

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 54BM	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/10/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

DIVERSICARE OF BATESVILLE

**154 WOODLAND ROAD
BATESVILLE, MS 38606**

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M 000	Initial Comments The State Agency (SA) determined during an annual recertification survey, conducted from 5/7/19 to 5/10/19, the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm with deficiencies cited at M705 and M1020. At the time of the survey the census was 100 and the facility held a license for 130 beds.	M 000		
M 705	45.24.2 Policies and procedures Policies and procedures. Each facility shall have policies and procedures to assure the following: 1. Accurate acquiring; 2. Receiving; 3. Dispensing; 4. Storage; and 5. Administration of all drugs and biologicals. This Statute is not met as evidenced by: Level II Based on observation, staff interview, record review, and facility policy review, the facility failed to ensure accurate pharmacy procedure for administration of medications to maintain a medication error rate less than 5 percent (%) as evidenced by incorrectly administering medications per Resident #97's Percutaneous Endoscopic Gastrostomy (PEG) tube and administering an incorrect dosage of an Antihypertensive medication to Resident #13.	M 705	1. The Director Of Nursing in-serviced Licensed Practical Nurse #1 and Registered Nurse #3 on Five rights of medication administration and medication administration via feeding tube on 5/8/19. The Assistant Director Of Nursing assessed Residents # 97 and # 13 on 5/8/19 for any negative findings from medication error; no negative findings to either resident. Assistant Director Of Nursing made MD and responsible	6/5/19

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

05/29/19

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M 705	Continued From page 1 Eight (8) of 43 opportunities of medications observed for medication pass resulted in a medication error rate of 18.6%. This affected Resident #13 and Resident #97. Findings include: Review of the facility's policy titled, "Medication Administration Competency Checklist", dated 2014, revealed oral medications should be prepared following the six (6) rights of medication administration. Select the correct drug, compare of medication on label with the Medication Administration Record (MAR), check drug dose and expiration date. Review of the facility's Medication Administration Competency Audit-Enteral Tube, not dated, revealed; 14. Administers each medication separately, unless Dr. has given the approval to mix the medications. Flushes tube with five (5) milliliters (ml) or more of water after each dose. Do not add to feeding solution. During a medication pass observation on 5/8/19 at 8:30 AM, Licensed Practical Nurse (LPN) #1 was observed administering medications via a PEG tube to Resident #97. LPN #1 administered the following crushed and liquid medications in separate containers, crushed medications were mixed with five (5) cubic centimeters (cc's) of water: Norvasc 10 milligrams (mg) one (1) tablet, Vitamin B12 500 micrograms (mcg) one (1) tablet, Coreg 6.25 mg one (1) tablet, Levetiracetam 12.5 cc's (1250 mg), Losartan/Potassium 50 mg one (1) tablet, MVI-Multivitamin 15 cc's, and Thiamine one (1) tablet. LPN #1 administered seven (7) different medications to Resident #97 and failed to administer five (5) cc's of water between each medication administered.	M 705	parties aware of medication error on 5/8/19. 2. The Director Of Nursing reviewed residents currently in facility on 5/11/19, determined residents receiving medication in facility are at risk for medication error. 3. The Director Of Nursing in-serviced Director of Clinical Education on 5 Rights of Medication administration and medication via PEG tube on 5/8/19. Director Of Clinical Education will in-service nursing staff on five rights of medication administration to be completed 5/29/19. Director Of Clinical Education will complete check-offs with licensed nursing staff on all med pass skills, to be completed by 5/31/19. Beginning 05/13/2019 Director Of Clinical Education/Assistant Director Of Nursing /Director Of Nursing will audit medication pass weekly x eight weeks, alternating shifts and skills, then monthly thereafter. 4. Director Of Nursing / Assistant Director Of Nursing /Administrator will bring any concerns to Quality Assurance Meeting monthly for review and recommendations as indicated.	

