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
	37LH	A. BUILDING: _____ B. WING _____	06/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAMAR HEALTHCARE & REHABILITATION CEI	6428 US HIGHWAY 11 LUMBERTON, MS 39455

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M 000	Initial Comments The State Agency (SA) conducted a licensure survey at the facility from 5/30/17 to 6/1/17. During the survey, the SA determined the facility was not in compliance with State Licensure Regulations for the Aged or Infirm, and cited a State Statutes at M 615, and M 1000. At the time of the survey the census was 84, and the facility held a license for 120 beds.	M 000		
M 615	45.21.3 Pressure sores Pressure sores. Residents with a pressure sore shall receive necessary treatment and service to promote healing and prevent the development of new pressure sores. Residents without pressure sores will not develop pressure sores unless the residents' clinical condition indicates they were unavoidable. This Statute is not met as evidenced by: Level II Based on observation, record review, and staff interview, the facility failed to assure a bandage was on an unstageable wound to the buttocks for (1) of (5) care observations, for Resident #2. Findings include: An observation of wound and incontinent care, on 5/31/2017 at 2:30 PM, with the Director of Nursing (DON) and Certified Nursing Aide (CNA) #2, revealed Resident #2 did not have a bandage	M 615	*The Director of Nursing assessed the pressure ulcer on May 31, 2017 on Resident #2 and no signs and/or symptoms of infection were noted to the wound. The prescribed treatment was performed and dressing was applied to Resident #2's pressure wound on May 31, 2017 by the Licensed Practical Nurse. Resident #2 no longer resides at the facility as he discharged on June 6, 2017. *Residents requiring wound care have the potential to be affected. *CNA #2 has received education on the need to notify the licensed nurse when a bandage is not in place as ordered. This	6/28/17

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M 615	Continued From page 1 on an unstageable wound to the buttocks. The wound measured 5.5 centimeters (cm) by 5 cm by 0.5 cm, and was covered with 90% yellow slough. The exposed wound was covered with brown feces. A review of the facility's Physicians Orders, dated May 2017, revealed an order to cleanse the buttocks with wound cleanser, pat dry, apply santyl topically to wound bed, cover with foam dressing daily and prn (as needed). During an interview with Certified Nurse Aide (CNA) #2, on 5/31/2017 at 3:00 PM, she revealed she failed to notify the nurse Resident #2 did not have a bandage on his unstageable wound. CNA #2 stated she forgot to tell the nurse when she changed Resident #2's brief earlier that morning. CNA #2 also said the wound was covered with feces during the morning change. An interview with the DON, on 5/31/2017 at 3:00 PM, confirmed the facility failed to assure a bandage was on an unstageable wound to the buttocks. The DON said the CNAs are trained to notify the nurse when bandages are soiled, or come off the wounds. The DON also said the wound nurse called in, and was unavailable for an interview. A review of the facility's Face Sheet revealed the facility admitted Resident #2 on 2/28/2017, with diagnoses which included Right Hip Fracture, Hypertension, Diabetes Mellitus, Osteoarthritis, Mental Illness, and Pressure Ulcer. A review of Resident #2's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 4/20/2017, revealed Resident #2 had a Brief Interview for Mental Status (BIMS)	M 615	education was completed on 6/23/17 by the Director of Nursing. Licensed nurses and nursing assistants will receive in-service training regarding notification to the appropriate staff member when an ordered bandage is observed to not be in place. This training will be conducted by the Director of Nursing and RN supervisor and will be completed by 6/28/17. *Random observations of residents with orders for bandage related to wound care will be completed to monitor for compliance. An observation of one resident will be completed on a weekly basis for a period of three months. These observations will be completed by the Treatment Nurse. The results of these observations will be forwarded to the QAPI committee for review and additional action as needed.	

