MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25WC	A. BUILDING _____ B. WING _____	01/27/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	49 WILLOW CREEK LANE JACKSON, MS 39272

(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	1nitial Comments The State Agency (SA) conducted a licensure survey at the facility from 1/24/17, to 1/27/17. During the survey, the SA determined the facility was not in compliance with State Licensure Regulations for the Aged or Infirm, and cited State Statutes at M620. The facility's census was 86. The facility held a license for 88 beds.	M 000	#1	
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 interview, record review, and facility policy review, the facility failed to provide incontinent and indwelling urinary catheter care in a manner to prevent the possibility of infection for two (2) of five (5) incontinent/catheter care observations. (Resident #2 and Resident #9 and failed to secure indwelling urinary catheter strap to the body via leg strap for one (1) of two (2) catheter care observations. (Resident #9) Findings include: Review of facility's "Incontinent Care" policy, not dated, revealed: 11. When washing the perineal area, wash the entire area moving from front to	M620	Licensed Practical Nurse (LPN)#1 and Certified Nursing Assistant (CNA) #4 were inserviced and checked off on catheter care, incontinent care, the use of a cath secure strap and proper infection control per policy and procedure and practice guidelines by staff development on 1/25/17 and 1/26/17. Resident #9 had a cath secure strap put into place immediately. Residents #2 and #9 observed for negative outcomes by LPN on 1/25/17 and 1/26/17. Residents had no negative outcomes. Residents currently receiving care by qualified person per policy and procedure in a manner to promote quality care for the resident.	2/10/17 2/10/17

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25WC	A. BUILDING: _____ B. WING _____	01/27/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	49 WILLOW CREEK LANE JACKSON, MS 39272

(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
M620	Continued From page 1 back while using a clean area of the washcloth or adult wipes for each stroke. Review of the facility's "Catheter Care (Indwelling Catheter)" policy, not dated, revealed the purpose is to prevent infection and to observe (standard) universal precautions or other infection control standards as approved by appropriate facility committee. Instruction under the procedures noted: (#7) instructed nursing to secure the catheter with a catheter strap. Review of the facility's "UTI Prevention with Indwelling Catheter Use" policy, dated January 27, 2015, instructed nursing under step #7 that catheter tubing should be secured to the resident's leg or bed clothing to prevent pulling and irritation of the urinary meatus. Resident #2 Observation of Resident #2's incontinent care, on 01/25/17 at 2:10 PM, revealed Certified Nursing Aide (CNA) #4, with the assistance of CNA #2, wiped the resident's perineal area more than one (1) stroke without changing wipes or changing to a clean area of the wipe. Interview on 1/25/17 at 2:30 PM, with CNA#4, confirmed she wiped Resident #2 more than once with the same wipe and did not change to a clean area of the wipe and this could cause an infection. Interview on 1/27/17 at 10:00 AM, with CNA#2. confirmed CNA #4 wiped Resident #2 more than once with the same wipe when she assisted CNA #4 with performing incontinent care for Resident #2. Interview on 1/27/17 at 8:30 AM, with the Staff	M 620	#2 Facility identified 20 incontinent residents and 4 catheter care residents per electronic medical records system that have the potential to be effected by this alleged deficient practice. #3 Nursing and Certified nursing assistant staff were in-serviced on facility's policy, procedure, resident care plan and practice guidelines for catheter care, incontinent care, use of cath secure strap and infection control per staff development on 1/26/17, 1/30/17, 2/1/17, 2/6/17 & 2/8/17 . Certified nursing assistants and licensed nursing staff were observed performing incontinent/catheter care and placement of cath secure strap and a validation checklist completed by staff development beginning 1/26/17 to continue on 7 certified nursing assistants and 3 nurses weekly for a month then weekly for two weeks. Findings will be reviewed and corrective actions provided as needed. Newly hired nurses and nursing assistants will be trained on incontinent/catheter care policy, procedure, resident care plan and infection control to include use of a cath secure strap and checked off during orientation, quarterly and as needed per the staff development nurse.	2/10/17

