II CI MS #16293 Based on observation, staff interview, resident interview, and facility policy review, the facility	M1010	1. On 10/20/19, upon initial tour, the Executive Director (ED) was notified by the surveyors of the failure to ensure a sanitary/safe environment free of odors, for two (2) of four (4) halls, (A Long and A Short), and the building entrance during the initial tour of the facility as evidenced	11/8/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/07/19

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M1010	Continued From page 1 failed to ensure a sanitary/safe environment, free of odors, for two (2) of four (4) halls, (A Long and A Short), and the building entrance, during the initial tour of the facility. This was evidenced by odors of urine/feces, overflowing linen barrels, and debris on a resident's floor. Findings Include: A review of the facility's policy, "Hospitality Services", dated 11/30/14, revealed: Policy, Standards for routine cleaning of all interior spaces will be followed, including, but not limited to patient rooms, patient and public baths, tub and shower rooms, closets, utility rooms, offices, diet kitchens, storage spaces, TV and sitting rooms. Procedure: The Hospitality Services Supervisor will: Ensure the cleanliness of all interior areas indicated above. Upon entrance to the front door of the building, on 10/20/19 at 1:00 PM, there was a strong odor of urine. Strong odors of urine were also noted at the end of A hall short. On 10/20/19 at 1:10 PM, an observation of a linen barrel was overflowing with dirty, soiled linens at the end of the hallway, by room A1. Dirty gloves and garbage bags were also observed sitting in the floor of the room and bathroom of room A2A, along with a broken razor and urinal lying on the floor. On 10/20/19 at 1:30 PM, during the initial tour, an observation of A Long Hall revealed urine and bowel movement odors down the hallway, more pronounced at the end of the hall. On 10/20/19 at 2:00 PM, an interview with a resident, who wished to remain anonymous, stated, "Normally this place smells like shit, but when y'all walked in they started spraying air	M1010	by odors of urine/feces, overflowing linen barrel, and debris on a resident's floor. On 10/20/19, upon notification of not ensuring a sanitary/safe environment, the ED had the housekeeping staff clean two (2) of four (4) halls, (A Long and A Short), and the building entrance of the facility to reduce the odors. On 10/24/19, a Root Cause Analysis (RCA) was completed by the Quality Assurance Performance Improvement (QAPI) Committee on ensuring a sanitary/safe environment. 2. Other residents residing in the facility have the potential to be affected by this alleged deficient practice. On 10/20/19, the ED and the Director of Nurses (DON) conducted a facility wide observation Quality Review to ensure a sanitary/safe environment and that the facility was cleaned as previously stated. Follow up based on findings. 3. On 10/20/19, the Assistant Director of Nurses (ADON) initiated education with housekeeping staff, licensed nurses, and Certified Nursing Assistants (CNAs) regarding ensuring a sanitary/safe environment. On 11/07/19, education was completed. Newly hired staff will be educated by the ADON on ensuring a sanitary/safe environment. 4. On 10/24/19, the ED/DON will conduct a Quality Monitor to ensure a sanitary/safe environment for five (5) times weekly for two (2) weeks, then for six (6) months. Any negative findings will be corrected immediately and for six (6) months Quality Review results will be submitted monthly	

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M1010	Continued From page 2 freshener and it smells a little better now." A visitor, who wished to remain anonymous, stated he visits often and the anonymous resident was telling the truth about the odors. On 10/20/19 at 2:30 PM, an interview with Certified Nursing Assistant (CNA) #1 revealed she really could not smell any odors. The CNA stated she had worked in the area so long that she just does not notice it anymore. On 10/20/19 at 2:40 PM, an interview with the Administrator revealed A Long Hall is the worse hall in the building as far as odors. The Administrator confirmed A Hall smelled of urine and feces. The Administrator stated there were three (3) Housekeeping staff in the building and this was the normal amount for day shift. On 10/20/19 at 3:00 PM, an interview with Resident #60 revealed he had noticed odors in the building. Resident #60 stated, "Sometimes it's worse than others". He stated he couldn't identify what the odor was, but it wasn't pleasant. He stated staff will sometimes spray some stuff that helps with the odors. On 10/21/19 at 10:42 AM, an interview with the Housekeeping Supervisor (HS) revealed she didn't know what happened with the crew that was working yesterday. The HS stated normally she will have some full time staff on the weekend, but does supplement with PRN (as needed) staff on the weekends. She stated when she came in yesterday, she smelled the urine odors which were worse on the Long Hall of A unit. The Supervisor stated she, along with her staff on duty, started working to remove the odors from the building.	M1010	to the QAPI Committee for the Interdisciplinary Team (IDT) to review. The IDT will use RCA to update the Performance Improvement Plan (PIP) as indicated by findings.	

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M1010	Continued From page 3 An Interview on 10/23/19 at 10:45 AM, with Certified Nursing Assistant #2 (CNA), revealed she rotated to help on different halls. She confirmed that she was working on A Hall short on 10/20/19, and she did notice urine odors on the hall. She stated there is a resident on A hall who tried to empty his own catheter bag, and he had poured urine in the floor. She confirmed the linen barrel was overflowing with dirty linens at the end of A Hall Short. CNA #2 stated the shower aids usually take the barrels out to the laundry department, but they were just busy.	M1010		