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
	46MH	A. BUILDING: _____ B. WING _____	09/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MYRTLES NURSING CENTER, LLC	1018 ALBERTA AVENUE COLUMBIA, MS 39429

(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) determined during an annual recertification survey, conducted from 9/11/18 through 9/14/18, the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm with deficiencies cited at M620. At the time of the survey, the census was 93, and the facility held a license for 98 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. Level II Based on observation, staff interview, facility policy review, and record review, the facility failed to provide catheter care in a manner to prevent the possible spread of infection for two (2) of six (6) catheter care observations; Resident #54 and Resident #60; and failed to prevent possible trauma to the urethra for four (4) of six (6) catheter care observations; Resident #54, Resident #60, Resident #87, and Resident #29. Findings include: A review of the facility's policy entitled "Perineal Care", with an original date of 06/94, and a latest revision date of 11/17, revealed: While performing perineal care, secure the catheter tubing to one	M 620	M 620 *On 9/18/2018, the Director of Nursing (DON)assessed Residents #54, #60, #87, and #29 with no new adverse findings noted. On 9/14/2018, the Staff Development Coordinator (SDC) in-serviced Certified Nurse Aides (CNA's) #1, #2 and #4 related to the correct procedure for indwelling urinary catheter care. *All residents with indwelling urinary catheters have the potential to be affected by this deficient practice. *On 9/27/2018, the SDC began in-servicing CNA's related to the facility's "Perineal Care" policy. In-servicing will continue until all direct care Certified Nursing Assistants have been in-serviced	10/9/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 10/01/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46MH	A. BUILDING: _____ B. WING _____	09/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MYRTLES NURSING CENTER, LLC	1018 ALBERTA AVENUE COLUMBIA, MS 39429

(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 620	Continued From page 1 (1)leg without causing traction of the urethra. Using one (1) hand hold the catheter close to the urethral opening to prevent tension as you wash the tubing. Do no let the tubing cause traction on the urethra at any time. Start at the meatus and wash the tubing in a circular motion away from the body about four (4) to five (5) inches. Resident #54 On 09/13/18 at 2:19 PM, observation revealed Resident #54 lying in bed, awake with an indwelling urinary catheter to gravity drainage. Certified Nursing Assistant (CNA) #2 performed catheter care on Resident #54. CNA #2 held the catheter tubing about four (4) inches away from the meatus and wiped towards the meatus. Resident #54 did not have a securing device in place. On 9/13/18 at 3:15 PM, interview with CNA #2 revealed holding the catheter tubing keeps from pulling the catheter out. CNA #2 also stated, she needed to wipe the catheter tubing away from the penis area to prevent infection. On 9/13/18 at 2:35 PM, interview with the Director of Nurses (DON) revealed training is done on a timed and as needed basis for catheter care. The DON stated wiping towards the meatus is not using proper technique and there is always the potential for complications, you could potentially contaminate the urinary system. The DON also stated, there is nowhere to put a securing device for Resident #54, because of the belly bag. A review of the facility's Face Sheet revealed, Resident #54 was admitted on 5/12/16, with a diagnosis of Urethral Stricture. The physician's orders revealed, Foley Catheter 16 FR (French) 10 Cubic Centimeter (CC) bulb for Urinary	M 620	prior to care of residents with an indwelling urinary catheter. On 10/1/2018, the Quality Assurance Committee (QAC) reviewed the policy, "Perineal Care" with no recommended changes to the policy. *The DON and/or SDC will observe Perineal Care of four (4)residents with indwelling urinary catheters per week for four (4)weeks and then monthly for two (2) months. The QAC will evaluate the DON and/or SDC assessments monthly for three (3) months and make recommendations as needed to ensure ongoing compliance with M Tag 620.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46MH	A. BUILDING: _____ B. WING _____	09/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MYRTLES NURSING CENTER, LLC	1018 ALBERTA AVENUE COLUMBIA, MS 39429

