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
	43HH	A. BUILDING: _____ B. WING _____	02/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAVEN HALL HEALTH CARE CENTER	101 MILLS STREET BROOKHAVEN, MS 39601

(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 conducted an annual recertification and licensure survey at the facility from 02/17/2020 to 02/20/2020. The SA determined the facility was no in compliance with the requirements of participation for the Minimum Standards For Institutions For The Aged and Infirmed. The SA cited state statues at M610 and M655. The SA identified an Immediate Jeopardy (IJ), on 02/17/2020, when the facility failed to assess a resident for self tracheostomy (trach) care and provide qualified staff present in the facility 24 hours per day to perform deep suctioning of a Tracheostomy and other possible emergency procedures if needed, for Resident #214. Review of the facility's staffing schedule, interviews, and record review, revealed the facility did not have Registered Nurse (RN) or Respiratory Therapist (RT) coverage for all shifts, which included the 7 AM to 3 PM shift, 3 PM to 11 PM shift and 11 PM to 7 AM shift, for 23 out of 24 days. The lack of RN and/or RT coverage was identified from Resident #214's admission date on 01/24/2020 to 02/17/2020. Resident #214 was admitted to the facility from the hospital, on 01/24/2020, with the included diagnoses Chronic Obstructive Pulmonary Disease (COPD), Tracheostomy, Paralysis of the bilateral vocal cords and larynx, and Pneumonia. Resident #214's Physician's Orders included Trach (Tracheostomy) care using aseptic technique every shift per resident, and suction Trach as needed using aseptic technique, resident to perform PRN (as needed) for increased secretions. The facility failed to assess Resident #214 to ensure she did perform Trach care in an aseptic technique or to provide tracheal suctioning as needed.	M 000		

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M 000	Continued From page 1 The facility's failure to assess Resident #241 competency to provide self trach care and provide 24 hour per day coverage of an RN or RT for possible tracheal deep suctioning and other emergency Tracheostomy tube needs placed Resident #214 and other residents with a Tracheostomy at risk for serious harm, impairment, or death. The SA identified the IJ began on 01/24/2020 through 02/17/2020, which was 23 out 24 days the facility did not provide 24 hours seven (7) days per week RN and/or RT coverage for all shifts. The SA notified the facility's Administrator and Director of Nurses (DON), on 02/17/2020 at 7:50 PM, of the IJ. The facility submitted an acceptable Immediate Jeopardy Removal Plan, on 02/19/2020, in which the facility alleged all corrective actions were completed on 02/19/2020, and the IJ was removed as of 02/19/2020 related to the Tracheostomy care. The SA validated the Immediate Jeopardy Removal Plan on 02/20/2020 and determined the IJ was removed prior to exit on 02/20/2020.	M 000		
M 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming;	M 610		3/2/20

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M 610	Continued From page 2 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by: Level II Based on observation, resident interview, family interview, staff interview, record review and facility policy review, the facility failed to provide nail care for a dependent resident for one of four (1 of 4) residents reviewed, Resident #50. Findings include: Review of the facility's policy titled, "Care of Fingernails/Toenails", revised February 2018, revealed the purpose of this procedure is to clean the nail bed to keep nails trimmed and to prevent infections. The General Guidelines included nail care includes daily checking and regular trimming. The policy Steps in the Procedure included: Date and time of nail care. Name and title of person who provided the nail care. The condition of the nail and nail bed. Any difficulties in cutting the resident's nails. Any problems or complaints made by the resident with his/her hands or feet or related to the procedure. If the resident refuses the treatment, state why and interventions taken. On 02/17/2020 at 12:15 PM, an observation revealed Resident #50's Family Member #1was trimming the resident's toe nails. Family Member #1 also said she had done the resident's fingernails. Family Member #1 said she cut the resident's nails because the staff does not cut	M 610	The Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth or the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of Federal and State Law. The Plan of Correction constitutes the facilities credible allegation of compliance. 1. On 02/17/2020 at 4:00 PM, the Assistant Director of Nursing went to Resident 50's room to evaluate fingernails and toenails. At the time the Assistant Director of Nursing went to the room, family member of Resident 50 had already cut Resident 50's fingernails and toenails to Resident's desired length. On February 18, 2020, A 100% audit of all residents fingernails and toenails was completed by the Assistant Director of Nursing. Of the 74 residents, ten residents fingernails and toenails were found on February 18, 2020 to need trimming and in need of nail care. On 02/18/2020, two residents toenails was clipped and trimmed by the Assistant Director of Nursing. Beginning on 02/17/2020, the social worker started scheduling appointments for two Residents with the podiatrist for further	

