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
	19ME	A. BUILDING: _____ B. WING _____	01/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADVILLE CONVALESCENT HOME	300 HWY 556/ROUTE 2 BOX 66 MEADVILLE, MS 39653

(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 an annual recertification survey from 01/02/2019 to 01/04/2019. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for the Institution for the Aged and Infirm. The SA cited the State statute at M620. At the time of the survey, the facilty had a census of 54 and held a license for 60 beds.	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. Based on observation, record review, facility policy review, and staff interview, the facility failed to provide catheter and incontinent/perineal care (peri-care) in a manner to prevent the possible spread of infection for Resident #26, and failed to provide catheter/peri-care in a manner to prevent possible trauma for Resident #42; for two (2) of four (4) incontinent care observations. Findings Include: A review of the facility's policy titled, "Catheter Care Policy," dated 06/23/2017, revealed to provide Peri-Care according to facility's policy. Procedure included: 4. Using a clean wash cloth or towel. A review of the facility's policy titled, "Incontinent	M 620	1.F690 Corrective action for the residents #26 and #42 affected by this practice was repeated on 01/03/2019 by the same Certified nurse assistants giving care and was observed and in-serviced by the Staff Development Nurse and Infection Control Nurse. The care was done correctly at this time. The Certified Nurse Assistants(CNA)involved in the care of this resident was given a One on One In-service by the Staff Development nurse and return demonstration was done correctly. Resident #26 and #42 were assessed by the RN Assessment/Infection Control nurse 01/02/2019 and 01/04/2019 and found to have no adverse effects from this	1/28/19

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M 620	Continued From page 1 Care Policy," dated 06/23/2017, revealed it is the policy of this facility that incontinent care will be conducted to insure that all incontinent care residents will receive appropriate treatment and services to prevent urinary tract infections. The procedure included to: 6. Cleanse the perineal area using a clean towel or bath cloth. Resident #26 During an observation of the catheter and incontinent (perineal) care for Resident #26, on 01/03/2019 at 11:45 AM, revealed Certified Nursing Assistant (CNA) #1, wiped the perineal area as well as the catheter tubing without ensuring a clean area of the wash cloth was used. While providing catheter care, CNA #1 wiped the catheter tubing, in a downward direction, twice with a clean area and then once with an unclean area of the wash cloth she was using. While providing perineal care, CNA #1 wiped the perineal area of Resident #26, twice with a clean area and twice with an unclean area of the wash cloth she was using. During an interview, on 01/04/2019 at 10:50 AM, with CNA #1, she stated that she did not fold the wash cloth, and could not determine the clean area from the dirty area when cleaning the perineal area. CNA #1 stated, she also could not determine the clean area from the dirty area during the catheter care. CNA #1 stated, she had been given an in-service and skills check-off every 6 (six) months. CNA #1 stated, that the facility's Staff Development Nurse (SDN) was the person that had done her in-services and check-off(s) for incontinent and catheter care. A review of the facility's document titled, "Procedure Checklist," dated 09/05/2018,	M 620	practice. 2. All residents with indwelling catheters/perineal care have the potential to be affected by this practice. 3. On 01/04/2019 the Perineal/catheter care policy was revised to use separate cloths when doing perineal and catheter care to insure a clean cloth every time. The new policy also includes male catheter care to ensure the catheter is secured while doing care. The Perineal/Catheter Care Policy was reviewed by the Quality Assurance Committee and Medical Director on 01/10/2019 and approved as stated. The Staff Development Nurse gave In-Service to all Certified Nurse Assistants on 01/15/2019 and the new policy was reviewed with all licensed nursing staff. All new CNA's will be checked off upon hire by the Staff Development nurse. All current CNA's will have quarterly check-offs on perineal/catheter care done by the licensed nurses on that shift. 4. The Staff Development Nurse will keep a record of all check-offs on perineal/catheter care and bring to the Quality Assurance Committee meetings on a quarterly basis to ensure this practice does not recur. The Staff Development Nurse will make a schedule of when certified nurse assistants are due for check offs to ensure all check offs are done in a timely manner. Check offs will occur on all shifts and be done by licensed nurses on that shift. The Staff Development Nurse and	

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M 620	Continued From page 2 revealed CNA #1 completed the skills check-off for providing perineal care. The skills check-off was observed and evaluated by the Staff Development Nurse (SDN)/Registered Nurse (RN) #1. The skills check-off form was signed by CNA #1 and RN # 1. The form was checked "Pass" to indicate the procedure was completed with no problems. During an interview, on 01/04/2019 at 11:00, with RN #1/SDN, she revealed that all of the CNA staff is given incontinent and catheter care in-services every 6 (six) months. RN #1 stated, the CNA staff is provided individual incontinent and catheter care skills check-offs as well. RN #1 revealed, she reads from a list of skills and see if the CNAs can tell her how they do it. RN #1 stated, using one wash cloth and wiping the perineal area or the catheter tubing without determining where the clean or dirty area is, is not the correct way to do perineal or catheter care. During an interview, on 01/04/2019 at 11:47 AM, with Licensed Practical Nurse (LPN) #2 /Minimum Data Set (MDS) Nurse, she revealed that the SDN for the facility is the person who provides the skills check-off and the in-services for catheter care. LPN #2 stated, that the expectation would be that the nursing staff would perform the catheter care, and do it according to the training and the in-services they have participated in. During an interview, on 01/04/2019 at 2:00 PM, with the Director of Nursing (DON), she confirmed that the way in which CNA #1 performed the catheter and incontinent care, with her not ensuring that there was a clean area when wiping, was certainly incorrect. Review of the Face Sheet, revealed Resident #	M 620	Infection Control Nurse will do intermittent perineal care observations on a monthly basis to ensure the new policy is being implemented. 5. This plan of correction will be completed by January 28, 2018.	