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25WC	A. BUILDING: _____ B. WING _____	01/27/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	49 WILLOW CREEK LANE JACKSON, MS 39272

(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 620	Continued From page 2 Development Nurse. revealed skilled check offs are done during orientation and randomly every three (3) months. The Staff Development Nurse stated she does the check offs and is assisted by CNA#3. Interview on 1/27/17 at 10:15 AM. with CNA#3, who is the head CNA and assists with staff competency check offs, revealed CNA #4 did not perform incontinent care as she was instructed if she wiped more than once with the same wipe. Interview on 1/27/17 at 11:00 AM, with Director of Nursing (DON), confirmed CNA #4 did not follow proper procedure for performing incontinent care if she wiped the perinea! area more than once with the same wipe and didn't change the area of the wipe. The DON stated she felt CNA #4 was nervous. Review of the facility face sheet revealed the facility admitted Resident #2 on 08/11/15, with diagnoses which included Dementia with Behavioral Disturbance, Osteoarthritis, Bipolar Disorder, and Essential Hypertension. Review of the Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 11/10/16 revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of 2, which indicated severely impaired cognition. Resident #9: Record review of Resident #9's care plan, with an onset date of 9/13/16, revealed: Resident #9 has an indwelling catheter and is at risk for infection. Interventions listed under "approaches" included: Foley care every shift and as needed (PRN), and secure the Foley tubing with a leg strap.	M620	#4 The Director of Nursing (DON) or staff development nurse will observe incontinent/catheter care and placement of cath secure strap on 7 certified nursing assistants and 3 nurses weekly for a month then weekly for two weeks beginning 2/06/17 for substantial compliance. Validation checklists will be reviewed by the Quality Assurance/Risk Management Committee monthly to ensure compliance has been achieved as determined by committee beginning with February 24, 2017 committee meeting.	

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25WC	A. BUILDING = —————— B. WING -	01/27/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	49 WILLOW CREEK LANE JACKSON, MS 39272

(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)	(XS) COMPLETE DATE
M 620	Continued From page 3 On 1/26/17 at 11:40 AM, an observation of catheter care on Resident #9, revealed Licensed Practical Nurse (LPN) #1 performed catheter care and did not change the wash cloth or the water in the bath basin after cleaning and rinsing each section of the resident's perinea□area and catheter. Resident #9 did not have a leg strap on during the beginning of the catheter care and one was not placed on the resident at the end of the catheter care. On 1/26/17 at 1200 Noon, an interview with LPN #1 confirmed she did not change the wash cloth or change the water in the wash basin during the cleaning of resident's perinea□area and catheter. LPN #1 stated she realized she had messed up and stated she had been trained on catheter care. LPN #1 confirmed improper cleaning could cause an infection. On 1/27/17 at 930 AM, an observation of Resident #9 revealed there was no leg strap securing the catheter. On 1/27/17 at 11:50AM, an interview with the Minimum Data Set (MDS)/Care Plan nurse revealed she is responsible for coordinating the creation and revision of the care plan and the care plan is to be used as a guide and give direction for patient care to nursing staff. The Care Plan nurse confirmed that catheter care and the use of the leg strap was on Resident #9's care plan and the care plan was not followed if care was not done properly and a leg strap was not used for Resident #9. Record review of the facility's Face Sheet revealed the facility admitted Resident #9 on 4/16/10, and readmitted on 11/4/16, with diagnoses which included Chronic Kidney	M 620		

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25WC	A. BUILDING: _____ B. WING _____	01/27/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	49 WILLOW CREEK LANE JACKSON, MS 39272

(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 620	Continued From page 4 Disease, Aphagia, Dysphagia, and Diabetes. Record review of Resident #9's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/11/16, revealed a Brief Interview of Mental Status (BIMS) with a score of 8, which indicated moderate impairment of cognition. Section H in the MDS revealed Resident #9 had an indwelling catheter.	M 620		