(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 620	Continued From page 2 Retention. Resident #60: On 09/13/18 10:40 AM, CNA #1 performed catheter care on Resident #60. CNA #1 held Resident #60's catheter tubing about four (4) inches away from the meatus area and wiped towards the meatus three (3) times and dried the catheter tubing holding the catheter tubing at least four (4) inches away from the meatus wiping in a motion towards the meatus once, which caused tugging of the catheter tubing. This CNA did not wipe around the head of the penis area at all and stated she had finished catheter care. On 9/13/18 at 3:10 PM, interview with CNA #1 revealed she should have held the catheter tubing close to the penis area and wiped in an outward motion, away from the penis. CNA #1 stated that would keep from pulling the catheter out and keep the resident from getting an infection. On 9/13/18 at 2:55 PM, interview with Registered Nurse (RN) #1 revealed the CNAs complete a skilled evaluation once a year. RN #1 also stated she does random observations throughout the year. RN #1 stated there is a problem with holding the catheter tubing about four (4) inches away from the meatus and wiping towards the meatus. This nurse stated, "They (referring to the CNAs) are supposed to hold it at the meatus and wipe outwards about four (4) inches, to prevent pulling the tubing and also to prevent infection. RN #1 stated, the catheter tubing need to be secured somehow, so it does not pull. Record review of the physician's orders, dated September 2018, revealed an order for an indwelling Foley Catheter 18 French with 30 cubic centimeter (cc) bulb, and change catheter	M 620		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46MH	A. BUILDING: _____ B. WING _____	09/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MYRTLES NURSING CENTER, LLC	1018 ALBERTA AVENUE COLUMBIA, MS 39429

(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 620	Continued From page 3 monthly. Resident has a diagnosis of Benign Prostate Hypertrophy (BPH) and Urinary Retention. Resident #29 Observation of incontinent/catheter care on 09/13/2018 at 2:32 PM, revealed Certified Nursing Assistant (CNA) #3 failed to secure tip of the catheter near the meatus while performing catheter care to prevent trauma to the penis. During an interview on 09/13/18 at 2:38 PM, CNA #3, revealed she forgot to hold the tubing near the meatus. CNA #3 said she knew it would cause trauma by not holding the tubing however she forgot. During an interview on 09/13/18 at 2:45 PM, Registered Nurse (RN) #1 stated that the CNA's are trained to secure the catheter while providing care to the resident. RN #1 said the CNA's are suppose to hold the tubing near the meatus and clean four (4) inches away from the meatus. During an interview on 09/13/18 at 2:52 PM, The Director of Nursing (DON) confirmed the staff failed to prevent trauma by not securing the tubing of the catheter while providing catheter care. Record Review of the facility's Inservice training, dated 7/16/2018, revealed CNA #3 was educated on Urinary tract Prevention and Perineal Care. A review of the facility's face sheet revealed the facility admitted Resident #29 on (01/11/2018) with diagnoses, which included BPH with lower urinary tract symptoms, Urinary Retention and Alzheimer's Disease.	M 620		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46MH	A. BUILDING: _____ B. WING _____	09/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MYRTLES NURSING CENTER, LLC	1018 ALBERTA AVENUE COLUMBIA, MS 39429

(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 620	Continued From page 4 Resident #87 Observation of incontinent/catheter care on 09/13/2018 at 01:26 PM, with CNA #4, revealed the CNA failed to secure the tubing while providing catheter care. During an interview on 09/13/18 at 2:38 PM, CNA #4 stated she forgot to hold the tubing near the bladder while performing catheter care for Resident #87. CNA #4 said she knew it would cause trauma by not holding the tubing however she forgot. During an interview on 09/13/18 at 2:52 PM, with the DON confirmed the staff failed to prevent possible trauma by not securing the tubing of the catheter for Resident #87, while providing catheter care. A review of the facility's face sheet revealed the facility admitted Resident #87 on (01/27/2017) with diagnoses, which included Other Specified disorders of bladder, Overactive Bladder and Cystostomy.	M 620		