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
	80TC	A. BUILDING: _____ B. WING _____	05/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOUISVILLE HEALTHCARE LLC	543 EAST MAIN STREET/PO BOX 542 LOUISVILLE, MS 39339

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M 000	Initial Comments During the re-certification survey of 5/13/19-5/16/19, conducted by Ascellon, acting on behalf of the MS State Department of Health, the survey determined that the facility was not in compliance with federal requirements at F684, F801, and F803. It is also determined, as a result of the survey findings, that the facility is not in compliance with the Minimum Standards of Operation for Institutes for the Aged or Infirm, state licensure requirements at M655, M810, and M860. The census at the time of survey was 55 and the facility held a license for 60 beds.	M 000		
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 II Based on observation, record review, interview, and review of facility policy, the facility failed to implement proper air mattress settings to promote healing of wounds and failed to follow the physician's order to keep the wounds covered, for one (1) resident, Resident #29, of four (4) residents sampled for wounds. Findings Included:	M 655	M 655: The facility compromised quality of care for Resident #29 by failing to implement proper air mattress settings to promote healing of wounds and failed to follow physician orders to keep the wounds covered. On 05/16/2019 at 2:00pm, the Registered Nurse Unit Manager went to the resident's room and corrected the setting on the air mattress to reflect the resident's proper weight, and the Wound	6/18/19

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

Electronically Signed | 06/19/19

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M 655	Continued From page 1 Review of a facility policy titled "Wound Treatment Management", dated 2018, which directed, "To promote wound healing of various types of wounds it is the policy of this facility to provide evidence-based treatments in accordance with current standards of practice and physician orders." Review of the manufacturer's User Manual for the Med-Aire Essential 14508 8" Alternating Pressure & Low Air Loss Mattress System, dated 2014, which directed, Intended Use: "The Med-Aire Essential 14508 pump and mattress are intended to help reduce the incidence of pressure ulcers while optimizing patient comfort. Pressure Adjust knob adjustable by patient's weight: Turn the Pressure Adjust Knob to set a comfortable pressure level by using the weight scale as a guide. (The User Manual included a graphic of the Pressure Adjust Knob indicating the setting at 'Weight of Patient'). Step 9. Turn the Pressure Adjust Knob to set a comfortable pressure level using the weight scale as a guide. 10. Press the static button to set it in static mode, and the Static indicator will come on. The static mode will be started within approximately 6 minutes. Press the Static button again to switch back to alternating mode." Observations of Resident #29 on the following dates and times revealed the resident's air mattress settings were as follows: - 5/14/19 at 10:53 AM revealed the resident in bed, turned to the left. The air mattress setting was less than 150, the other settings were "static" and "normal pressure." - 5/14/19 at 2:11 PM, revealed the resident in bed, turned to the left. The air mattress setting was less than 150, approximately one-third of the way down toward 125, and the other settings	M 655	Care Nurse went to the resident and performed proper wound care, ensuring wounds were cleaned and dressed per Physician orders. II. Steps taken to identify other residents having the potential to be affected by the same alleged deficient practice. Seven out of fifty five residents in the facility have orders for low air loss mattresses and ten out of fifty five residents in the facility require wound care with dressings are at risk for the alleged deficient practice. III. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? An in-service, directed by the Director of Nursing, was held on 06/17/2019 with all clinical staff of the facility to address following Care Plan interventions related to wound care, following Physician orders related to wound care, proper usage and instructions on settings for low air loss mattresses. Certified Nurse Aides were instructed to notify the Registered Nurse or Wound Care Nurse if wound dressing come off during care. The Unit Manager (Registered Nurse) will monitor residents daily to ensure proper wound care is being given, as directed by the Physician for three months. Settings of all low air loss mattresses in use will be monitored by nursing staff each shift to ensure proper settings are being maintained for three months.	