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M 610	Continued From page 3 them. Resident #50's Family Member #1 stated she was told by the facility that someone comes once a year to provide the nail care. On 02/27/2020 at 12:30 PM, Certified Nursing Assistant (CNA) #1 was interviewed and stated that hospice does Resident #50's nails. CNA #1 also stated the CNAs check the resident's nails during the bed baths. CNA #1 reported she has been assigned to the A Hall off and on the past couple of weeks, but has failed to notify the nurse or her partner that Resident #50's nails needed to be trimmed. CNA #1 said she did not like to cut the residents' nails because she always cuts the nails to short or to low all the way down. CNA #1 said she would tell her partner to cut the nails. CNA #1 did say when she sees lengthy nails she tells her partner. A review of Resident #50's Comprehensive Care Plan, dated 06/14/2017, revealed the resident required assistance with Activities of Daily Living (ADL) related to (r/t) impaired mobility and requires one person extensive assistance with personal hygiene. The Care Plan addressed the Problem/Need, dated 01/09/2020, Psoriasis to the left lower leg and the Approaches included keep nails clean and trimmed. Staff responsible was listed as Nursing/CNA. On 02/17/20 at 12:35 PM, an observation revealed the Assistant Director of Nursing (ADON) measured Resident #50's left great toenail at 0.5 centimeter (cm) and the right great toenail at 0.5 cm. The ADON also observed the resident's smaller toe toenails were curling around the end of the toes on the right foot. An interview at this time with the ADON revealed they have a communication book, but the CNAs usually just tell the nurses of any concerns or	M 610	evaluation and treatment as indicated. Two appointments was confirmed on 02/18/2020 but was rescheduled by the provider. On 03/02/2020, the Social worker made a referral for one resident to the podiatrist for further evaluation and treatment as indicated. On 03/09/2020, the social worker made attempts to make podiatrist referrals for five residents but was unsuccessful due to the outbreak of COVID-19. The local podiatrist clinic stated they are not seeing any nursing home residents in their office and declined to make visits to the nursing home for evaluations and treatment if indicated. Due to COVID-19, the social worker has been able to schedule appointments on April 13, 2020 and April 20, 2020. 2. All 74 residents with fingernails and toenails have the potential to be affected by this deficient practice. Ten Residents were identified as having inadequate nail care. On 02/18/2020, two residents received clippings of their toenails and fingernails. On 02/17/2020,03/02/2020, and 03/09/2020, the eight residents were referred to outpatient podiatry for further evaluation and treatment as indicated. 3. The wound care treatment nurse and certified nursing assistant is responsible for ensuring residents nail bed is clean and trimmed to prevent infections. On 02/24/2020, the Director of Nursing completed an in-service with nursing staff regarding the facility policy for Care of Fingernails/Toenails. On 02/24/2020 the wound care treatment nurse will monitor all residents nail care weekly times eight	

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M 610	Continued From page 4 observations they may have. Review of Resident #50's ADL Assistance and Support sheet from February 1, 2020 to February 17, 2020, revealed documentation the facility staff provided personal hygiene daily and bathing seven (7) out of the 17 days reviewed. The form did not specifically address nail care. During the follow up interview, with Resident #50, on 02/17/2020 at 12:54 PM, she reported her toes feel better since having her toenails trimmed and that before being trimmed, the long toenails were "bothering" her, she stated, "they didn't feel good". CNA #2 was interviewed, on 02/19/2020 at 2:50 PM. CNA #2 said she worked the 2 PM to 10 PM shift and Resident #50 required assistance with her ADLs. CNA #2 stated "total care" in reference to the level of care the resident required and that Resident #50 was able to tell you what she wanted or needed. CNA #2 stated nail care should be done during the morning care (AM care). CNA #2 said there is a Rounds Sheet on the closet door, and the ADL care is listed in the Kiosk (computer system). CNA #2 also reported the bath, meals and hygiene are documented in the Kiosk. CNA #2 said when a resident refuses care we just accept it and come back later and try again or maybe get someone else to try and report it to the nurse. CNA #2 stated Resident #50 never refuses care. CNA #2 said we provide nail care anytime we go in and see they need grooming and then record it on the Kiosk. Licensed Practical Nurse (LPN) #1 was interviewed, on 02/19/2020 at 3:08 PM. LPN #1 revealed she worked the 2 PM to 10 PM shift. LPN #1 revealed she has the opportunity to	M 610	weeks, then on an ongoing basis. 4. Beginning 02/24/2020, the Director of Nursing will monitor compliance once a week times eight weeks. Any adverse findings will be forwarded by the Director of Nursing to Quality Assurance and Performance Improvement Committee for further review and action, as indicated.	

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M 610	Continued From page 5 observe the resident's feet on a daily basis. LPN #1 also said the CNAs come to the nurses for any questions or concerns with the residents. On 02/19/2020 at 4:00 PM, the Director of Nurses' (DON) interview revealed fingernails and toenails are not addressed on the weekly skin assessments/body audits. The DON said these audits are done for each resident weekly. The DON stated "It's [nail care] not in there. It's intact or not intact [skin]". The DON said nail care is part of what the staff are supposed to do. The DON stated a Podiatrist makes rounds and does nail care every three months. Review of Resident #50s last Podiatrist Note, dated 05/28/2019, revealed the podiatrist examined Resident #50's feet, and recommended return visit as needed or ordered by physician. Review of the Face Sheet revealed Resident #50 was admitted by the facility, on 10/27/2010, and re-admitted on 06/14/2017, with the included diagnoses Essential Hypertension, Heart Failure, Psoriasis and Idiopathic Peripheral Autonomic Neuropathy. Review of Resident #50 Quarterly MDS, with an ARD of 01/20/2020, revealed a BIMS score of 4, which indicated severe cognitive impairment. The MDS further revealed Resident #50 required extensive assistance with two person physical assist with bed mobility, transfers, dressing and toileting. Resident #50 required extensive assistance with one person physical assist with locomotion on and off the unit, and was totally dependent on staff for bathing. Resident #50 only required limited assistance with one person physical assist with eating. Resident #50's vision	M 610		