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M 705	Continued From page 2 LPN #1 flushed Resident #97's PEG tube with 30 cc's of water before and after medications were administered. On 05/08/19 at 02:06 PM, an interview with LPN #1 revealed she mixes each medication with five (5) cc's of water, but has never flushed between each medication. Stated she was not aware it was necessary to flush between each medication. On 05/08/19 at 02:37 PM, an interview with the Staff Development Coordinator revealed she is responsible for staff training and has instructed staff to administer each medication with five (5) cc's of water but they have not been trained to flush with five (5) cc's of water between each medication. Stated she was not aware that it was necessary to flush between each medication. On 05/08/19 at 02:39 PM, an interview with the Director of Nursing (DON) stated she was aware the professional standard was to flush with five (5) cc's after each medication and thought the staff was doing that. On 05/08/19 at 8:12 AM, an observation of medication pass by Registered Nurse (RN) #3 revealed the medication, Minoxidil 2.5 mg one (1) tablet, was administered to Resident #13. During the observation of the medication pass, after RN #3 completed placing all of the medications in the pill cup, the surveyor had the RN count the tablets in the cup to compare to the number of tablets the surveyor had documented. The number of tablets in the pill cup matched the number of tablets recorded by the surveyor on the medication administration record. Review of Resident #13's May 2019 Order Summary Report revealed an order for Minoxidil	M 705		

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M 705	Continued From page 3 Tablet 2.5 mg. Give two (2) tablets by mouth one (1) time a day related to Essential (Primary) Hypertension. Two (2) tabs equals 5 mg. On 05/08/19 at 02:53 PM an interview with RN #3 confirmed she administered medications to Resident #13 and was not sure how many Minoxidil tablets she administered. RN #3 confirmed Resident #13 had Minoxidil 2.5 mg times two (2) tablets to total 5 mg. RN #3 confirmed she did verify the number of tablets in the pill cup to the number of tablets documented by the surveyor. RN #3 revealed she would call the Nurse Practitioner (NP) and report the error, that she had only given one (1) Minoxidil tablet to Resident #13. On 05/08/19 at 3:07 PM, an interview with RN #3 revealed she received an order from the NP for RN #3 to give the other 2.5 mg of Minoxidil to Resident #13 at that time. RN #3 revealed when she called the NP she reported she only gave one (1) 2.5 mg tablet to Resident #13. On 05/09/19 at 09:01 AM, an interview with the DON revealed she was aware of the medication error made by the RN #3 on 5/8/19, with Resident #13. The DON confirmed the nursing staff is in-serviced and have medication administration check offs. The DON confirmed the nurses are trained to check the residents five (5) rights to medication administration.	M 705			
M1020	45.35.3 Resident Bedrooms Resident Bedrooms. Resident bedrooms shall be cleaned and dusted as often as necessary to maintain a clean, attractive appearance. All sweeping should be damp sweeping, all dusting	M1020		6/5/19	

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M1020	Continued From page 4 should be damp dusting with a good detergent or germicide. This Statute is not met as evidenced by: Level II Based on observation, staff interview, and facility policy review, the facility failed to keep a clean and sanitary environment in the bedrooms for two (2) of four (4) days of observation. This affected Resident #5, Resident #15, and Resident #91. Findings include: Review of the facility's policy, titled, "Five (5)-Step Daily Room Cleaning", no date, revealed, "PURPOSE: To teach Environmental Services employees the proper cleaning method to sanitize a patient room or any area in a healthcare facility... 1. Empty Trash, Collect trash from all rooms as a first priority... 2. Horizontal Surfaces, Using a solution of properly diluted germicide, sanitize all horizontal surfaces...4. Dust Mop, The Entire floor must be dust mopped - especially behind dressers and beds...5. Damp Mop...The most important area of a patient's room to disinfect is the floor. This is where most airborne bacteria will settle and so it needs to be sanitized daily". On 05/08/19, at 09:21 AM, an observation of Resident #91's bed and floor revealed the bed was not made. Two (2) pillows were on top of the bed and were heavily stained with dark, brown stains covering 75 percent (%) of one (1) white pillow and 25% of the other blue strip pillow. The trash can next to the bed was filled with trash to the brim. Dark brown splattered material was noted on the floor between the trash can and the bed measuring about two (2) square feet.	M1020	1. The Regional Housekeeping Supervisor deep cleaned, Linens were changed, pillows replaced for Resident #5, Resident #15 and Resident #91 rooms on May 8, 2019 Director of Nursing cleaned feeding pumps and oxygen concentrators for Resident #5 and Resident #91 on May 8, 2019. The Housekeeping Regional Supervisor began in-service on May 8, 2019, on five and seven step complete room cleaning. Director Of Nursing in-service on cleaning of Tube feeding pumps and oxygen concentrator with nursing staff beginning 5/8/19, to be completed 5/31. 2. The Residents currently living in the facility were reviewed by Director Of Nursing on 5/11/19, Director of Nursing determined that residents currently living in facility were at risk for housekeeping concern. 3. On 5/17/19 the Regional Housekeeping Supervisor completed in-servicing housekeeping staff on five step daily room cleaning process. The Director Of Nursing in-serviced on cleaning of tube feeding pumps and oxygen concentrator with nursing staff beginning 5/8/19, to be completed 5/31/19.	

