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
	48AM	A. BUILDING: _____ B. WING _____	04/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF AMORY	1215 EARL FRYE DRIVE AMORY, MS 38821

(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 a recertification survey from 4/15/19 to 4/18/19. During the survey the SA determined the facility was not in compliance with the Minimum Standards for The Institutions For The Aged And Infirm. The SA cited the state statutes M610 and M620. The facility's census on 4/15/19 was 127 residents, and the facility held a license for 152 beds.	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; 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 facility policy review, observations, record reviews, and interviews, the facility failed to ensure the dependent residents that are unable to carry out activities of daily living, receive the necessary services to maintain good personal hygiene for three (3) of 25 sampled residents (Residents #1, #24, and #26). Findings include:	M 610	Resident #1 fingernails were cleaned by Certified Nursing Assistant on 4/17/19 and trimmed according to Resident's/Families preference. Resident #24 was shaved by Certified Nursing Assistant on 4/15/19. Resident #26 fingernails were cleaned by Certified Nursing Assistant on 4/18/19 but he would not allow the staff to trim his nails. All care was provided per care plan.	6/24/19

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		06/20/19

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M 610	Continued From page 1 A facility policy entitled, "ADL (Activities for Daily Living) Care", dated 06/17, documented, "All residents will receive assistance as needed with their daily personal care" 1. Record review of Resident #1's undated Face Sheet, found in front of his clinical record, revealed the resident's most recent admission by the facility was 09/26/11, with diagnoses to include Hemiplegia and Hemiparesis (paralysis affecting one side of the body) following Cerebral Infarction (stroke) affecting left non-dominant side. Review of Resident #1's Quarterly Review MDS, with an Assessment Reference Date (ARD) of 04/01/19, found in the electronic record under the "MDS" tab, revealed the resident required extensive assistance for personal hygiene. On 04/15/19 at 1:52 PM, Resident #1 was observed upright in his bed with his lunch tray. At that time, it was noted that the resident's fingernails were approximately .25 centimeter (cm) long with a dark substance underneath several of his nails. Additional observations of Resident #1 on 04/16/19 at 9:56 AM, and 04/17/19 at 2.34 PM, revealed his fingernails continued to be long and with the dark substance under them. Resident #1's Care Plan, found in the electronic record under the "Care Plan" tab, with a Focus on his physical functioning deficit related to his diagnosis of Hemiparesis and Chronic Obstructive Pulmonary Disease revealed an intervention that was revised on 01/16/19, that indicated the resident required extensive	M 610	All dependent Residents have the potential to be affected by the deficient practice of. On 4/24/19, focus rounds were conducted on all residents by Unit Managers, Director of Nursing Services, Assistant Director of Nursing Services and Department Heads to observe that all Residents had been shaved and fingernails were clean and trimmed. Focus rounds began on 4/24/19 by Unit Manager, Director of Nursing Services, Assistant Director of Nursing,on Ten residents Three times a week for four weeks, then Ten Residents weekly thereafter, to ensure that the Resident's finger nails are clean and trimmed and Resident's have been shaved. Results of focus rounds will be reviewed in Daily Clinical Start-up for follow up and any refusals will be addressed with the Resident/Family and care planned. An in-service was conducted by Director of Clinical Education with all nursing staff on cleaning and trimming Residents finger nails and making sure that all Residents are shaved when needed. The in-service was held on 4/22/19 through 6/17/19. Findings from the review will be brought to monthly Quality Assurance Performance Improvement meeting by the Assistant Director of Nursing for root cause analysis, trending and follow up.	

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M 610	Continued From page 2 assistance with personal care. On 04/17/19 at 2:34 PM, Resident #1 was noted in bed, and his fingernails continued to need care. The dark substance remained under his nails and the nails remained long. During an interview with Certified Nursing Assistant (CNA) #65 on the same day directly after the observation, the aide revealed residents' nails are cleaned with their baths or as needed. On 04/17/19 at 2:47 PM, during an interview with Registered Nurse (RN) #10, who was assigned to Resident #1's unit, it was revealed Resident #1 was scheduled for baths on Monday, Wednesday, and Friday, on the 3 PM to 11 PM shift. Review of a report from Resident #1's electronic record of his activities of daily living/care, provided by the Assistant Director of Nursing (ADON), revealed Resident #1 was last showered on 04/09/19, and received a bed bath on 04/15/19. There was no notation any nail care had been provided. 2. Record review of Resident #24's Face Sheet, found in the front of the resident's clinical record, revealed the resident was last admitted to the facility on 01/11/19, with diagnoses to include Muscle Weakness (Generalized), Unspecified abnormalities of gait and mobility, and Tremor, unspecified. During observations of Resident #24, on 04/15/19 around 12:15 PM, it was noted the resident had facial hair that was approximately .25 cm in length. When asked the last time the resident had been shaved, he stated that he needed one.	M 610		

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M 610	Continued From page 3 On 04/17 at 12:42 PM, and again on 04/18/19 at 8:40 AM, in the resident's room, Resident #24 was observed with a growth of whiskers to his face and confirmed he had not been shaved. Resident #24 replied when asked about his shave, "I sure need it." He stated he had a shower the day before. Record review of Resident #24's admission MDS, with an ARD date of 01/18/19, found in the electronic record under the "MDS" tab, revealed the resident required extensive assistance for personal hygiene and was totally dependent on staff for bathing. Resident #24's Care Plan, dated 01/24/19, with a Focus on his physical functioning deficit related to his mobility impairment and self-care impairment, found in the clinical record under the "Care Plan" tab, noted an intervention that he usually needs extensive assistance with personal hygiene and dressing. On 04/18/19 9:08 AM, with CNA #74, who was assigned to Resident #24's hall, revealed staff try to shave residents when their facial hairs grow back and if the resident gets a shower on the later shift they are shaved on the day shift. The aide shared a copy of the "Care Giver Information Sheet," for the C Hall where Resident #24 resided. According to the sheet, Resident #24 was scheduled for showers on the 3 PM to 11 PM shift. 3. Observation on 04/15/19 10:55 AM, revealed Resident #26's fingernails were very long with dirt under them. His right thumb has a nail which came to a point and was approximately half an inch in length. Resident #26 has a diagnosis of	M 610		

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M 610	Continued From page 4 Hemiplegia to his right dominant side after a stroke. His right arm was flaccid, and he often wears a sling. Another observation, on 04/18/19 at 1:42 PM, revealed the right thumb nail in the same condition as previously observed, uncut and dirty. Review of the Minimum Data Set (MDS) assessment, dated 04/12/19, revealed that Resident #26 requires extensive assistance of one person to carry out personal hygiene tasks such brushing teeth, combing hair and cutting finger and toe nails. The resident had a BIMS score of 4 (of 15), which indicated severe cognitive impairment. The resident had a "Care Plan", dated 04/12/19, with an intervention to: "improve his level of physical functioning including improving his physical hygiene." Interview with Registered Nurse (RN) #4, on 04/18/19 at 1:55 PM, revealed staff are to look at the finger nails during the resident's bath and cut the nails when needed. In an interview with Certified Nurse Assistant (CNA) #50, on 04/18/19 at 2:05 PM, CNA #50 stated, "he can tell you what he wants, and has not told us he wants his nails cut."	M 610		