| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 44AA | A. BUILDING: _____ B. WING _____ | 08/29/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| AURORA HEALTH AND REHABILITATION | 310 EMERALD DRIVE COLUMBUS, MS 39702 |

| (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<br><br>The State Agency (SA) conducted a licensure survey with complaints, CI MS #15973 and CI MS #16072, from 8/26/19 to 8/29/19. The SA did not substantiate CI MS #15973 related to quality of care, or CI MS #16072 related to physical environment. 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 statute M655.<br><br>The census at the time of entrance was 95, and the facility was certified for 120 beds. | M 000 | | |
| M 655 | 45.21.11 Special needs<br><br>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.<br><br>This Statute is not met as evidenced by:<br>Level II<br><br>Based on observation, staff interview, resident interview, and facility policy review, the facility failed to ensure Resident #82 rinsed his mouth out after the administration of a Metered-Dose Inhaler to prevent possible mouth and throat irritation. This was identified for one of two (1 of 2) residents observed for metered dose inhaler administration.<br><br>Findings include: | M 655 | Preparation and/or execution of this plan do not constitute admission or agreement by the provider the deficiency exist. This response is also not to be considered as an admission of fault by the facility, its employee, agents or the other individuals who may be discussed in this response and plan of correction. This plan of corrections is submitted as the facility s credible allegation of compliance.<br><br>1.Immediate action taken for the resident | 10/8/19 |

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 |
|---|---|---|---|
| | 44AA | A. BUILDING: _____ B. WING _____ | 08/29/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| AURORA HEALTH AND REHABILITATION | 310 EMERALD DRIVE COLUMBUS, MS 39702 |

| (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 655 | Continued From page 1<br><br>Review of the facility's policy titled, "Medication Administration Guidelines, Oral Inhalation Administration", Revised 7/2019, revealed Purpose: TO allow for correct administration of oral inhalers to residents, and for instruction in proper technique for those residents able to administer the medication to themselves. Procedure: O. Have resident rinse his/her mouth and spit out the water.<br><br>Review of Nursing Skills and Procedures, Perry and Potter, Eighth Edition, revealed page 274 #16 revealed: About 2 minutes after the last dose, instruct patient to rinse mouth with warm water and expel water. Inhaled bronchodilators may cause dry mouth and taste alterations. Corticosteroids may alter flora of oral mucosa and lead to development of fungal infection.<br><br>Review of the WebMD website, on 9/11/19 at 4:05 PM, titled, "Combivent Mist Inhaler", revealed: Rinse your mouth after using the inhaler to prevent dry mouth and throat irritation.<br><br>On 8/27/19 at 10:54 AM, an observation during the medication administration pass revealed Licensed Practical Nurse (LPN) #1 administered Combivent Respimat inhaler two (2) puffs to Resident #82, and failed to ask Resident #82 to rinse his mouth after administration of the inhaler.<br><br>A review of Resident #82's Physician Orders, dated August 27, 2019, revealed Resident #82 had orders for Combivent Respimat Aerosol Solution 20-100 micrograms (mcg) two (2) puffs inhale orally three times a day related to Chronic Obstructive Pulmonary Disease (COPD). Have resident to rinse mouth after inhalation and spit out rinse water. | M 655 | found to have been affected includes:<br><br>-On 8/27/2019, Licensed Practical Nurse (LPN #1)was in-serviced by the Director of Nursing on the Oral Inhalation Administration facility policy to include having the resident rinse his/her mouth and spit out the rinse water after use.<br>-On 8/28/2019, an oral assessment was completed and documented on Resident #82 by Registered Nurse/Administrator in Training and no adverse effects from the alleged deficient practice were noted.<br><br>2.Identification of other resident having the potential to be affected was accomplished by:<br><br>-Fourteen (14)of ninety-eight(98)facility residents requiring oral inhalation administration have the potential to be affected by the stated deficient practice.<br><br>3.Actions taken/systems put into place to reduce the risk of future occurrence include:<br><br>-On 8/27/2019, an in-service was initiated by the Director of Nursing and the Administrator in Training for Registered Nurses and Licensed Practical Nurses on the facility policy for Oral Inhalation Administration to include having the resident to rinse his/her mouth and spit out the rinse water after use.<br><br>4.How the corrective actions will be monitored to ensure the practice will not recur: | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 44AA | A. BUILDING: _____ B. WING _____ | 08/29/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| AURORA HEALTH AND REHABILITATION | 310 EMERALD DRIVE COLUMBUS, MS 39702 |

| (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 655 | Continued From page 2<br><br>On 08/27/19 at 11:30 AM, an interview with LPN #1 confirmed she did not ask the resident to rinse his mouth after the administration of his inhaler. She stated she usually asked and the resident says no, and she didn't ask today. LPN #1 stated its important to rinse your mouth after the inhaler because residue will build up and it can lead to thrush and other complications.<br><br>On 08/27/19 at 4:40 PM, an interview with the Director of Nursing (DON), revealed the facility had an in-service on administration of medications and the nurses were reminded at that time to have residents rinse their mouth after any inhaler treatments. The DON stated this is important to prevent adverse effects of the inhaler.<br><br>Review of Resident #82's Care Plan, no date, revealed a Focus for COPD and Allergy Rhinitis. The Interventions/Tasks included Combivent Respimat Aerosol Solution 20-100 micrograms (mcg) two (2) puffs inhale orally three times a day. The Care Plan did not address the need to rinse the mouth after the inhaler administration.<br><br>A review of the Inservice Education, titled, Medication Administration Update, held on 8/9/19, revealed LPN #1 attended this in-service.<br><br>Review of the Face Sheet revealed the facility admitted Resident #82, on 10/26/15, with the included diagnoses of Chronic Obstructive Pulmonary Disease (COPD), Malignant Neoplasm of Esophagus, Cardiomyopathy, and Anxiety.<br><br>Review of the Quarterly Minimum Data Set (MDS), with an Assessment Reference Date | M 655 | -The Director of Nursing or Unit Manager will conduct random quality assurance audits to validate proper and consistent procedure of having the resident rinse mouth and spit out rinse water after receiving an oral inhalation medication as per facility policy. These audits began on 9/16/2019 and will occur at least at least five (5) times a week for one (1) week, then three (3) times a week for two (2) weeks, then one (1) time a week for (2) weeks or until the stated deficient practice has been resolved and/or until 100% compliance is achieved. Negative findings will be addressed immediately.<br>-The Director of Nursing and Administrator will review the data obtained from the quality assurance audits, analyzing for patterns/trends and reporting monthly in Quality Assurance/Performance Improvement meetings. The Quality Assurance/Performance Improvement Committee will make recommendations as needed. | |

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 |
|---|---|---|---|
| | 44AA | A. BUILDING: _____ B. WING _____ | 08/29/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| AURORA HEALTH AND REHABILITATION | 310 EMERALD DRIVE COLUMBUS, MS 39702 |

| (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 655 | Continued From page 3<br>(ARD) of 8/13/19, revealed Resident #82's Basis Interview for Mental Status (BIMS) score was 13, which indicated his cognition was intact. | M 655 | | |