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
	58GR	A. BUILDING: _____ B. WING _____	06/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PONTOTOC HEALTH & REHAB CENTER	278 WEST EIGHTH STREET PONTOTOC, MS 38863

(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 6/13/18 to 6/15/18, the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm with deficiencies cited at M610. The census at the time of the survey was 56, and the facility was certified for 60 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: Based on observation, and staff interview, the facility failed to provide Resident #13's fingernail care for one (1) of 19 residents reviewed for Activities of Daily Living (ADL) care. Findings include: An observation, on 06/13/18 at 12:59 PM, revealed a brown colored material under Resident #13's fingernails on both hands.	M 610	1) On 6/14/18 the Director of Nursing (DON)assessed Resident #13's fingernails and found they needed cleaning and filing. On 6/14/18 DON cleaned and filed the fingernails of Resident #13. There were no negative outcomes. 2) All Residents which require staff to clean the fingernails have the potential to be affected by this deficient practice.	7/29/18

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		07/26/18

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M 610	Continued From page 1 An observation, on 06/14/18 at 8:35 AM, revealed Resident #13's fingernails continued to be dirty with a brownish material under the nails. An observation and interview with the Director of Nurses (DON) regarding Resident #13's fingernails, on 06/14/18 at 2:00 PM, the DON confirmed Resident #13's fingernails were dirty, and needed to be cleaned and trimmed. Review of Resident #13's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 4/16/18, revealed a Basic Interview for Mental Status (BIMS) score was 00, which indicated severe cognitive impairment. Further review of the MDS revealed Resident #13 required extensive assistance with two person physical assist with bed mobility, was totally dependent on staff with one person physical assist with dressing, and extensive assistance with one person physical assist with toilet use and personal hygiene. The MDS also revealed Resident #13 was admitted by the facility on 10/19/15.	M 610	3) On 6/14/18 the DON completed a 100% audit of all residents to observe fingernails for cleanliness and condition of fingernails. Four (4) out of 56 residents observed were in need of fingernails being trimmed and/or cleaned. Fingernails were trimmed and/or cleaned at time of observation by Director of Nursing. On 6/19/18 the Staff Development Nurse began an in-service regarding the facility policy "Fingernail and Toenail Care" for all Nursing Staff to include Registered Nurses (RN), Licensed Practical Nurses (LPN) and Certified Nursing Assistants (CNA) The Daily Worksheet for CNA's was updated by Director of Nursing on 6/18/18 to include the designated Residents for CNA's to complete fingernail Care for, to include cleaning, cutting and filing of fingernails. The Treatment Records were updated by the Treatment Nurse on 6/17/18 to include the designated Residents for the RN to complete Fingernail Care, to include cutting and filing. On 6/27/18 Nursing Staff, to include RN's and LPN's began observations of all Residents fingernails for cleanliness and condition of fingernails. Any Resident identified to need the fingernails cleaned or filed had the fingernails cleaned and/or filed. The observations are documented on the "Fingernail Check for Cleanliness and Condition of Nails" form. This process is to be conducted Monday through Friday for four weeks, then if no concerns are identified, the process is to be conducted two times a week for two weeks, then random observations monthly for cleanliness and condition of nails.	

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M 610	Continued From page 2	M 610	4)The results of the observations will be reviewed at the Daily Stand Up Meeting Monday through Friday with the results being taken to the monthly Quality Assurance Performance Improvement Meeting by Quality Assurance Nurse for review and recommendations.	