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M 610	Continued From page 6 was impaired and she could only see large print, but not regular print in newspapers or magazines. The resident's speech and hearing was not impaired, and she was able to make herself understood to others and she was able to understand others.	M 610		
M 655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This Statute is not met as evidenced by: Level IV Based on observation, resident interview, staff interview, family interview, record review, Mississippi (MS) State Board of Nursing website review, the Nurse Practice Act review and facility policy review, the facility failed to assess Resident #214's competency to perform self tracheostomy (trach) care, for one (1) out of one (1) residents observed with a tracheostomy. Resident #214 was the only resident with a trach in the facility. The facility also failed to provide qualified personnel, a Registered Nurse (RN) and/or a Respiratory Therapist (RT) in the facility 24 hours a day seven (7) days a week to provide deep tracheal suctioning or emergency trach care if needed. The State Agency (SA) identified by review of the	M 655	The Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth or the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of Federal and State Law. The Plan of Correction constitutes the facilities credible allegation of compliance. 1. On February 22, 2020, the Dietary manager and the dietary staff placed appropriate hair nets on to ensure all hair is adequately covered. On February 17, 2020, the length of the gasket and the edge of the door on the walk in cooler was thoroughly cleaned to remove all thick black buildup appearing substance. On	3/2/20

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M 655	Continued From page 7 facility's staffing schedule from 01/24/2020 to 02/17/2020, interviews and record review, the facility did not provide RN or RT coverage 24 hours per day seven (7) days per week, on all shifts, for 23 out of 24 days. Resident #214 was admitted by the facility from the hospital, on 01/24/2020, with a tracheostomy she had been providing self care for at home. Resident #214 was admitted to the facility with a diagnosis of Pneumonia. Resident #214 had a Physician's Order, dated 01/28/2020, to provide her own trach care and suctioning to remove excess secretions. The facility's failure to assess Resident #214's competency for self trach care and providing coverage 24 hours per day seven (7) days per week services of an RN and/or RT to provide deep tracheal suctioning and possible tracheostomy emergency care placed Resident #214 and other possible residents with tracheostomies at risk for serious injury, harm, impairment or death. The SA identified the situation as an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC), on 02/17/2020, when the facility admitted Resident #214 with a trach on 01/24/2020 and did not assess Resident #214's competency to provide self trach care and to provide RN and/or RT coverage 24 hours per day seven (7) days per week for 23 of the 24 days of the days from the admission date until the SA's survey entrance date. On 02/17/2020 at 7:50 PM, the SA notified the facility's Administrator and Director of Nurses (DON) of the Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC).	M 655	February 17, 2020 a cleaning list was revised to include routine cleaning of the walk in cooler and gaskets. On February 17, 2020 the Director of Nursing in-serviced the Dietary Manager on facility policy of Employee Work Practices. On 02/18/2020, A 100% in-service was conducted by the Dietary Manager on the Facility's policy of Cleaning Instructions Refrigerator and Employee Work Practices. No dietary worker will be allowed to work without being in-serviced. Dietary manager updated the kitchen cleaning schedule to include routine cleaning of the walk in cooler and gaskets. 2. On February 17, 2020 the facility census was 74. All 74 residents have the potential to be at risk from this deficient practice. 3. The dietary manager is responsible for ensuring compliance with the Facility policy of "Clean gaskets to remove dirt and mildew" and Employee Work Practices. Beginning 02/18/2020, the Dietary manager and/or Cook will monitor daily times eight weeks to ensure compliance. 4. Any adverse findings will be forwarded by the Dietary Manager to the Quality Assurance and Performance Improvement Committee for further action, as indicated.	

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M 655	Continued From page 8 The facility submitted an acceptable Immediate Jeopardy Removal Plan, on 02/19/2020, in which the facility alleged all corrective actions were completed on 02/19/2020, and the IJ was removed on 02/19/2020. The SA validated the facility's Immediate Jeopardy Removal Plan, on 02/20/2020, and determined the IJ was removed on 2/19/2020, prior to the SA's exit on 02/20/2020. Findings include: Review of the facility's policy titled, "Suctioning the Lower Airway (Endotracheal (ET) or Tracheostomy Tube), with a revised date of October 2010, revealed the training was addressed for in-servicing on the policy and demonstrated competency in the procedure is required on hire, and at least annually for Registered Nurses. The Purpose of this procedure revealed is to remove secretions, maintain a patent airway, and prevent infection of the lower respiratory tract. Review of the facility's policy titled, "Tracheostomy Care", with a revision date of August 2013, revealed the purpose of the procedure is to guide tracheostomy care and cleaning of reusable tracheostomy cannulas. The Training stated in-servicing on the policy and demonstrated competency in this procedure is required on hire and at least annually for Registered Nurses and Licensed Practical Nurses. The Equipment and Supplies included tracheostomy care kit, suction catheter, suction machine, pulse oximeter, gloves, sterile water or normal saline, hydrogen peroxide, and extra gauze. The General Guidelines included: 1.	M 655		

