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
	68TG	A. BUILDING: _____ B. WING _____	09/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TALLAHATCHIE GENERAL HOSP ECF	201 SOUTH MARKET ST/P. O. BOX 230 CHARLESTON, MS 38921

(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 an annual recertification along with a complaint, MS #16016 from 09/16/19 to 09/19/19. During the survey, the SA determined the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm with deficiencies cited at M635. The complaint was not substantiated and no deficiencies were related to the complaint. The census was 92 and the facility has a license for 98 beds.	M 000		
M 635	45.21.7 Gastric feeding Gastric feeding. Residents who are eating alone or with assistance are not fed by a gastric tube unless their clinical condition indicates that the use of a gastric feeding tube is unavoidable. The residents who are fed by a gastric tube receive the treatment and services to prevent complications or to restore if possible, normal eating skills. This Statute is not met as evidenced by: Level II Based on observation, staff interview, and facility policy review, the facility failed to ensure appropriate procedures to prevent complications while administering medications via Percutaneous Endoscopic Gastrostomy (PEG) tube. This is evidenced by the failure to flush between each medication administered via PEG tube for two (2) of two (2) PEG tube administrations observed out of 12 residents with PEG tubes, Resident #45 and Resident #70. Findings include:	M 635	1. Residents #45 and #70 were assessed by licensed nursing personnel on 9/18/19 which was the date of findings by state agency staff. Both Resident #45 and Resident #70 were found to have patent Percutaneous Endoscopic Gastrostomy (PEG) with no adverse reactions noted. All residents with Percutaneous Endoscopic Gastrostomy (PEG) tubes may be affected. All residents in-house have been reviewed for appropriate peg tube assessment, and orders have been made as needed. Immediate actions were taken for all	10/6/19

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M 635	Continued From page 1 Review of the facility policy titled, "Gastric Tube Medication Administration", effective 2001, revised 9/08, revealed it is the policy to flush the tubing with the amount of water ordered before administering the medication and flush the tubing after administering medication with the amount of water ordered. Review of "Fundamentals of Nursing", Potter and Perry: Ninth Edition, page 635, revealed when administering more than one (1) medication at a time, give each separately and flush between medications with 15 to 30 milliliters (mL) of water to prevent complications such as tube obstruction, reduced medication effectiveness, and increased risk of medication toxicity. Resident #70 On 09/17/19 at 8:20 AM, Licensed Practical Nurse (LPN) #1 administered five (5) medications to Resident #70 via PEG. LPN #1 did not flush between each medication when administered. On 09/18/19 at 11:45 AM, an interview with LPN #1 revealed she did not flush between each medication when administering by PEG because they had had a big discussion about this a while ago and the policy was changed. She stated they flush before and after meds but not between each one . LPN #1 stated she thought she should flush between each one because that was what she was taught in school and that is how she did it when she worked at another facility. Resident #45 On 09/17/19 at 08:35 AM, Licensed Practical Nurse (LPN) #2 administered seven (7) medications to Resident #45 via PEG tube. LPN #2 failed to flush between each medication when	M 635	residents with Percutaneous Endoscopic Gastrostomy (PEG) tubes at Tallahatchie General Hospital Extended Care Facility (TGH ECF). 2. All residents who reside in TGH ECF with a Percutaneous Endoscopic Gastrostomy (PEG) tube have the potential to be affected by the same alleged deficient practice. 3. TGH ECF Facility Percutaneous Endoscopic Gastrostomy (PEG) Gastric Tube Medication Administration Policy was updated on 10/1/19 by the Director of Nursing, Administrator, Staff Development Registered Nurse, Quality Assurance Registered Nurse and Interdisciplinary Team to meet recommendations based on Fundaments of Nursing, Potter and Perry, Ninth edition, which is consistent with the current evidence-based recommendations from the American Society for Parental and Enteral Nutrition (ASPEN). The facility policy now utilizes the following: " Flush tubing with 15 milliliters (ml) of water (or prescribed amount) before and after administering each individual medication unless otherwise ordered by the Medical Doctor (MD). " After verifying new orders with primary MD, all Percutaneous Endoscopic Gastrostomy (PEG) tube orders were changed on MAR as of 10/1/19 to reflect this change in policy. " All licensed nursing staff were educated on the updated facility policy regarding administering medications via Percutaneous Endoscopic Gastrostomy (PEG) tube by Director of Nursing Services, Quality Assurance Registered Nurse, Staff Development Registered	

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M 635	Continued From page 2 administered. On 09/18/19 at 1:35 PM, an interview with LPN #2 revealed she thought she flushed between some of them, but realized she didn't. She stated she did flush before giving the medications and after they were all given. On 09/18/19 at 09:45 AM, an interview with the Director of Nursing (DON) revealed that Standards of Practice are to flush with water between medications. She stated they should give each medication separately and add water if needed. The DON confirmed the policy does not instruct to give water in between each medication. She stated this is on her, not the nurses and they will look at the policy. On 09/18/19 at 3:30 PM, an interview with the Administrator revealed they had discussed the issue about PEG tube medications and their policy was not correct.	M 635	Nurse, Registered Charge Nurse, Minimum Data Set Registered Nurse on 10/1/19, 10/2/19, 10/3/19, 10/4/19, & 10/6/19. " All licensed nursing staff were observed and checked off on properly administering Percutaneous Endoscopic Gastrostomy (PEG) tube medications per the new facility policy on 10/1/19, 10/2/19, 10/3/19, 10/4/19, & 10/6/19. " In the future, all licensed nursing staff will be educated on the Percutaneous Endoscopic Gastrostomy (PEG) tube policy and checked off on properly administering Percutaneous Endoscopic Gastrostomy (PEG) tube medications per the facility policy during new hire orientation. 4. The facility will monitor its performance to make sure that solutions are sustained and correction is achieved as follows: " Director of Nurses, Quality Assurance Registered Nurse, Staff Development Registered Nurse, Registered Charge Nurse, Minimum Data Set Registered Nurse will monitor Percutaneous Endoscopic Gastrostomy (PEG)tube feedings at random three (3) times weekly x two (2) weeks beginning week of 10/7/19. " Director of Nurses, Quality Assurance Registered Nurse, Staff Development Registered Nurse, Registered Charge Nurse, Minimum Data Set Registered Nurse will then monitor Percutaneous Endoscopic Gastrostomy (PEG) tube feedings at random 2 times weekly x four (4) weeks. " Director of Nurses, Quality Assurance	

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M 635	Continued From page 3	M 635	Registered Nurse, Staff Development Registered Nurse, Registered Charge Nurse, Minimum Data Set Registered Nurse will then monitor Percutaneous Endoscopic Gastrostomy (PEG) tube feedings at random one (1) time weekly x six (6) weeks. " The results of these audits will be presented in the facility s monthly Quality Assurance Meetings for 3 months or until 100% compliance is achieved. The Quality Assurance Committee will make recommendations and or changes as needed.	