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
	27BN	A. BUILDING: _____ B. WING _____	04/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUMPHREYS CO NURSING CENTER	500 CCC ROAD BELZONI, MS 39038

(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 licensure survey from 4/2/19 through 4/4/19. During the survey the SA determined the facility was not in compliance with the Minimum Standards for the Aged and Infirmed. The SA cited M715. At the time of the survey, the census was 54 and the facility held a license for 60 beds.	M 000		
M 715	45.24.4 Labeling of drugs Labeling of drugs. Each facility shall follow the Mississippi State Board of Pharmacy labeling requirements. 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 ensure the correct medication route was labeled on Resident #54's medication cards, for one (1) of 5 (five) residents observed for medication administration. Findings include: A review of the facility's policy titled, "Administering Medications Through Nasogastric or Gastrostomy Tube, with a latest revision date of 3/18, revealed: Upon the order of the attending physician, medication will be administered through nasogastric/gastrostomy tube when a patient is unable to swallow medications or has a nasogastric/gastrostomy tube for nourishment. Review of Resident #54's April 2019 Physician	M 715	1. Resident #54 medication cards were noted with a direction change sticker by the Licensed Practical Nurse on 4/4/19 and new medication cards with directions to administer meds per peg were ordered by the Director of Nursing on 4/4/19 and new meds for Resident #54 received 4/5/19 from pharmacy. 2. Eight (8) of 55 residents were identified by the Director of Nursing to have the potential to be affected by this deficient practice. Eight (8) of eight (8) residents with gastrostomy tube medications were reviewed by the Director of Nursing on 4/4/2019 and all have correct labels on medications and/or direction change stickers. 3. An in-service was conducted on 4/4/2019 by the Director of Nursing on the policy/procedure on Administration of Medications revised 10/17 with	4/25/19

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		04/26/19

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M 715	Continued From page 1 Orders revealed: 11/23/18 Anastrozole 1 MG tablet. Give one tablet via PEG (Percutaneous Endoscopic Gastrostomy) tube everyday for Breast Cancer. 11/23/18 Uloric 40 MG tablet. Give one table via PEG tube everyday for End Stage Renal Disease. 11/23/18 Rosuvastatin Calcium (Crestor) 10 MG tablet. Give one tablet via PEG tube everyday at 6 PM for Hyperlipidemia. On 4/3/19 at 8:09 AM, an observation, during the medication pass, revealed Resident #54's medication card labels read Anastrozole 1 milligram (MG), give 1 tablet by mouth every day, and Uloric 40 MG tablet, give 1 tablet by mouth every day. On 4/3/19 at 8:10 AM, an interview with Licensed Practical Nurse (LPN) #1 revealed she stated, "That need [sic] another label on it (referring to Resident #54's medication cards)." On 4/03/19 at 1:13 PM, an observation revealed there was another one of Resident #54's medication cards with the wrong administration route, Rosuvastatin Calcium 10 MG (Crestor), give one by mouth at bedtime. There was a total of three (3) medication cards for Resident #54 to administer medications by mouth. On 4/03/19 at 1:25 PM, an interview with the Director of Nursing (DON), revealed our (referring to the facility's) medication cards should match our orders. The DON also stated, the resident could possibly not get her medication or possibly aspirate with the medication card label being different from the physician orders. The DON reported Resident #54 has a diet for pleasure ordered, and she (Resident #54) has the ability to	M 715	in-servicing including checking right route of administration with seven (7) of eight (8) Licensed Practical Nurses and three (3) of four (4) Registered Nurses. The Quality Assurance Committee reviewed the policy on Administration of Medications with revision date of 10/17 on 4/25/2019 and did not recommend any changes. 4. Gastrostomy tube resident medication cards will be monitored beginning April 4, 2019 by the Director of Nursing, Medical Records Nurse, Treatment Nurse, Assessment Nurse, and/or Nurse Case Manager to ensure compliance with facility policy/procedure related to correct labeling of medication cards weekly for four weeks and monthly for two months and findings recorded on the medical record audit form and maintained by the Director of Nursing. The Quality Assurance Committee will evaluate the monitoring completed by the Director of Nursing, Medical Records Nurse, Treatment Nurse, Assessment Nurses, and/or Nurse Case Manager monthly for three months. The Quality Assurance Committee will make recommendations as needed.	

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M 715	Continued From page 2 swallow, but still holds the food/fluids in her mouth. A review of the facility's Face Sheet revealed the facility admitted Resident #54, on 12/23/16, with a diagnosis of Dysphagia. Review of the most recent comprehensive Significant Change in Status Assessment (SCSA) Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/26/18, revealed Resident #54 had a staff assessment of mental status that indicated both short and long term memory problems, and cognitive skills for daily decision making was severely impaired-never/rarely made decisions.	M 715		