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M1020	Continued From page 5 Resident #91 was not present in the facility at this time. Staff stated that he was at a doctor's appointment. Interview on 5/7/19 at 9:30 AM, with Resident #51, revealed that he and his roommate (Resident #91) are independent, stating, "They don't ever come in here. They don't clean or mop the floors". He stated, "They don't worry about you if you can do for yourself". Record review revealed that Resident #51 had a Brief Interview for Mental Status score of 15 on the Minimum Data Set Quarterly Assessment dated 4/2/19, indicating intact cognitive skills for daily decision making. On 05/08/19 at 10:15 AM, during an interview with Registered Nurse #1 (RN), she confirmed the stains on the pillows and the dark matter on the floor, stating "It's very dirty. It's not healthy. The floor should not be like this, they mop daily. The stains on the pillows look like blood but could be tobacco spit. The pillows are very dirty and would not be healthy to sleep on". On 05/08/19 at 03:21 PM, interview with the Director of Nursing, confirmed that she had seen the pillows earlier that morning and that they were very dirty. She stated that staff have changed out the pillows and cleaned the room. On 05/07/19 at 11:59 AM, an observation of Room A 22, Resident #5's room, revealed a box of gloves and a paper towel on the floor under Bed A. On the floor between Bed A and Bed B there were three (3) clear plastic syringe caps and one (1) blue syringe cap, one (1) clear syringe cap under a chair in the corner of the room against the leg, one (1) clear syringe cap	M1020	Beginning 05/13/2019 Director Of Nursing/Assistant Director Of Nursing/Administrator/Housekeeping Supervisor will observe ten rooms weekly x three weeks for deep cleaning completion, then five rooms weekly for two weeks, and then two rooms weekly ongoing. 4.The Administrator/Director Of Nursing/Assistant Director Of Nursing will bring any concerns to Quality Assurance Meeting monthly for review and recommendations as indicated.	

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M1020	Continued From page 6 under head of Bed B. Further observation revealed on the floor and on the oxygen concentrator beside Bed B and Resident #5's feeding pump pole were numerous dark beige drips and splatters and on the floor next to the Bed B dresser were two (2) pieces of paper, a dressing package and a piece of notebook paper. On 05/08/19 at 11:03 AM, an observation of A Room A 22 revealed on the side of Bed B, the Oxygen concentrator and floor near the formula pole with numerous splatters and drips of a light to dark brown color, a box of gloves and a paper towel under Bed A, three (3) clear syringe tips under Bed A and two (2) under Bed B and one (1) under the chair against the leg and two (2) pieces of paper on the floor next to Bed B dresser. On 05/08/19 at 04:02 PM, an observation of Room A 22 revealed Bed A had been lowered and was resting on top of a box of gloves and paper towel under Bed A, clear syringe caps on the floor, three (3) under Bed B and one (1) under bed A and one (1) in the right back corner under a chair. The 02 concentrator had beige splatters and drops and around the PEG tube pole on the floor. On 05/08/19 at 04:15 PM, an observation with the Administrator in room A 22 revealed a box of gloves and a paper towel under Bed A, the five (5) syringe tips on the floor, the splatters and drips on the 02 concentrator and on the floor. The Administrator revealed she had asked the housekeeping manager to inspect every room in the building to make sure they were clean, the condition of the room was not acceptable and she would have housekeeping clean the room before we return in the morning.	M1020		

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M1020	Continued From page 7 On 05/10/19 at 09:33 AM, an interview with Housekeeper #1 revealed the housekeepers are assigned to rooms to clean on a daily basis, each room is dusted, the walls wiped down, the floors and under the beds are swept and mopped. Housekeeper #1 revealed if there were syringes tips, glove boxes, drips from formula on the floor, and paper on the floor the daily cleaning should get all of that cleaned up and removed. If those items were not cleaned up in 24 hours then the housekeepers did not clean like they should.	M1020		