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
	30RC	A. BUILDING: _____ B. WING _____	03/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER CHASE VILLAGE	5090 GAUTIER VANCLEAVE ROAD GAUTIER, MS 39553

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey from 03/10/2020 through 03/12/2020. During the survey, the SA determined the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm. The SA cited the state statutes at M620 and M815. At the time of the survey, the facility was licensed for 60 beds, and had a census of 51.	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, interview, record review, and facility policy review, the facility failed to provide care in a manner to prevent infection and trauma to the meatus during catheter/incontinent care for three (3) of four (4) incontinent observations, Resident #28, Resident #14, and Resident #35. Findings include: Review of the facility's "Indwelling Urinary Catheter Care" policy, undated, revealed: "Providing good catheter care is important because the presence of the catheter in the urethra provides a pathway for bacteria to travel up from the perineum into the bladder." The	M 620	1. Resident #35 was assessed by the Director of Nursing(DON) on 3/12/2020 to ensure no distress or negative side effects evident due to failing to provide proper catheter/incontinent care in a manner to prevent infection and trauma to the meatus. Certified Nursing Assistant(CNA)#3 was counseled by the Director of Nursing(DON) on 3/12/2020 to ensure proper catheter/incontinent care to include catheter securement device for Resident #35. Director of Nursing(DON) and Registered Nurse(RN)#1 placed catheter securement device on Resident #35 on 3/11/2020. Resident #28 was assessed by Director of Nursing(DON) on 3/12/2020 to ensure no distress or negative side effects evident due to failing	3/30/20

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M 620	Continued From page 1 policy's procedure revealed to use a different area of the wash cloth/perineal wipe after each wipe and to clean four (4) inches of catheter away from the resident, holding the tubing close to the meatus to prevent tension. The policy further revealed, to ensure the catheter tubing is secured to the leg. A review of the facility's "Perineal Care" policy, undated, revealed, when cleaning a female resident, separate the labia, clean front to back using downward strokes and use a clean area of the cloth for each downward motion. The policy revealed to wash hands thoroughly and apply gloves prior to beginning care. The policy further revealed the purpose for providing perineal care for the resident was to help prevent skin breakdown, itching, burning, odor and infections, as well as provide comfort to the resident. Resident #35 During an observation of catheter care for Resident #35, on 03/11/2020 at 2:25 PM, with Certified Nursing Assistant (CNA) #3, it was noted Resident # 35 did not have a leg strap in place to secure the urinary catheter. During the care, CNA #3 cleaned the catheter tubing downward, away from the body, without securing the catheter tubing two (2) times, and washed around the head of the penis multiple times using the same area of the soapy washcloth. CNA #3 rinsed the catheter tubing downward, away from the body again, without securing the tubing for three (3) wipes. CNA #3 then dried twice, again without securing the catheter tubing. CNA #3 confirmed she had completed the catheter care. CNA #3 failed to apply a leg strap or device to secure the catheter, after the care was completed. Resident #35 did not moan or show signs of discomfort during care.	M 620	to provide proper catheter/incontinent care in a manner to prevent infection and trauma to the meatus.Certified Nursing Assistant(CNA)#1 was unable to be counseled on failing to provide proper catheter/incontinent care in a manner to prevent infection and trauma to the meatus for Resident #28 due to last day worked being 3/11/2020. Resident #14 was assessed by the Director of Nursing(DON) on 3/12/2020 to ensure no distress or negative side effects evident due to failing to provide proper catheter/incontinent care in a manner to prevent infection and trauma to the meatus. Certified Nursing Assistant(CNA)#4 was counseled by the Director of Nursing(DON) on 3/12/2020 to ensure proper catheter/incontinent care to include catheter securement device for Resident #14. Director of Nursing(DON) and Registered Nurse(RN)#1 placed catheter securement device on Resident #14 on 3/11/2020. 2. Any Resident can be affected by failing to provide care in a manner to prevent infection and trauma to the meatus during catheter/incontinent care. 3. All Certified Nursing Assistants were in-serviced by the Director of Nursing(DON) beginning 3/12/2020 with completion on 3/16/2020 on proper catheter/incontinent care. All Residents with a catheter were checked to ensure the placement of a catheter securement device by Registered Nurse #1 and Director of Nursing(DON) on 3/11/2020. All nursing staff will be in-serviced by the Registered Nurses upon hire and quarterly thereafter on proper catheter/incontinent	