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M 655	Continued From page 9 Aseptic technique must be used during cleaning and sterilization of reusable tracheostomy tube; during all dressing changes until the tracheostomy wound has healed and during tracheostomy tube changes or disposable. 2. Sterile gloves must be worn during aseptic procedures. 4. Tracheostomy care must be provided as often as needed, at least once daily for old, established tracheostomies, and at least every eight (8) hours for residents with unhealed tracheostomies. 7. A suction machine, supply of suction catheters, exam sterile gloves, and flush solution, must be left at the bedside at all times. Review of the facility's policy titled, "Resident Assessment Instrument", revised September 2010, revealed a comprehensive assessment of a resident's needs shall be made within fourteen (14) days of the resident's admission. The Policy Interpretation and Implementation revealed: 3. The purpose of the assessment is to describe the resident's capability to perform daily life functions and to identify significant impairments in functional capacity. 4. Information derived from the comprehensive assessment helps the staff to plan care that allows the resident to reach his/her highest practicable level of functioning. 6. Within seven (7) days of the completion of the resident assessment, a comprehensive care plan will be developed. Review of the Mississippi State Board of Nursing (BON) website, revealed frequently asked questions (FAQs): The BON's statement regarding the LPN's scope of practice with Tracheostomy care revealed, "It is within the scope of practice of the LPN to perform Trach care and suction secretions from the Trach tube. However, it is not within the scope of practice for the LPN to perform deep right main stem	M 655		

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M 655	Continued From page 10 suctioning. If deep suctioning is required for a patient, a Registered Nurse (RN) must perform the procedure." Review of the Mississippi (MS) Board of Nursing Laws and Rules Administrative Code Part 2830 Practice of Nursing Title 30: Professions and Occupations Chapter 2, Functions of the Licensed Practical Nurse, (LPN) revealed: Rule 2. 1-LPN Supervision, "The LPN gives nursing care which does not require the specialized skill, judgement, and knowledge required of an RN. Advanced Practice Registered Nurse (APRN), Licensed Physician, or Licensed Dentist." Review of the facility's nursing staff schedule, from 01/24/2020 to 02/17/2020, revealed 23 of the 24 days, the facility did not have RN and/or RT coverage for all shifts, 7 AM to 3 PM, 3 PM to 11 PM or 11 PM to 7 AM to provide deep tracheal suctioning or emergency trach care if needed for Resident #214. Review of the facility's Daily Nurse Staffing sheets, from 02/10/2020 to 02/16/2020, revealed one Registered Nurse (RN) was scheduled for the day shift - 6 AM to 2 PM and 7 AM to 3 PM, and there was no RN scheduled for the evening shift - 2 PM to 10 PM and 3 PM to 11 PM or the night shift - 10 PM to 6 AM and 11 PM to 7 AM. Review of the hospital's admission notes by the Physician revealed, on 01/18/2020 revealed Resident #214 was brought to the hospital by her husband due to alteration in mental status, and the assessment by the physician was Acute Metabolic Encephalopathy. Resident #214 was previously hospitalized for Pneumonia from 01/08/2020 to 01/14/2020. Resident #9's husband brought her back to the hospital, on 01/18/2020	M 655		

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M 655	Continued From page 11 because she was sleeping a lot, and was confused when she was awake since she was discharged on 01/14/2020. The hospital Physician's History Note, dated 01/18/2020, revealed Resident #214 had a tracheostomy in 2007, and has paralysis of her bilateral vocal cords and larynx. On 02/17/2020 at 4:00 PM, an interview with the Director of Nursing (DON) and Administer revealed they do not have RN coverage 24 hours per day seven days per week to provide deep suctioning or emergency trach care if needed for Resident #214. The DON stated the resident provided her trach care at home for years and was providing it herself at the facility. The DON stated Resident #214 prefers to take care of it herself. An interview, on 02/18/2020 at 3:00 PM, with the Administrator and the DON, revealed the DON did say that if Resident #214 required deep suctioning and the RN was not here, the LPN would have to call for an ambulance to transfer her to the hospital. The DON said it would take the ambulance five (5) minutes to get to the facility and another two (2) minutes to get to the hospital, that would be seven (7) minutes, and could result in possible brain damage. The DON stated she just did not think about 24 hour a day RN coverage at the time Resident #214 was admitted to provide deep suctioning or emergency trach care if needed. An interview, on 02/19/2020 at 5:30 PM, revealed the Medical Director stated he did not know Resident #214 prior to admission to the facility, and he was aware Resident #214 was admitted to the facility with a tracheostomy. The Medical Director stated it was possible Resident #214	M 655		

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M 655	Continued From page 12 could have more respiratory issues with a history of Pneumonia and Chronic Obstructive Pulmonary Disease (COPD). The Medical Director stated he was not aware the facility did not have RN coverage to provide deep suctioning if it was needed. The Medical Director said he assumed they would have coverage that was required. He further stated he would expect the RN to perform the deep suctioning as needed. The Medical Director also said he would expect the facility to assess the resident to ensure she was able to provide her trach care safely. The Medical Director said he knew the resident was admitted to the facility from the hospital with Pneumonia and she was here for physical therapy for weakness. The Medical Director stated he was trusting the staff to do what was needed to provide care for Resident #214. The Medical Director stated he did not have any concerns regarding Resident #214 being mentally unstable. On 02/17/2020 at 3:55 PM, an observation revealed Resident #214 was lying in bed, with a tracheostomy intact. No distress was noted. On 02/17/20 at 4:08 PM, an observation of Resident #214's room revealed there was no suction machine, suction catheter kit, or tracheostomy care kit. There was an oxygen concentrator machine and humidifier in the room that was just sitting there, not connected to anything. On 02/17/20 at 4:09 PM, an interview with Resident #214 revealed they (the facility) told her she would have to take care of her trach herself. Resident #214 said she had managed to care for her trach at home for many years and could do it here at the nursing home. Resident #214 said	M 655		