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M 655	Continued From page 2 were "static" and "normal pressure." - 5/14/19 at 4:48 PM revealed the resident in bed, turned to the left. The air mattress setting was less than 150, and the other settings were "static" and "normal pressure." - 5/15/19 at 9:09 AM revealed the resident in bed on his right side. The air mattress setting was less than 150, and the other settings were "static" and "normal pressure." - 5/15/19 at 9:34 AM revealed the resident in bed turned to the right. The air mattress setting was less than 150, and the other settings were "static" and "normal pressure." - 5/15/19 at 11:33 AM revealed the resident in bed turned to the left. The air mattress setting was less than 150, and the other settings were "static" and "normal pressure." - 5/15/19 at 2:48 PM revealed the resident in bed turned to the right. The air mattress setting was less than 150, and the other settings were "static" and "normal pressure." - 5/16/19 at 9:50 AM revealed the resident in bed. The air mattress setting was less than 150, and the other settings were "static" and "normal pressure." - 5/16/19 at 11:30 AM revealed the resident in bed. The air mattress setting was less than 150, and the other settings were "static" and "normal pressure." On 5/14/19 at 2:11 PM, wound care observation revealed Certified Nursing Assistant (CNA) #1 and CNA #2 removed the resident's brief for wound care. Observation of the inside of the brief revealed one (1) balled up gauze (which appeared to be wound packing) and neither of the wounds (left ischium and left buttocks) were covered with a dressing. Both CNAs and Registered Nurse (RN) #1 as well as Licensed Practical Nurse (LPN) #2 verified there were no	M 655	IV. Monitoring the corrective actions (Quality Assurance Program) to ensure that the alleged deficient practice does not recur. The Unit Manager (Registered Nurse) will monitor residents daily for three months to ensure proper wound care is being given, as directed by the Physician. Settings of all low air loss mattresses in use will be monitored by nursing staff each shift, as stated on Treatment Administration Record, to ensure proper settings are being maintained. All findings will be reported to the Director of Nursing who will report weekly to the Quality Assurance Committee for three months or until compliance is achieved. Quality Assurance Committee will make recommendations as needed.	

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M 655	Continued From page 3	M 655		

dressings on the left buttock wound or the left ischium wound, and there were no dressings in the resident's brief. During an interview at that time, CNA #1 stated she changed the resident's brief about 9:00 AM and the two (2) wounds were covered with dressings. CNA #1 stated the Hospice CNA came in about 11:00 AM to give the resident a bed bath. CNA #1 stated she saw the Hospice CNA leave the building about 12:00 noon. CNA #1 further stated the Hospice CNA did not report to her that the resident's wounds were uncovered and had no dressings.

Resident #29 was admitted to the facility on 3/14/18, with diagnoses that included Dementia, Right side Hemiplegia, Osteoarthritis, and a newer diagnosis on 4/2019, of Bullous Pemphigoid.

Review of the resident's "Weekly Body Audit assessment", dated 3/26/19, recorded two (2) of the findings included a raised area on the left lateral hip (left ischium), and a blister on the left buttock.

Record review of the Physician's Notes dated 3/16/19, 4/4/19, and 4/30/19, recorded the left ischium wound and the left buttock wound originated from bullous pemphigoid blisters (autoimmune disorder) and were not pressure ulcers or pressure injuries. The 4/4/19 physician's note recorded, "Keep covered at all times with Duoderm/Bactroban."

Review of Resident #29's care plans documented the following:
Resident has surgical wound to left ischium dated 5/1/19. The interventions directed staff:
- Cleanse surgical wound to left ischium with wound cleanser - pat dry - apply Solosite gel to