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M 620	Continued From page 3 26 was admitted by the facility, on 04/17/2015, with diagnoses to include Type Two (2) Diabetes and Chronic Obstructive Pulmonary Disease (COPD). Resident #42 A review of the facility's policy titled, "Catheter Care Policy", revealed it is the policy of this facility that catheter care will be done by the Licensed Practical Nurse (LPN) and/or Certified Nursing Assistant (CNA) during baths, every shift and as needed utilizing soap and water. The procedure included to: " 5. Cleanse the catheter from the body to the end of the catheter, never from the end of the catheter toward the body. 6. Do not pull on the catheter." Review of the Comprehensive Care Plan for Resident #42, revealed a problem to address Foley Catheter required related to Urinary Retention. Interventions included: Change foley as ordered, catheter care every shift with soap and water, observe for signs and symptoms of urinary tract infections and report to Medical Director (MD), intake and output every shift, and change foley bag on the 29th of each month. During an interview and observation of catheter care, on 01/03/19 at 10:27 AM, Certified Nursing Assistant (CNA) #3 held the base of Resident 42's penis and used a soapy towel to clean the tubing by pulling outward. Resident #42 shouted, "ouch". CNA #3 took the rinse towel, held the base of Resident 42's penis and pulled outward. Resident #42 was asked by surveyor if that hurt him and he responded, "Yes". During an interview, on 01/03/19 at 12:07 PM,	M 620		

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M 620	Continued From page 4 with Registered Nurse (RN) #1/Staff Development Nurse, revealed the CNAs are trained to secure the catheter at the tip of the penis near the meatus to prevent trauma and to prevent the catheter from coming out. RN #1 stated, the CNAs are checked off with demonstration on an actual resident. RN #1 confirmed, CNA# 3 failed to follow the facility's policy by not securing the catheter near the head of the penis. During an interview, on 01/03/19 at 12:16 PM, CNA #3 confirmed, he failed to secure the tubing at the tip of the penis near the meatus. CNA #3 stated, he held the base of the penis, so that he could keep the foreskin back. CNA #3 questioned the surveyor whether he should have held the penis somewhere else. CNA #3 revealed, that the resident always said "ouch". CNA #3 stated, he did not realize why Resident #42 always said "ouch" during catheter care. During an interview, on 01/04/19 at 01:24 PM, with the Director of Nursing (DON), she confirmed CNA #3 failed to prevent possible trauma to the meatus by not securing the tip of the penis while providing catheter care. A review of the facility's face sheet, revealed the facility admitted Resident #42, on (10/12/1918), with diagnoses which included, Urinary Retention, Congestive Heart Failure and Pulmonary Hypertension. A review of Resident #42's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/09/2018, he had a Brief Interview for Mental Status (BIMS) score of 8, which indicated moderately impaired cognition.	M 620		

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	19ME	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**01/09/2019**

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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 the review of documentation, the facility failed to properly inspect and do preventive maintenance of the generator as directed by NFPA 99 sections 6.4., 6.4.2 and 6.4.2.2.3. Based on further observation while testing, the facility did not maintain the generator's Life Safety Branch in accordance to NFPA 99. Both standard deficiencies practiced affected portions of the facility on the day survey. These deficient practices have the potential of affecting three (3) of five (5) smoke compartments on the day of facility survey. Findings include: While testing the generator on 1-9-19 at 10:25 AM, observation revealed the generator failed to transfer power to all 'Life Safety Branch' required portions of the facility. The generator failed to power all emergency lighting, emergency power plugs and illuminated exit sign in the facility. The 35KW diesel fueled generator did cover the minimum standards requirements and Life Safety portions of the facility. There were operating standard plugs and standard lighting in theses portions of the	M1245	1. Corrective action was accomplished for this practice by the Maintenance Supervisor calling the electric repair company for our facility, Case Air. On 01/14/2019, the generator as well as all systems connected to it were checked. The main disconnect switch on the generator was found to be in the off position. Once this was engaged, all emergency systems went back to normal function. Natchez Electric did a preventive maintenance check on the generator on 01/22/2019. Copies of these reports are attached. 2. All residents have the potential to be affected by this practice. 3. The Maintenance Supervisor will check the generator for normal operation every Monday. With this check he will also check to see that all switches are in functioning position. The emergency systems that are run by the generator will be checked on a monthly basis for proper functioning.	1/28/19

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		01/28/19

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M1245	Continued From page 1 building. On 1-9-19 at 11:30 AM, interview with the Maintenance Director revealed an electrical issue was created because the refrigerator and freezer placed on emergency power branch of the generator. The Maintenance Director contacted Natchez Electric, who performs all their maintenance of the electrical system for the facility, and it was revealed the generator housing circuit breaker was in the off position. The findings were acknowledged by the Administrator and the Maintenance Director verified this observation during the exit interview on 1-9-19.	M1245	4. The Maintenance supervisor will maintain logs for these weekly and monthly checks and bring them to the Quality Assurance meetings for approval by the Quality Assurance Committee. 5.This corrective action will be completed by January 28,2019.	