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
	78WH	A. BUILDING: _____ B. WING _____	01/16/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEBSTER HEALTH SERVICES NURSING FACI	70 MEDICAL PLAZA EUPORA, MS 39744

(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 a recertification survey from 1/13/2020 to 1/16/2020. 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 M500 and M655. The census at the time of entrance was 34, and the facility was certified for 36 beds.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his	M 500		3/12/20

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M 500	Continued From page 1 medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the	M 500		

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M 500	Continued From page 2 facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail	M 500		

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M 500	Continued From page 3 unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level II Based on observation, staff interview, and facility policy review, the facility failed to ensure resident's right to maintain personal information in	M 500	*On 1/16/2020, all present licensed staff were instructed by Director of Nursing to ensure resident□s privacy is maintained during medication administration by locking computer screen when not at cart or when others have potential to view	

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M 500	Continued From page 4 a private manner during medication pass observation for two (2) of five (5) residents observed during medication pass. Resident #14 and Resident #31. Findings include: Review of the facility's policy titled, "Resident Rights: Privacy and Confidentiality", review date of April 8, 2019, revealed the rational was to provide guidelines to help preserve and protect a resident's confidentiality and privacy. It was the policy of Long Term Care that resident's confidentiality and privacy should be protected. The policy procedure revealed residents have the right to confidentiality for his/her personal and clinical records. Resident #14 An observation, on 1/14/2020 at 8:55 AM, during the medication pass observation revealed Licensed Practical Nurse (LPN) #3 left the computer screen up and open with pertinent resident information on Resident #14 visible while she was in the resident's room administering medications. During the remainder of the medication pass, the screen was tilted downward when the nurse was away from the cart, but resident information was not protected. Depending on the degree the screen was tilted down, the information remained on the screen or the screen blacked out and resident information readily reappeared when the screen was lifted. An interview, on 1/16/2020 at 11:48 AM, with LPN #3, confirmed she did not close the computer screen while she was in Resident #14's room. LPN #3 confirmed that anyone could have seen the resident's information. She stated she usually	M 500	screen. *All residents have the potential to be affected by this deficient practice. *On 1/16/2020, the Information Technology Department was consulted regarding the need of screen locking option during medication pass. Locking option was shared on 1/16/2020 and instructions for screen locking option were posted on unit 1/16/2020. Nursing staff now has the ability to lock screen without losing data. On 1/16/2020, education was provided to all present nursing staff regarding locking options and protecting residents' privacy including policy entitled "Resident Rights: Privacy and Confidentiality." This information also was shared with other nursing staff prior to their next scheduled shifts. All nursing staff including full-time, part-time, and "as needed" staff was educated by February 14, 2020. *Registered Nurse or clinical lead will observe medication administration to ensure resident's privacy is protected for two times per week for 8 weeks and then monthly thereafter beginning on 1/16/2020. Any observed deficiencies will be immediately corrected and reported to Performance Improvement Committee quarterly for additional follow-up.	

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M 500	Continued From page 5 pushes the screen down to hide it but she did not think about the possibility of anyone being able to raise the screen and see the information. LPN #3 stated she guessed they needed to figure out how they could log off or sign out when giving medications. An interview, on 1/16/2020 at 12:00 PM, with the Administrator (ADM) confirmed the resident's information was not protected and data could have been viewed by people who should not be seeing it. The ADM stated this was a HIPAA (Health Insurance Portability and Accountability Act) issue. Resident #31 An observation, on 01/14/2020 at 8:27 AM, during the medication pass observation for Resident #31, revealed LPN #2 closed the computer screen approximately 50% and did not activate the privacy screen. Resident #31's pertinent and confidential information was visible while LPN #2 was away from the medication cart.	M 500		
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	M 655	*On 1/15/2020, staff immediately changed all oxygen nebulizer tubing and provided	3/12/20

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M 655	Continued From page 6 Based on observation and staff and resident interview, the facility failed to store respiratory equipment in a manner to prevent the possibility of infection and/or contamination for two (2) of four (4) residents reviewed for respiratory treatments. Resident #27 and Resident #33. Findings include: Resident #27 On 01/13/2020 at 2:07 PM, an observation revealed Resident #27's nebulizer mask was hanging on the oxygen flow meter and not stored in a bag. Follow-up observations, on 01/14/2020 at 3:11 PM and 1/15/2020 at 10:40 AM, revealed Resident #27's oxygen cannula was hanging over the bedside table and the nebulizer mask was hanging on the oxygen flow meter. Neither were stored in bags. On 01/15/2020 at 4:40 PM, an observation with the Director of Nursing (DON), revealed Resident #27 had her oxygen in use, but her nebulizer mask was hanging on the flow meter. On 01/15/2020 at 4:42 PM, an interview with the DON revealed the staff administering the treatments are responsible for storing the oxygen cannulas and masks. She stated they should be sealed in a plastic bag when not in use. The DON stated this could be a concern due to infection control issues and could be a concern for tripping and falls. Resident #33 During an observation and interview, on	M 655	protective bags to be used when tubing not in use by residents. On 1/15/2020, education was provided to cognitively intact residents requiring oxygen on the proper handling and storage of respiratory tubing and nebulizer apparatus. Present nursing staff was educated on 1/15/2020 on the proper handling and storage of respiratory tubing. *All residents receiving oxygen or nebulizer treatments have the potential to be affected by this deficient practice. *Policy was reviewed and revised on 1/15/2020 to specify: Oxygen tubing including nebulizer tubing, Continuous Positive Airway Pressure (CPAP) tubing, and any other oxygen device should be stored in separate protective bags when not in use. Bags are to be changed weekly beginning on 1/15/2020, dated beginning on 1/15/2020, and initialed when tubing and humidifiers or other respiratory devices are changed beginning on 1/15/2020. When the resident is not using the oxygen or nebulizer, but is still under an as needed order, the device will be changed out and stored in its original package, attached to the resident□s flowmeter through a tiny opening in the original package. Once the device is in use, it will again be changed on a weekly basis. Staff has been educated regarding proper storage of oxygen tubing when not in use beginning on 1/15/2020. Staff will assist residents with the handling	

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M 655	Continued From page 7 01/13/2020 at 12:05 PM, Resident #33 stated she had been receiving respiratory treatments for Pneumonia several days ago. An observation at this time revealed Resident #33's nebulizer and tubing was hanging from the oxygen flowmeter in Resident #33's room. The tubing and nebulizer were not in a bag. An observation, on 01/14/2020 2:30 PM, revealed Resident #33's nebulizer and tubing continued to hang from the oxygen flowmeter without being in bag. An observation, on 01/15/20 at 2:58 PM, revealed Resident #33's nebulizer and tubing continued to hang from the flowmeter without being stored in bag.	M 655	of oxygen tubing when needed beginning on 1/15/2020. Cognitively intact residents who use oxygen and nebulizers that may choose to remove tubing themselves have been educated on 1/15/2020 regarding proper use and storage of tubing when not in use and are encouraged to ask staff for assistance. In-service was conducted on 1/15/2020 with all nursing staff regarding revised policy for proper handling and storage of respiratory tubing. Education was completed for all nursing staff including full-time, part-time, and "as needed" employees by February 14, 2020. *Registered Nurses or clinical lead will observe the handling and storage of oxygen tubing and other respiratory devices for two times per week for 8 weeks and then monthly thereafter beginning on 1/16/2020. Any observed deficiencies will be immediately corrected and reported to Performance Improvement Committee quarterly for additional follow-up.	