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M 615	Continued From page 2 score of 2, which indicated the resident was severely cognitively impaired	M 615		
M1000	45.34.3 Medical Waste Management Plan Medical Waste Management Plan. All generators of infectious medical waste and medical waste shall have a medical waste management plan that shall include, but is not limited to, the following: 1. Storage and Containment of Infectious Medical Waste and Medical Waste: a. Containment of infectious medical waste and medical waste shall be in a manner and location which affords protection from animals, rain and wind, does not provide a breeding place or a food source for insects and rodents, and minimizes exposure to the public. b. Infectious medical waste shall be segregated from other waste at the point of origin in the producing facility. c. Unless approved by the licensing agency or treated and rendered non-infectious, infectious medical waste (except for sharps in approved containers) shall not be stored at a waste producing facility for more than seven days above a temperature of six (6) degrees Celsius (equivalent to thirty-eight [38] degrees Fahrenheit). Containment of infectious medical waste at the producing facility is permitted at or below a temperature of zero (0) degrees Celsius (equivalent to thirty-two [32] degrees Fahrenheit) for a period of not more than ninety (90) days without specific approval of the licensing agency.	M1000		6/28/17

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M1000	Continued From page 3 d. Containment of infectious medical waste shall be separate from other wastes. Enclosures or containers used for containment of infectious medical waste shall be so secured so as to discourage access by unauthorized persons and shall be marked with prominent warning signs on, or adjacent to, the exterior of entry doors, gates, or lids. Each container shall be prominently labeled with a sign using language to be determined by the licensing agency and legible during daylight hours. e. Infectious medical waste, except for sharps capable of puncturing or cutting, shall be contained in double disposable plastic bags or single bags (1.5 mills thick) which are impervious to moisture and have strength sufficient to preclude ripping, tearing, or bursting under normal conditions of usage. The bags shall be securely tied so as to prevent leakage or expulsion of solid or liquid wasted during storage, handling, or transport. f. All bags used for containment and disposal of infectious medical waste shall be of a distinctive color or display the Universal Symbol for infectious waste. Rigid containers of all sharps waste shall be labeled. g. Compactors or grinders shall not be used to process infectious medical waste unless the waste has been rendered noninfectious. Sharps containers shall not be subject to compaction by any compacting device except in the institution itself and shall not be placed for storage or transport in a portable or mobile trash compactor. h. Infectious medical waste and medical waste contained in disposable containers as prescribed	M1000		

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M1000	Continued From page 4 above, shall be placed for storage, handling, or transport in disposable or reusable pails, cartons, drums, or portable bins. The containment system shall be leak-proof, have tight fitting covers and be kept clean and in good repair: i. Reusable containers for infectious medical waste and medical waste shall be thoroughly washed and decontaminated each time they are emptied by a method specified by the licensing agency, unless the surfaces of the containers have been protected from contamination by disposable liners, bags, or other devices removed with the waste, as outlined in I.E. Approved methods of decontamination include, but are not limited to, agitation to remove visible soil combined with one or more of the following procedures: i. Exposure to hot water at least one-hundred eighty (180) degrees Fahrenheit for a minimum of fifteen (15) seconds. ii. Exposure to a chemical sanitizer by rinsing with or immersion in one of the following for a minimum of three (3) minutes: a. Hypochlorite solution (500 ppm available chlorine). b. Phenolic solution (500 ppm active agent). c. Iodoform solution (100 ppm available iodine). d. Quaternary ammonium solution (400 ppm active agent). iii. Reusable pails, drums, or bins used for containment of infectious waste shall not be used	M1000		

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M1000	Continued From page 5 for containment of waste to be disposed of as noninfectious waste or for other purposed except after being decontaminated by procedures as described in 133.03 (i) of this section. j. Trash chutes shall not be used to transfer infectious medical waste. k. Once treated and rendered non-infectious, previously defined infectious medical waste will be classified as medical waste and may be land-filled in an approved landfill. 2. Treatment or disposal of infectious medical waste shall be by one of the following methods: a. By incineration in an approved incinerator which provides combustion of the waste to carbonized or mineralized ash. b. By sterilization by heating in a steam sterilizer, so as to render it noninfectious. Infectious medical waste so rendered non-infectious shall be disposable as medical waste. Operating procedures for steam sterilizers shall include, but not be limited to, the following: i. Adoption of standard written operating procedures for each steam sterilizer including time, temperature, pressure, type of waste, type of container(s), closure on container(s), pattern of loading, water content, and maximum load quantity. ii. Check or recording and/or indicating thermometers during each complete cycle to ensure the attainment of a temperature of one-hundred twenty-one (121) degrees Celsius (equivalent to two-hundred fifty [250] degrees	M1000		