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M 655	Continued From page 13 she suctioned herself as needed and had not required a nurse to suction her since she has been there. Resident #214 stated she does her trach care every day. Resident #214 stated she did have suction equipment over there, pointing to the nightstand, that they (the facility) had brought it in. The facility had brought in trach care supplies, however there were no suction supplies observed at this time. Resident #214 was at the nursing home for therapy and planned to return home. Review of Resident #214's Physician's Orders revealed an order, dated 01/28/2020, for Resident #214 to provide her own trach care and suction the trach as needed to remove excess secretions. Review of Resident #214's Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/30/2020, revealed the Special Treatments/Programs section was checked for oxygen (O2) use and tracheostomy care. Suctioning was not checked. Resident #214's Basic Interview for Mental Status (BIMS) score was 11, which indicated moderate cognitive impairment. The MDS also revealed Resident #214 did not have any vision, hearing or speech deficits, and was able to make herself understood to others, and she was able to understand others. The DON revealed during an interview, on 02/19/2020 at 5:20 PM, she should have observed Resident #214 perform her trach care to ensure she was doing it correctly. Review of Resident #214's Medical Record revealed there were no assessments regarding the resident's ability to perform self trach care until the Departmental Notes-Respiratory	M 655		

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M 655	Continued From page 14 Therapy, dated 02/18/2020 at 9:07 PM, late entry for 6:30 PM, for Resident Trach Care Self Performance, revealed Resident #214 is performing adequate trach care for herself to a seven (7) year established trach. The RT explains due to the resident's report of being sick at her stomach and not wanting to move the trach around very much right now, they agreed for her to demonstrate and describe how she provided her trach care. The RT also documented she had asked the resident if she wanted the RT to get the nurse, but the resident reported the nurse had already given her something for the nausea. The RT documented Resident #214's demonstration showed the resident was comfortable and competent to provide her own trach care, and the RT's opinion was that Resident #214 was very competent in doing her own trach care. Resident #214 declined for the surveyor to observe her perform her trach care. An interview, on 02/20/2020 at 10:15 AM, revealed Resident #214's Family Member #2/husband, said the resident came to the nursing home for therapy. Resident #214's husband stated the resident had been taking care of her trach at home for a long time without any problems. The husband confirmed Resident #214 had been hospitalized twice due to Pneumonia and COPD. The husband reported the nursing home did know about the trach before Resident #214 went there. The husband also reported Resident #214 has long term memory problems at times. An interview, on 02/17/2020 at 5:17 PM, with LPN #2, revealed the RN provided supervision when she's here and the LPNs and RNs are charge nurses. LPN #2 reported she had not received	M 655		

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M 655	Continued From page 15 any training from the facility regarding trach care since she has been employed at the facility. LPN #2 said she did receive trach care training in nursing school. LPN #2 reported the emergency supplies, suction, and crash cart was kept in the clean utility room behind the nursing station in a locked room. The room has a key pad lock, and all nursing staff has the code to the room. LPN #2 said the nurses check the crash cart each shift. LPN #2 stated the nursing staff changes out the oxygen concentrator tubing weekly. LPN #2 did not reveal how or who was monitoring Resident #214 to ensure she was providing the trach care and suctioning as needed, ensuring the resident was provided trach care supplies as needed, or the bedside equipment such as a suction machine, suction catheter, and trach kit, that may be required in case if an emergency arose such as the need for deep suctioning or decannulation. On 02/18/2020 at 4:05 PM, an interview with Licensed Practical Nurse (LPN) #2, revealed Resident #214 preferred to take care of her own tracheostomy because she had been doing it for years at home. LPN #2 stated if Resident #214 needed deep suctioning she would provide some type of care to keep the resident alive until the paramedics got to the facility, but she would not do anything not in her scope of practice. LPN #2 said she would check the oxygen level, raise the head of the bed, and she would suction around the trach that didn't work and stay at the resident's bed side till help arrived. LPN #2 said she would call the medical doctor after she got the resident's vital signs. LPN #2 said if the cannula came out, she would keep the airway open and keep the resident oxygenated till the paramedics arrived. LPN #2 said tracheal suctioning is a sterile procedure. LPN #2 said she would oxygenate the resident and suction no	M 655		