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M 655	Continued From page 4 wound bed - apply Resinol to wound borders - pack with saline moistened gauze - cover with proximal silicone foam dressing daily. - Maintain pressure reducing mattress. - Practice good infection control. Keep wound clean and dry. Resident has surgical wound to left lower buttock dated 4/12/19. The interventions directed staff: -Ensure adequate hydration and nutrition. Dietary to assess for nutritional needs. -Maintain pressure reducing mattress. -Practice good infection control. Keep wound clean and dry. -Wound treatment as ordered. Re-evaluate for effectiveness. Notify MD if treatment ineffective. Alternating pressure mattress to bed for maximum pressure relief due to skin breakdown, dated 4/12/19. The interventions directed staff: - Maintain pressure reducing mattress through next review. - Air mattress settings checked every shift. - Based on resident's weight mattress setting is soft. - Settings are based on resident's weight. Review of the Treatment Administration Record (TAR) dated 5/1/19-5/31/19 recorded, "Alternating pressure mattress to bed for maximum relief every shift, start date 4/9/19." Review of the hospital records dated 4/15/19 - 4/29/19 recorded the two (2) bullous pemphigoid wounds were debrided surgically before the resident readmitted to the facility. The resident had been admitted to the hospital for an upper respiratory infection. Upon return to the facility, the "Weekly Wound	M 655		

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M 655	Continued From page 5 Observation Reports" dated 5/3/19, documented the left ischium wound measured 3.0 cm (centimeters) long x (by) 3.5 cm wide x 2.0 cm deep. The left buttock wound measured 6.0 cm long x 4.0 cm wide x 3.8 cm deep. Review of the resident's weight record to determine the correct air mattress settings revealed weights were done monthly since February 2008 with weights ranging from 159-191 pounds. The most current weight was recorded on 5/9/19 the resident weighed 169 pounds. The order for the air mattress dated 4/9/19, recorded, "Alternating pressure mattress to bed for maximum relief. Every shift." During an interview on 5/15/19 at 9:34 AM, the Hospice CNA stated she gave the resident a bed bath yesterday and was there from about 11:00 AM - 12:00 Noon. The CNA further stated she reported to two (2) nurses at the desk that the resident had soiled dressings which she removed during the bath, and the resident currently did not have dressings on the two (2) wounds. During an interview on 5/16/19 at 11:35 AM, CNA #3 stated CNAs were supposed to look at the air mattress setting and report to the nurse if it isn't right. CNA #3 stated that for Resident #29, "He has wounds, so if the air mattress isn't set right for his weight it could affect his wounds, like not let them heal right, or he might get new ones." During an interview on 5/16/19 at 11:38 AM, LPN #1 stated air mattress settings are set by the resident's weight. "I look at it to make sure it's working and turned on, and functioning." LPN #1 further stated the treatment nurse was the one responsible for the setting, and LPN #1 only	M 655		

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M 655	Continued From page 6 checks to see if the air mattress is functioning every shift. At 11:42 A.M., observation of Resident #29's air mattress setting with LPN #1 revealed the setting less than 150. LPN #1 stated, "It's under 150. It should be at 169 which is his weight." LPN #1 verified there were no weights under 150 pounds recorded in the medical record. LPN #1 stated, "The air mattress is supposed to relieve pressure from current wounds. It's a prevention help to keep him from getting wounds." During interview on 5/16/19 at 11:49 AM, LPN #2 stated the air mattress setting was based on weight and was a prophylactic intervention to prevent pressure areas and deep tissue injuries. LPN #2 stated for the resident's current wounds, it helps alleviate some of the pressure that he might have, and everyone is responsible to check the settings, including the CNAs and the charge nurse should check it whenever she goes in the room. LPN #2 stated the care plan was not followed because the setting parameters are in the care plan. LPN #2 further stated the wounds should never be uncovered, with the possible outcome of infection. LPN #2 stated, "The current wounds are moist, if they are not covering them or packing them, it could cause deterioration of the granulation tissue." During an interview on 5/16/19 at 11:58 AM, RN #2 stated the air mattress was to keep pressure off the resident's bony prominences to prevent more wounds. For current wounds it keeps them from getting worse. Air mattress settings, we were taught to go by the resident's weight. Any nurse going in should check it during the day. "If the air mattress is too soft, I would think it would defeat the purpose of support." The wounds should not ever be uncovered, except when doing	M 655		

