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
	PH12	A. BUILDING: _____ B. WING _____	06/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLTOP MANOR HEALTH AND REHABILITATI	101 KIRKLAND STREET UNION, MS 39365

(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 Survey Agency (SA) conducted an annual recertification survey at the facility from 05/30/17 to 06/01/17. 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 M705. At the time of survey, the census was 57 and the facility held a license for 60 beds	M 000		
M 705	45.24.2 Policies and procedures Policies and procedures. Each facility shall have policies and procedures to assure the following: 1. Accurate acquiring; 2. Receiving; 3. Dispensing; 4. Storage; and 5. Administration of all drugs and biologicals. This Statute is not met as evidenced by: Level II Based on observation, staff interview, record review and facility policy review the facility failed to maintain a medication rate of less than five (5) percen (%)t, as evidenced by two (2) medication errors in 25 medication administrations observed. This affected Resident #14, as evidenced by medications administered at the wrong time. Findings Include: Review of facility's "6.0 General Dose Preparation	M 705	1. On 5/31/17 at 11:35 am Licensed Practical Nurse (LPN)#1 notified Resident #14's physician that 2 medications were given at the wrong time. Resident #14's physician gave a telephone order to LPN#1 to check Blood Sugar as needed, Resident #14 was assessed by the DON on 5/31/17 at 11:35am with no adverse findings noted. Medication Error Report was completed and reviewed by the Quality Assurance and Performance Improvement (QAPI) committee. A one on one in-service including General Dose	7/6/17

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M 705	Continued From page 1 and Medication Administration" policy, revised 1/1/13, revealed that policy sets forth the procedures relating to general dose preparation and medication administration, at the correct dose, at the correct route, at the correct rate, at the correct time, for the correct resident. Review of the facility's "6.2 Medication Administration Times" policy, revealed that the facility should commence medication administration within 60 minutes before the designated times of administration and should be completed by 60 minutes after the designated time of administration. The facility should administer medications ordered before meals approximately 30 minutes before meal time and should administer medications to be given after meals no later than 30 minutes after a meal has been ended. Resident #14: Record review of Physicians orders for May 2017, for Resident #14, revealed the following two (2) orders: 1) Calcium Acetate 667 Milligram (mg) capsules, take two (2) capsules three (3) times daily with meals (Scheduled dose times 07:30 AM,11:30 AM and 5:30 PM). 2) Glemeride 4 mg tablet , take one (1) tablet by mouth before breakfast (Schedule dose time is 07:30 AM). During medication administration on 05/31/17 at 9:17 AM, Licensed Practical Nurse (LPN) #1 was observed administering Calcium Acetate 667 mg capsules, two (2) capsules and one (1) Glemeride 4 mg tablet to Resident #14. During an interview on 05/31/17 at 09:20 AM, immediately after she gave the medication to	M 705	Preparation and Medication Administration was also completed with LPN#1 on 5/31/17 by the Director of Nurses (DON). 2. Residents of the facility that receive medication have the potential to be affected by this practice. 3. In-services were completed by the DON on 7/6/17 with all Licensed Nurses on the policy "General Dose Preparation and Medication Administration" to stress that medications are given at the correct time. No licensed nurse was allowed to work prior to receiving the in-service. A copy of the in-service and sign in page is included for review. 4. The DON, Assistant Director of Nurses (ADON), or Unit Manager (UM) to conduct observations of Medication Pass 3 times a week for 2 weeks, 2 times a week for 2 weeks, weekly for 4 weeks, and ongoing monthly with findings reported to the QAPI committee monthly, QAPI monitoring schedule modified based on findings. Completed observations are attached for review.	

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M 705	Continued From page 2 Resident #14, LPN #1 confirmed that she was supposed to give the medications Calcium Acetate and Glemeride at 07:30 AM, because one (1) was supposed to be given with meals and one (1) was supposed to be given before. LPN #1 said she didn't get her medication cart out until 08:00 AM. LPN #1 said this has happened many times with these two (2) medications. She stated that the medications should be administered in the morning by the night shift. LPN #1 said she has mentioned this to the night nurses but not to the Director of Nursing (DON). During an interview on 05/31/17 at 11:06 AM, the DON confirmed that the two (2) medications, Calcium Acetate and Glemeride were given late to Resident #14 and should be given as ordered, with and before meals. The DON said that the nurses have things to do when they first arrive on shift such as: get a report from the off going nurses, count the medications in the medication carts, and get the vital signs from the Certified Nursing Assistance(CNA)'s. The DON said she would probably get the night shift nurses to administer the "before meals "and "with meals" medication. The facility admitted Resident #14 on 07/22/15, with diagnosis including Type Two Diabetes Mellitus and Chronic Kidney Disease. Review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/16/17, revealed Resident #14 had a Brief Interview for Mental Status (BIMS) score of 15.	M 705		