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M 655	Continued From page 16 longer than 10 seconds, oxygenate and repeat suction. LPN #2 stated when the suction equipment was not in use it was kept in a zip lock bag and changed weekly, they date and initial the bag. LPN #2 stated they change the oxygen concentrator tubing weekly. An interview, on 02/18/2020 at 3:26 PM, revealed LPN #3 stated no one does trach care here. LPN #3 said Resident #214 does her own trach care. LPN #3 said if Resident #214 had any problems breathing, she would go get the RN. LPN #3 stated if the trach cannula came out the resident would be at risk for infection. LPN #3 further stated she would do nothing else if the resident could still breathe, and she would go get the RN, and if the RN was not there she would call the RN and see if she wanted her to send the resident out. LPN #3 reported she works the 7 AM to 3 PM shift on the West Wing and sometimes to 7 PM. LPN #3 stated she has been employed at the facility for nine (9) years, and there has not been a trach patient here till now. LPN #3 said the RNs would have to do the trach care. LPN #3 said she has not received any training by the facility on trach care and there has not been any training provided by the facility for trach care. LPN #3 did not confirm how the facility was monitoring to be sure Resident #214 was providing trach care and suctioning as needed, or ensure the resident had the necessary trach care supplies, or emergency equipment kept at the bedside. On 02/18/2020 at 1:55 PM, an interview with LPN #4, revealed the RNs and LPNs provide resident care. LPN #4 stated the RNs were in charge of the trach care. LPN #4 stated the LPNs can suction, but only the RNs can deep suction the trachs. LPN #4 stated if the resident exhibited signs and symptoms (s/s) of respiratory distress	M 655		

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M 655	Continued From page 17	M 655		

such as facial grimacing, she would try to get them to calm down, get their Oxygen Saturation (O2 Sat), and get their vital signs (v/s). LPN #4 stated if the resident needed deep suctioning and the RN was not here, she would suction the resident, keep the airway open, and call 911. LPN #4 stated the crash cart is kept in the clean utility room. The door is kept locked, but all the nurses know the code. LPN #4 reported the last training for trach care was provided by the corporate nurse back in October or November of last year. They watched the corporate nurse and then did a return demonstration. LPN #4 stated if there were any changes in a resident she would report it to the RN and the physician. LPN #4 said she has not worked the West Wing since Resident #214 has been here, and she worked the West Wing two months ago, but we can be pulled to work any hall. LPN #4 did not confirm how the facility was monitoring to be sure Resident #214 was providing trach care and suctioning as needed, or ensure the resident had the necessary trach care supplies, or emergency equipment kept at the bedside.

On 02/17/20 at 4:17 PM, an interview with the DON revealed the corporate respiratory therapist trained the staff on care of a tracheostomy about a couple of weeks ago.

Record review revealed the only In-Service Attendance Sheet the facility provided for trach care, suctioning the upper airway, oxygen therapy and administration and Chronic Obstructive Pulmonary Disease (COPD) was dated October 10, 2019. The sign in sheet revealed the signature of one person. The training was provided by the RT.

On 2/19/2020 at 1:50 PM, an interview with RN

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M 655	Continued From page 18 #1/Minimum Data Set (MDS) Nurse, revealed she does not have anything to do with the nurse staffing or scheduling to ensure RN coverage 24 hours per day seven (7) days per week to provide deep suctioning or trach emergency care if needed. RN #1 stated the Director of Nurses (DON) does the nursing staff schedule. RN #1 stated Resident #1 provided her own trach care and suctioning. RN #1 confirmed she had not provided trach care or deep suctioning for Resident #214. RN #1 confirmed she was aware the LPNs could not deep suction trachs. RN #1 also stated if a resident needed deep suctioning and did not get it, the resident could die. RN #1 also said it would take about seven (7) minutes for the ambulance to get here and the resident could die in seven (7) minutes. RN #1 said she has had training for tracheostomy care. She stated the last training prior to survey was around August 2019, and she also had training by the DON on 02/19/2020. On 02/18/2020 at 3:46 PM, an interview with Certified Nursing Assistant (CNA) #3, revealed she has been employed at the facility since March of 2019, and she has not had any prior training to take care of a resident with a trach. CNA #3 stated she was currently Cardiopulmonary Resuscitation (CPR) certified. CNA #3 said she works swing shift, she works 2 PM to 10 PM on the weekends and 6 AM to 2 PM the other days. CNA #3 said she has not worked with a resident with a trach before, however Resident #214 was assigned to her today. CNA #3 said she did know the resident did everything for herself. CNA #3 said she has not received any training on taking care of a resident with a trach. If Resident #214 was having respiratory difficulty CNA #3 said the first thing she would do is call for help, she would not leave her. If the resident was gasping for	M 655		

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M 655	Continued From page 19 breath or not breathing she would call for help, shake her to see if she was OK and then call for help. Review of the Face Sheet revealed Resident #214 was admitted by the facility, on 01/24/2020, with the included diagnoses Metabolic Encephalopathy, Chronic Obstructive Pulmonary Disease, Tracheostomy, Paralysis of Bilateral Vocal Cords and Larynx, and Pneumonia. Review of Resident #214's Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/20/2020, revealed the resident required extensive assistance with one person physical assist for bed mobility, transfers, dressing, toileting, personal hygiene and bathing. The facility's accepted Immediate Jeopardy Removal Plan: Haven Hall Healthcare Center Administrator and Director of Nursing were notified of Immediate Jeopardy and Substandard Quality of Care on, 2/17/2020 at 7:50 p.m. related to the facility admitting Resident #214 on 1/24/2020 with a Tracheostomy and (1) Failure to assess resident during routine Tracheostomy care performed per resident, (2) Failure to develop and implement a care plan for the care of resident's tracheostomy, and (3) Failure to provide around the clock Registered Nurse (RN) or Respiratory Therapist (RT) coverage to provide deep suctioning and emergency Tracheostomy care, placed the resident at risk for serious injury, harm, impairment. Immediately upon notification: The Director of Nursing put in place for Registered Nurse coverage to be 24/7.	M 655		