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M 620	Continued From page 2 An interview with CNA #3, on 03/11/2020 at 2:30 PM, she confirmed Resident # 35 should have had a leg strap on to prevent pulling on the catheter. CNA #3 stated this could cause damage and the catheter could be pulled out, causing damage to his private area. CNA #3 confirmed she wiped multiple times when washing the head of the penis using the same area of the cloth, and pulled on the catheter without securing the tubing during washing, rinsing and drying the catheter. CNA #3 stated this could cause damage and an infection. Review of the facility's "Face Sheet" revealed, Resident #35 was admitted by the facility, on 12/15/2017, with diagnoses which included Multiple Sclerosis, Type II Diabetes Mellitus, Dementia, Neuromuscular Dysfunction of the Bladder and Benign Prostatic Hyperplasia (BPH). Resident #28 On 03/10/2020 at 11:07 AM, during an observation of incontinent care for Resident #28, performed by CNA #1, she stated that she washed her hands, prior to the surveyor entering the room. CNA #1 pulled the covers down on Resident #28, lowered the bed down, using the handle at the foot of the bed, with the same pair of gloves on, prior to providing care. CNA #1 wiped the left and right side of the vagina, going from top to bottom, using a new wipe each time, but failed to wipe down the middle of the vagina. CNA #1 used perineal wash to spray Resident #28's buttocks, then using a disposable wipe, she wiped feces from the anal area, in an upward motion. CNA #1 cleaned the resident's buttocks, using a new wipe, and wiped three (3) times, using the same area of the wipe . CNA #1 obtained a new wipe and wiped upward once,	M 620	care. Catheter/incontinent care observations were begun on all Certified Nursing Assistants for residents with catheter and incontinent care by the RN's on 3/12/2020 with completion on 3/30/2020. 4. Findings of the Catheter/Incontinent Care Observation Audit Tool was reviewed and presented to the Quality Assurance and Assessment(QAA) Team by the Director of Nursing(DON) on 4/30/2020 and in one quarter to determine if further action is needed.	

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M 620	Continued From page 3 folded the wipe, and proceeded to wipe nine (9) times, using the same area of the disposable wipe. CNA #1 repositioned Resident #28 and pulled the covers up, with the soiled gloves still on. Attempts were made multiple times via phone, to obtain an interview with CNA #1, without success. On 03/11/2020 at 4:15 PM, during an interview with the Director of Nursing (DON), she revealed the facility has on-going training for incontinent care and catheter care. The DON stated all catheters should have a catheter strap to secure the catheter to prevent pulling on the catheter. This could lead to trauma and pain as well as cause an infection for the residents. The DON confirmed the staff should only wipe once with the cloth then use another area of the cloth. The DON also confirmed that at no time should staff place any soiled linen bags or trash bags on the floor. The DON stated the staff should provide care with clean gloves only, not after they have touched anything and not to pull up the covers with soiled gloves, especially after cleaning a bowel movement (BM). The DON stated this could contribute to the transmission of infections. Review of the facility's "Face Sheet" revealed, the facility admitted Resident #28, on 12/22/2014, with diagnoses that included Dementia, High Blood Pressure, Chronic Pressure Ulcer to the Right Heel, Diabetes Mellitus Type II and Chronic Kidney Disease. Resident #14 On 03/11/2020 at 11:42 AM, during an observation of Resident #14's catheter care, revealed, CNA #4, failed to hang the resident ' s catheter bag on the bed frame. Resident #14's	M 620		

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M 620	Continued From page 4 catheter dangled beside the bed during the catheter care. CNA #4 stated, "It looks like the catheter is pulling", but continued with the care. CNA #4 asked Resident #14 if she was hurting her, and Resident #14 grimaced, and stated, "I can take it." CNA #4 pulled the catheter tubing to the left side of the perineal area, and wiped down the right side of the vagina. CNA #4 pulled the tubing to the right side, and wiped down the left side of the vagina. CNA #4 pulled the tubing away from the meatus, without securing the tip to prevent tension. During an interview, on 03/11/2020 at 3:11 PM, CNA #4 confirmed she failed to secure Resident #14's catheter tubing while providing care. CNA #4 stated she thought she had placed the catheter on the bed frame. CNA #4 further stated she knew something was wrong, because the catheter was pulling. CNA #4 confirmed that pulling on the catheter could cause trauma to the meatus/bladder and/or urinary tract infections (UTI). Review of the facility's training records, revealed, CNA #4 attended in-services related to catheter care, on 01/27/2020 and 12/01/2019. During an interview on 3/11/20 at 3:30 PM with the Director of Nursing (DON) said the CNA's are trained to secure the tubing to prevent tension. The DON confirmed CNA #4 could have caused trauma to the meatus/urethra and/ or infections. A review of the facility's "Face Sheet" revealed, Resident #14 was admitted by the facility, on 09/28/2018, with diagnoses which included, Congestive Heart Failure, Urine Retention, and Neuromuscular Dysfunction of Bladder. The Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of	M 620		