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M1000	Continued From page 6 Fahrenheit) for one-half (1/2) hour or longer, depending on quantity and density of the load, in *order to* achieve sterilization of the entire load. Thermometers shall be checked for calibration at least annually. iii. Use of heat sensitive tape or other device for each container that is processed to indicate the attainment of adequate sterilization conditions. iv. Use of the biological indicator Bacillus stearothermophilus placed at the center of a load processed under standard operating conditions at least monthly to confirm the attainment of adequate sterilization conditions. v. Maintenance of records of procedures specified in (i), (ii, (iii) and (iv) above for period of not less than a year. c. By discharge to the approved sewerage system if the waste is liquid or semi-liquid, except as prohibited by the Mississippi State Department of Health or other regulatory agency. d. Recognizable human anatomical remains shall be disposed of by incineration or internment, unless burial at an approved landfill is specifically authorized by the Mississippi State Department of Health. e. Chemical sterilization shall use only those chemical sterilants recognized by the U. S. Environmental Protection Agency, Office of Pesticides and Toxic Substances. Ethylene oxide, glutaraldehyde, and hydrogen peroxide are examples of sterilants that, used in accordance with manufacturer recommendation, will render infectious waste non-infectious. Testing with Bacillus subtilis spores or other equivalent organisms shall be conducted quarterly to ensure	M1000		

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M1000	Continued From page 7 the sterilization effectiveness of gas or steam treatment. f. Treatment and disposal of medical waste which is not infectious shall be by one of the following methods: i. By incineration in an approved incinerator which provides combustion of the waste to carbonized or mineralized ash. ii. By sanitary landfill, in an approved landfill which shall mean a disposal facility or part of a facility where medical waste is placed in or on land, and which is not a treatment facility. This Statute is not met as evidenced by: Based on observation, staff interview, record review, and facility policy review, the facility failed to discard a soiled wound dressing in an appropiate biohazard container for (1) of (5) resident care observations, for Resident #1. Findings include: Review of the facility's policy titled, "Dressings, Soiled/Contaminated", revised August 2009, revealed soiled dressings that were heavily soiled with exudates or drainage must be placed in specially designated biohazard containers for disposal. An observation, on 05/31/17 at 3:00 PM, revealed Certified Nursing Assistant (CNA) # 1 had removed the old wound dressing from Resident #1's coccyx during incontinent care. The old dressing was only secured on one side, and was observed to have thick, brown exudates on the inside of the dressing. CNA #1 placed the old wound dressing into the clear garbage bag with her gloves and perineal wipes. CNA #1 then walked with the garbage bag to the shower room,	M1000	*No corrective action required for Resident #1. *Residents residing in the facility have the potential to be affected. *Education regarding the Biohazards Waste policy was conducted with CNA#1. This education was completed by the Director of Nursing on 6/23/17. Licensed nurses and nursing assistants will receive training regarding the Biohazards Waste policy. This training will be conducted by the Director of Nursing and RN supervisor and will be completed by 6/28/17. *Random interviews will be conducted with nursing assistants and licensed nurses regarding the appropriate disposal of bandages that may be contaminated with biohazard waste to monitor for compliance with this policy. Two staff members will be interviewed weekly for three months. These interviews will be conducted by Assistant Director of Nursing. The results of these interviews will be submitted to the QAPI committee for review and any additional follow-up needed based on	

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M1000	Continued From page 8 and placed the bag into a regular garbage can. An interview, on 05/31/17 at 4:20 PM, revealed CNA #1 confirmed she had placed the soiled wound dressing into the regular garbage in the shower room. CNA #1 stated the dressing was not clean, and was covered in a brown, thick substance on the inside. An interview, on 05/31/17 at 4:20 PM, revealed the Director of Nursing (DON) said the policy of the facility about soiled dressings with blood products should be placed into the biohazard room. The DON pointed to the room with the biohazard sign beside the shower room, and said the concern was possible blood contamination. A review of Resident #1's Treatment Record revealed an order to cover with foam dressing for a Stage II pressure ulcer to the coccyx every day. A review of a document titled, "Infection Control/Standard Precautions", dated 10/21/15, revealed CNA #1 completed the training. No further inservices were provided by the facility that CNA #1 had attended in 2016 or 2017. A review of the facility's Face Sheet revealed the facility admitted Resident #1 on 05/02/14. Resident #1's diagnoses included Stage II Pressure Ulcer, and Paraplegia. Review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/03/17, revealed Resident #1's Brief Interview for Mental Status (BIMS) score was six (6), which indicated moderate impaired cognition.	M1000	results.	