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M 655	Continued From page 20 An emergency Quality Assurance meeting was called on 2/17/2020 at 8:14 PM to discuss (1) Failure to assess resident during routine Tracheostomy care performed per resident, (2) Failure to develop and implement a care plan for the care of resident's tracheostomy, and (3) Failure to provide around the clock Registered Nurse (RN) or Respiratory Therapist (RT) coverage to provide deep suctioning and emergency Tracheostomy care, placed the resident at risk for serious injury, harm, impairment. Those in attendance were the Medical Director, Administrator, Director of Nursing, Nurse Consultant, Assistant Director of Nursing, Minimal- Data Set Nurse, Care Plan Nurse, Social Worker, and Admissions/Medicare Nurse. Policy and Procedure on Tracheostomy Care was reviewed on 2/17/20, by the Director of Nursing with no policy changes implemented. This policy was revised 8/2013. Facility identified through record review by the Director of Nursing on 2/17/20 at 9:00 P.M., that Resident #214 is the only resident in the facility that has a Tracheostomy, Review of Resident# 214's Care Plan was conducted by the Director of Nursing and the Care Plan Nurse developed a plan of care on 2/17/20 at 8:00 p.m, to include specific needs and staff involved to. provide needed services according to the resident's wishes. (1) Potential for complications related to Tracheostomy: Deep suction as needed for thick or copious amounts of secretions the resident is unable to expel, per Registered Nurse or Respiratory Therapist. If resident becomes de-cannulated, cannula to	M 655		

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M 655	Continued From page 21 be replaced using sterile technique, per Registered Nurse or Respiratory Therapist. Respiratory Therapist to assess resident each visit to the facility and will be available for consultation as needed. Assess for signs and symptoms of respiratory distress to include but not limited to labored breathing, cyanosis, low blood pressure, restlessness, dyspnea, decreased oxygen saturations, rattling breath sounds, etcetera, as needed per Registered Nurse or Respiratory Therapist. Notify Medical Director of any negative findings, per Nurse. Keep Ambu bag at bedside, per Nurse or Registered Nurse. Keep oxygen saturation monitor at bedside, per Nurse. Keep suction machine at bedside, per Nurse. (2) At risk for aspiration related to tracheostomy:: Change out tracheostomy tubing and mask weekly on Thursday, per Nurse. Suction tracheostomy as needed using aseptic technique, Resident to perform as needed for increased secretions, per Resident. Tracheostomy care, using aseptic technique every shift, per Resident, Registered Nurse to be in room in case of complications, Registered Nurse. Change out tracheostomy tubing and mask weekly, on Thursday, per Nurse. Resident is to be maintained in an upright or sitting position while eating, per Nurse. Assess for signs and symptoms of respiratory distress to include but not limited to labored breathing, rapid breathing, cyanosis, low blood pressure, restlessness, dyspnea, decreased oxygen saturation, rattling breath sounds, etcetera, as needed per Registered Nurse and/or Respiratory	M 655		

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M 655	Continued From page 22 Therapist. Assess for signs and symptoms of aspirations to include but not limited to fever, cough, shortness of breath, fatigue, etcetera, as needed, per Registered Nurse and Respiratory Therapist. Notify Medical Doctor of any negative findings, per Nurse. Keep Ambu bag at bedside, per Nurse or Registered Nurse. Keep oxygen saturation monitor at bedside, per Nurse. Keep suction machine at bedside, per Nurse. Oxygen saturation taken, every shift, and notify Physician if oxygen saturation is less than 90 percent, per Nurse. (3) Resident prefers to perform her own Tracheostomy care, per Resident. Allow Resident to perform own Tracheostomy care, as desired, with Registered Nurse present, per resident. Honor Residents right to perform own Tracheostomy care, per Nurse. Registered Nurse staffing 24 hours 7 days a week in case of emergency Tracheostomy care needed, per Nurse. Encourage Resident to notify Licensed Practical Nurse or Registered Nurse prior to performing Tracheostomy care, per Nurse. Review of Registered Nurse scheduling was done on 2/17/20 at 8 :30 P.M. by the Director of Nursing to ensure that the facility had 24/7 Registered Nurse coverage. We will continue to hire Registered Nurses. While we are in the process of hiring the Registered Nurses to cover the around the clock Registered Nurse positions, we will reach out and utilize the resources of our Nurse Consultant (Registered Nurse), Director of Clinical Service (Registered Nurse), or our Clinical Respiratory	M 655		