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M 655	Continued From page 7 the treatment, to keep them from getting infected, and it could prevent healing. RN #2 stated the care plan was not being followed correctly, because the setting parameters are in the care plan. During interview on 5/16/19 at 12:40 PM, the Director of Nursing (DON) stated the air mattress should relieve pressure to prevent increased further issues or more wounds from forming and should be set by weight. All nursing staff was responsible to monitor the settings every shift according to the TAR, and there was no setting in the TAR. The orders say alternating air mattress, no settings described. The DON stated she expects them (nursing staff) first of all make sure it's on, working and functioning. "The proper functioning, they should follow the care plan. For all care they should look at the care plans." The DON further stated she expects the CNAs to tell the nurse if a dressing was not in place, and the hospice CNA should do the same. The DON stated that the CNA should tell the nurse to remove the dressing if soiled and have the nurse re-dress the wound, also the hospice CNA should do the same. The DON stated the possible outcomes of no dressing for two (2) or more hours for a bowel incontinent resident, the "Possibility of getting infected." During interview on 5/16/19 at 2:27 PM, Resident #29's physician (MD) stated the air mattress should off load some parts of the body and alternating that. The MD further stated the resident's setting needs to be corrected, and stated, "I think it should be done right. If unchecked longer than four (4) days, [the resident] could have worsened wounds, poor wound healing, and progressing wounds. I think they'll get septic eventually and die from that."	M 655		

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M 655	Continued From page 8 When asked about the uncovered wounds, the MD stated, "They should never be opened, always covered. They shouldn't be open, only during wound care twice a day and any time they are [incontinent]. [Resident #29's] wounds should be packed and covered at all times. I'm not speculating on the outcomes. The CNA should have reported it right away." The facility failed to properly set the air mattress according to the resident's weight and on an alternating status and failed to keep the wounds covered with a dressing for more than two (2) hours.	M 655		
M 810	45.28.1 Direction and Supervision Direction and Supervision. Food service is one of the basic services provided by the facility to its residents. Careful attention to adequate nutrition and prescribed modified diets contribute appreciably to the health and comfort to the resident and stimulate his desire to achieve and maintain a higher level of self-care. The facility shall provide residents with well-planned, attractive, and satisfying meals which will meet their nutritional, social, emotional, and therapeutic needs. The dietary department of a facility shall be directed by a Registered Dietitian, a certified dietary manager, or a qualified dietary manager. If a qualified dietary manager is the director, he/she must receive frequent, regularly scheduled consultation from a licensed dietitian, or a registered dietitian exempted from licensure by statute. This Statute is not met as evidenced by: Level II	M 810	M 810:	6/18/19

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M 810	Continued From page 9 Based on interview and record review the facility failed to ensure a Certified Dietary Manager with appropriate credentials was employed. This deficient practice had the potential to effect 50 of 55 residents who received meals in the facility. Findings include: During the initial tour of the kitchen on 5/13/19 at 8:50 AM, the Dietary Manager (DM) was asked if she was certified as a Dietary Manager. She stated that she did not have the credentials yet and had just recently signed up for the classes to get her credentials because she thought she had five (5) years to obtain it. The DM also stated she had been employed at the facility for 10 years as the cook and had been designated as the Dietary Manager in May of 2017. She stated that the Registered Dietitian was not full-time and came to the facility once a month but will come twice a month to help her with her classes she had signed up for. She was asked to provide verification of registration for the courses. A review of the registration provided by the DM revealed confirmation dated 4/25/19, for her courses at Auburn University offices of continuing education for the Dietary Manager Independent Study Program. The confirmation contained information about accessing module 1-24 and her student ID number. In an interview conducted with the Registered Dietitian (RD) on 5/15/19 at 11:45 AM, she stated she was employed as a contractor by an outside company and was scheduled for one (1) day a month at the facility. The RD stated she had been consulting at this facility since August 2018. She also stated she was aware that the DM was	M 810	The facility failed to ensure a Certified Dietary Manager with appropriate credentials was employed. On 06/18/2019, the facility began taking action to locate a Certified Dietary Manager to manage the Dietary Department. II. Steps taken to identify other residents having the potential to be affected by the same alleged deficient practice. Fifty out of fifty-five residents in the facility are at risk for the results of the alleged deficient practice. III. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? On 06/18/2019, the facility Administrator posted a position on www.indeed.com for the facility advertising for a Certified Dietary Manager, a Certified Food Service Manager or someone who has an associate's or higher degree in food service management or restaurant management from an accredited institution of higher learning. After interviews of the applicants, a qualified Manager will be hired to run the day to day operations of the dietary department. IV. Monitoring the corrective actions (Quality Assurance Program) to ensure that the alleged deficient practice does not recur.	