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M 620	Continued From page 5 12/06/2019, revealed, Resident#14 had a Brief Interview of Mental Status (BIMS) score of 13, which indicated cognitively intact.	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 observation, interviews, record reviews and facility policy review the facility failed to label and date opened meats in the meat freezer for one (1) of two (2) days of observation. Findings include: Review of the facility's, "Food Storage" policy, dated 2013, revealed, frozen foods should be covered, labeled and dated. All foods will be checked to assure that foods will be consumed by their safe use by dates or discarded. During the initial tour of the kitchen, on 03/10/2020 at 9:12 AM, with the Dietary Manager (DM), revealed, the meat freezer had a bag of chicken breasts opened and not dated. The chicken breasts were frozen together, and were not able to determine the number, but greater than ten (10). A bag of shrimp (undetermined amount), but about one-third (1/3) of a gallon freezer bag full, and 12 cube steak patties were also opened and not dated.	M 815	1. The Dietary Manager(DM) immediately threw away all unlabeled and undated frozen foods in the meat freezer. No known negative effects to any residents due to not labeling and dating opened meats in the meat freezer. Dietary Manager(DM) counseled all of Dietary Staff beginning 3/11/2020 with completion date of 3/13/2020 on proper food storage. 2. Any Resident can be affected by failing to label and date opened meats in the meat freezer. 3. An in-service on proper food storage was begun by Dietary Manager(DM) on 3/11/2020 to all Dietary Staff with completion on 3/13/2020. A Dating and Labeling Log Audit Tool was created by Dietary Manager(DM) on 3/12/2020 to ensure that food is properly labeled and dated and checked twice daily. An in-service for the Dating and Labeling Log Audit Tool was completed on 3/13/2020 by the Dietary Manager(DM) to all Dietary Staff. 4. Findings of the Dating and Labeling Log Audit Tool was presented by the	3/30/20

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M 815	Continued From page 6 An interview with the DM, on 03/10/2020 at 9:24 AM, he confirmed all opened food items should be labeled and dated. The DM stated, "I think someone used a dry eraser on the bag of shrimp and the cube steak and it rubbed off, but the chicken breast does not have a visible date or label." The DM stated the staff that opens the bags, are responsible for labeling and dating them. The DM revealed not labeling and dating food items could cause food borne illnesses. During an interview and observation, on 03/12/2020 at 3:04 PM, revealed, the meat freezer contained opened bags of meats that were labeled and dated. The DM stated there was an in-service held on the previous day regarding the labeling and dating of all opened food items.	M 815	Dietary Manager(DM) to the Quality Assurance and Assessments(QAA) Team on 4/30/2020 and in one quarter to determine if further action is needed.	

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M1245	45.41.1 Date of Construction & Life Safety... Date of Construction and Life Safety Code Compliance. 1. Buildings constructed after the effective date of these regulations shall comply with the edition of the Life Safety Code (NFPA 101) effective on the date of construction. 2. Buildings constructed prior to the effective date of these regulations shall comply with Chapter 13 of the Life Safety Code (NFPA 101), 1985 edition. This Statute is not met as evidenced by: Based on record review, the facility failed to properly ensure the operability of the fire sprinkler system as required by NFPA 25. This deficiency affected all residents in the facility at the on day of survey. Findings include: On 3/12/2020 at 10:00 AM, observation revealed red and yellow deficiencies cited by the fire sprinkler contractor. The deficiencies were cited and noted during the contractor annual fire sprinkler inspection conducted on 1/22/2020. These deficiencies were not corrected and fixed by the facility. The administrator was made aware of the issue during the exit conference.	M1245	1. On 3/12/2020 the Administrator immediately counseled and in-serviced the Maintenance Director on properly following through with annual fire sprinkler inspections. The red and yellow deficiencies cited by the fire sprinkler contractor was corrected and fixed on 3/31/2020 by the fire sprinkler contractor. 2. All Residents have the potential to be affected by failing to ensure the operability of the fire sprinkler system as required by NFPA 25. 3. On 3/12/2020 the Administrator immediately counseled and in-serviced the Maintenance Director on properly following through with annual fire sprinkler inspections. A Life Safety Code Audit Tool was created on 3/16/2020 for the Maintenance Director to review and complete as needed to ensure life safety code compliance. 4. Life Safety Code Audit Tool to be presented to the Administrator once a month by the Maintenance Director to ensure life safety code compliance. On 4/21/2020 the Maintenance Director	3/31/20

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M1245	Continued From page 1	M1245	reviewed the Life Safety Code Audit Tool to the Administrator. On 4/30/2020 the Maintenance Director presented the Life Safety Code Audit Tool to the Quality Assessment and Assurance (QAA) Team and in one quarter to determine if further action is needed.	