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M 655	Continued From page 23 Therapist, in the event one of the Registered Nurses are unable to perform their duties. We have a Contract in place, effective 2/18/2020, with a Staffing Agency for Registered Nurse coverage. The initial date they will be on site for Registered Nurse coverage is, Friday, 2/21/2020, 3/11 shift. They will be trained prior to working on the floor, Friday 2/21/2020, on facility Policies related to Tracheostomy Care and Deep Suctioning by the Director of Nursing. Registered Nurses (6 Registered Nurses) in-serviced per Director of Nursing on 2/17/2020 at 9:00 P.M. on policy for assessing the residents for self care related to Tracheostomy care and suctioning. No nurse will be allowed to work until they have received the above in-service education. Care plan nurse re-in-serviced per Director of Nursing on 2/17/2020 at 9:45 P.M. on the policy for completing comprehensive care plans. This nurse was not allowed to work until she had received the above in-service education. Resident was assessed to ensure that she is able to perform her own Tracheostomy care on 2/18/2020 at 6:30 P.M. per Respiratory Therapist. Respiratory Therapist was able to confirm that Resident #214's ability to safely perform her own Tracheostomy care. In-services were initiated on 2/18/2020 at 7 :22 p.m. by the Assistant Director of Nursing with Certified Nursing Assistants (17 Certified Nursing Assistants), Licensed Practical Nurses (10 Licensed Practical Nurses), and Registered Nurses (6 Registered Nurses) on the signs and symptoms of respiratory distress. The information reviewed was provided to them. No Certified Nursing Assistant or Nurse will be allowed to work until	M 655		

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	43HH	A. BUILDING: _____ B. WING _____	02/20/2020

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M 655	Continued From page 24 they have received the above in-service education. Staff in-services initiated, 2/18/2020, at 7 :30 p.m. by the Director of Nursing with Nursing, Housekeeping, Laundry, Dietary, Maintenance, and Administrative Staff (69 employees), related to Immediate Jeopardy citations and signs and symptoms of Respiratory Distress. In-service education and competency training was provided on 2/18/2020 at 9:20 p.m., by the Respiratory Therapist, on the policy for deep suctioning with Registered Nurse (6 Registered Nurses) and Tracheostomy care with Licensed Practical Nurses and Registered Nurses (12 Licensed Practical Nurses and 6 Registered Nurses) and copy of the policies and procedures reviewed to ensure that nursing staff will be provided this information. No nurse will be allowed to work until they have received the above in-service education Haven Hall Healthcare Center alleges that, on 2/19/2020, the Immediate Jeopardy regarding Resident #214 has been removed. SA VALIDATIONS The State Agency (SA) validated by record review of the Registered Nurses (RN) schedule dated 02/19/20 revealed RN coverage twenty-four hours a day seven (7) days a week. The SA validated the Quality Assurance meeting was held on 02/17/20 by record review of sign in sheet contained containing the following signatures for: Medical Director, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Nurse, Care Plan Nurse, Nurse Consultant, Social Worker, and	M 655		

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M 655	Continued From page 25 Admission/Medicare Nurse. The SA validated no changes in the facility policy by record review with a revision date of 8/2013. The SA validated the current matrix and census by record review revealed there was no other tracheostomy residents in the facility. The SA validated by record review a comprehensive care plan was developed for Resident #214, dated 02/17/20, with interventions for tracheostomy care, resident's self trach care and RN/RT coverage 24 hours a day seven (7) days a week. The SA validated, on 02/20/20 ,by interview the Medical Director revealed that staff was informed to contact the Medical Director for any negative findings. The SA validated that Resident #214 room contained the Ambu bag, oxygen saturation monitor, and the suction machine was at bedside by observation. The SA validated agency contract by record review, dated 02/18/20, with an initial start date 02/21/20 on the 3-11 shift. The SA validated the Resident #214 declined observation of trach self care, on 02/20/20, by interview with the DON. The SA validated by interview and record review the Respiratory Therapist assessed Resident #214, on 02/18/20 at 6:30 PM, and determined the resident was competent and comfortable to perform her own trach care.	M 655		

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M 655	Continued From page 26 The SA validated by record review of the Medication Administration Record the change out of the tubing and mask is to be done on Thursdays. The SA validated all residents (Resident #214 was the only trach resident in the facility) at risk for aspiration related to tracheostomy by interview and record review of the MAR and person-centered care comprehensive care plan. The SA validated by interview that the RT is available for consultation as needed. The SA validated that Resident #214 was capable of performing self trach care by interview with the RT. The SA validated six (6) RN's was in-serviced by record review of sign in sheet on tracheostomy care, signs and symptoms of respiratory distress. The SA validated 10 Licensed Practical Nurses was in-serviced on tracheostomy care, signs and symptoms, of respiratory distress by interview and sign in sheet and interview. The SA validated thirteen Certified Nursing Assistance was in-serviced on Respiratory Distress signs and symptoms by interview and in-service attendance sign sheet. The SA validated interview and review of in-service attendance sign in sheet that six (6) Housekeeping/Laundry staff were in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet two (2) Human Resources staff was in-serviced on Respiratory Distress signs and	M 655		

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M 655	Continued From page 27 symptoms. The SA validated by interview and attendance sign in sheet one (1) Occupational Therapist in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet one (1) Account Payable Staff was in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet one (1) lawn service staff was in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet two (2) Maintenance staff was in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet two (2) Activities staff was in-serviced on Respiratory Distress sign and symptoms. The SA validated by interview and attendance sign in sheet one (1) Medical Record staff was in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet one (10 Physical Therapist Assistant was in-serviced on Respiratory Distress sign and symptoms. The SA validated by interview and attendance sign in sheet one (1) Speech Language Pathologist was in-serviced on Respiratory Distress sign and symptoms.	M 655		

MSDH - Health Facilities Licensure and Certification

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