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M 810	Continued From page 10 not currently credentialed and was past the deadline. She further stated she had been encouraging enrollment in the courses and confirmed she will be increasing time at the facility to preceptor the DM in her courses. She also stated that the program was typically a two (2)-year program. On 5/16/19 at 10:00 AM, in an interview with the Administrator, he stated that he was aware the DM was not certified and was enrolled in the courses. He also stated he was told by the consulting company that she would have five (5) years to obtain her certification because she had been employed by the facility for 10 years. He did confirm that she had been designated as the DM in May of 2017, which would put her in a 1-year window of completion to be completed by November of 2018. During this interview the Administrator and surveyor checked the Association of Nutrition and Foodservice Professionals (ANFP) website. The following information was confirmed; "As of November 28, 2017, newly-hired Food Service Directors must meet the qualifications specified in the regulations and are no longer within the one-year window for obtaining certification. The Certified Dietary Manager, Certified Food Protection Professional (CDM, CFPP) credential is now listed as the primary qualification for the Director of Food and Nutrition Services in the absence of a full-time dietitian." The regulation was also reviewed with the Administrator for clarification of the required deadline which states; (i) For designations prior to November 28, 2016, meets the following requirements no later than five (5) years after November 28, 2016, or no later than 1 year after	M 810	The Administrator will interview for the position for a Certified Dietary Manager once candidates apply. The Administrator will report to the Quality Assurance Committee monthly or until compliance is achieved on the findings of the interview process. The Quality Assurance Committee will make recommendations as needed.	

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M 810	Continued From page 11 November 28, 2016, for designations after November 28, 2016." The Administrator confirmed that the DM had been designated in her current position in May of 2017.	M 810		
M 860	45.30.8 Food Supply Food Supply. Supplies of perishable foods for at least a twenty-four (24) hour period and or non-perishable foods for a three (3) day period shall be on the premises to meet the requirements of the planned menus. The non-perishable foods shall consist of commercial type processed foods. This Statute is not met as evidenced by: Level II Based on observation, interview, and review of facility emergency menus, it was determined the facility failed to follow the approved menu for 50 of 55 residents in the facility. Findings include: A review of the facility's emergency food supply policy revised on 10/17, and titled "Emergency and Disaster Planning" documented the intent of the policy as "Emergency and disaster plans for interruption of service that are available and are followed to ensure that adequate nourishment will be provided to residents and staff. Basic safety and sanitation principles for storage, preparation and service of food and securing food and supplies from appropriate sources are followed. Procedures: Section 3 Planning for an emergency: a. The DM shall keep on hand at all times: "A minimum of three (3) day's supply of	M 860	M 860: The facility failed to follow the approved menu set in place for emergency provisions. On 05/15/2019 at 1:15pm, the Dietary Manager located the menu for emergency preparedness, and placed an order to fully stock the required items to have a three day emergency supply of food within the facility. II. Steps taken to identify other residents having the potential to be affected by the same alleged deficient practice. Fifty out of fifty-five residents in the facility are at risk for the results of the alleged deficient practice. III. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	6/18/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	80TC	A. BUILDING: _____ B. WING _____	05/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOUISVILLE HEALTHCARE LLC	543 EAST MAIN STREET/PO BOX 542 LOUISVILLE, MS 39339

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M 860	Continued From page 12 non-perishable food. Stock is rotated as necessary; "A minimum of three (3) day's supply of disposable meal service items; and "Disaster supplies (see suggestions for foods to keep on hand for an emergency in Appendix). b. The DM shall keep on hand during hurricane and winter storm seasons a minimum of five (5) day's supply of non-perishable food. Section 7: Menu Planning for an emergency a. Plan menus in advance to use foods that are perishable, other potentially hazardous foods, and foods on hand that are designated as disaster food supply. b. Menus should include familiar and acceptable items, especially "comfort" foods. An adequate amount of coffee for residents, staff, family members and volunteers especially important. c. Menus should include modifications for special needs, diabetes mellitus, dialysis, those who need a sodium restriction. Liberalize diets as much as possible during an emergency period. The following list of foods was included in the policy to meet the minimum requirements of the three (3)-day menu for 100 people: Fruit juice 13, 48oz. (ounce) box Dry cereal 18 ¾ quarts Instant grits (two) 2 bulk packages Vegetable Beef Soup 20, #50 cans Chicken Noodle Soup 12, #50 cans Tomato Soup 12, #50 cans Tuna (four) 4, #10 cans Cheese 6 ½ pounds Ravioli (four) 4, #10 cans Green Beans (four) 4, #10 cans Green Peas (four) 4, #10 cans Beets (four) 4, #10 cans Peach Slices (four) 4, #10 cans Pear Halves (four) 4, #10 cans	M 860	On 05/15/2019, the policy and the menu related to emergency food supply was reviewed by the Dietary Manager and the facility Administrator. On 05/15/2019, the Dietary Manager placed an order with the facilities contracted food service company obtaining all items needed to have a full three day emergency supply of non-perishable food in-house. Upon completing inventory each Monday, the Dietary Manager will ensure that the Dietary Department will maintain the full three day emergency supply of food, and will replenish the supply as it is used. IV. Monitoring the corrective actions (Quality Assurance Program) to ensure that the alleged deficient practice does not recur. Beginning on 05/20/2019, the Dietary Manager will monitor the emergency food supply during her inventory on a weekly basis ensuring the proper supply is maintained. The Dietary Manager will report all findings to the Quality Assurance Committee monthly for three months. The Quality Assurance Committee will make recommendations as needed.	

MSDH - Health Facilities Licensure and Certification

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M 860	Continued From page 13 Pineapple Slices (four) 4, #10 cans Fruit Cocktail (four) 4, #10 cans Peanut Butter 18 ¾ pounds Jelly (nine) 9 cups Rice (six) 6 pounds Crackers 600 (two) 2-pack Bread 30 loaves (32 oz) Dry Milk 10 gallons On 5/13/19 at 3:10 PM, an inspection of the facility's emergency food supply revealed the following: no designated area for storage of the emergency food supply. In an interview with the Dietary Manager (DM) during this inspection she stated that she had just started to gather some food for the facility's emergency supply. She stated they had to use some of the ravioli and had not yet replaced it. The menu for the emergency supply was requested with the policy/protocol for the facility's emergency supply requirements. During an inspection of the emergency food supply on 5/14/19 at 10:35 AM, the following items were observed in the food storage: Eight (8) - #50 cans of Tomato soup with a serving size of 12 (1/2 cup) Seven (7) - #50 cans of Cream of Chicken soup with a serving size of 12 (1/2 cup) Twelve (12) - #50 cans of Cream of Mushroom soup with a serving size of 12 (1/2 cup) One (1) - #50 can of Cream of Celery soup with a serving size of 12 (1/2cup) Three (3) - #10 cans of Ravioli with a serving size of 12 (1cup) Two (2) - five (5) pound (lb.) tubs of Peanut Butter In an interview on 5/15/19 at 10:35 AM, with the DM, she revealed that she could not locate or was not sure where to find the emergency supply	M 860		

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M 860	Continued From page 14 policy. She stated that she was sure they had one provided by the consulting company that provided their menus. The DM also stated that would be the policy they would be using to implement their emergency menus. An interview with the Registered Dietitian (RD) on 5/15/19 at 11:45 AM, revealed that she was not aware that there was not a designated emergency food supply. She stated that the policy for the emergency food supply was in the dietary office and she would make sure the DM knew where to locate it. The facility failed to meet the requirements of the emergency menu that would provide adequate nourishment as required by their policy.	M 860		