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
	62SC	A. BUILDING: _____ B. WING _____	10/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS CARE CENTER OF MORTON	96 OLD HIGHWAY 80 EAST/P. O. BOX 459 MORTON, MS 39117

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M 000	Initial Comments The State Agency (SA) conducted an annual licensure survey from 10/7/2019 to 10/10/2019; along with Complaint Investigation (CI) MS #15844 and CI MS #16029. CI MS #15844 was not substantiated for abuse/neglect and CI MS #16029 was substantiated for elopement. No deficiencies were cited for either of the complaints. During the survey, the SA determined that the facility was not in compliance with State Licensure Regulations for the Aged or Infirm, and cited State Statutes at M620 and M635. At the time of survey, the census was 113, and the facility held a license for 120 beds.	M 000		
M 620	45.21.4 Urinary incontinence Urinary incontinence. Residents with urinary incontinence shall be assessed for need of bladder retraining program. An indwelling catheter will not be used unless the resident ' s clinical condition indicates that catheterization is necessary. These residents shall receive treatment and services to prevent urinary tract infections. Level II Based on observation, record review, facility policy review, and resident/staff interview, the facility failed to provide appropriate care and services to prevent possible urinary tract infections for two (2) of three (3) catheter care observations, for Resident #15 and Resident #49. Findings include:	M 620	1 a. Resident #15 refused for a dry dressing to be placed on his indwelling catheter site by the Charge Nurse on 10/9/19. The dry dressing was discontinued on 10/10/19 and updated on the care plan to reflect Resident #15's wishes. b. Resident #49 had a leg strap applied by the Charge Nurse on 10/9/19. The Charge Nurse reassessed the catheter tubing and found it to be on top of	11/15/19

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

Electronically Signed | 10/28/19

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M 620	Continued From page 1 Review of the undated facility's, "Catheterization", policy revealed a device will be used to maintain proper placement and positioning. The facility policy also noted that catheter care should be done with soap and water every shift and as needed (PRN), unless otherwise indicated by the physician. Resident #49 Review of Resident #49's October 2019 Physician's Orders, revealed an order to monitor the leg band (catheter tube securing device) every (Q) shift for proper placement, with a start date of 4/23/2018. Resident #49's care plan, initiated 10/12/17, also revealed the resident should have a leg band in place to secure the catheter. During an observation on 10/9/19 at 10:45 AM, Certified Nursing Assistant (CNA) #1 performed catheter care for Resident #49. There was no catheter tubing securing device in place and the catheter tubing was caught underneath the side rail of the bed. Resident #49 complained that sometimes the tubing would get caught under the bed side rail. CNA #1 performed the catheter care for the resident and failed to place a leg band or securing device in place after care. During an interview, on 10/9/2019 at 11:12 AM, Registered Nurse (RN) #1/Assistant Director of Nursing (ADON) revealed the resident should have a securing device (leg band) to secure the catheter tubing. The ADON stated there was a possibility that Resident #49 could have removed the strap, but he was not sure why the resident did not have a securing device for the catheter tubing.	M 620	the lowered rail and below the level of the bladder. Facility has a total of three indwelling catheters. 2 a. All residents with indwelling catheters have the potential to be affected. 3 a. An in-service will be done on 10/29/19 by the Staff Development Nurse for all nursing staff on catheter care for proper infection control technique during catheter care. b. The Catheter Care Audit will be done beginning 11/4/19 by the Director of Nursing every week for four weeks, monthly for three months, then quarterly. The audit will ensure that catheter care is being provided according to the Physician's order and that proper infection control procedures are followed. c. The Catheter Care Policy was reviewed by the Director of Nursing on 10/28/19 with no changes necessary. 4 The Catheter Care Audit findings will be reported to the Quality Assurance Committee by the Director of Nursing to ensure continued compliance. The Quality Assurance Committee will make recommendations and changes as needed.	

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M 620	Continued From page 2 During an interview, on 10/9/2019 at 10:50 AM, CNA #1 confirmed Resident #49 was not wearing a leg band to secure the catheter tubing. CNA #1 stated she wasn't sure why there was no device, but maybe Resident #49 removed the device before she went in to do care. During an interview, on 10/9/2019 at 2:27 PM, Resident #49 stated there had not been a strap on his leg to hold the catheter tubing in place for quite a while. Resident #49 stated that someone had put something like a butterfly dressing on his leg to hold the tubing in place, just after his care was finished, and the State Agency (SA) had left the room that morning. Resident #49 stated, "But it didn't last long, as a matter of fact, it's loose right now." During an interview, on 10/10/2019 at 9:29 AM, Registered Nurse (RN) #2/Minimum Data Set (MDS) and Care Plan Nurse confirmed the care was expected to be provided per orders/care plan. During an interview, on 10/10/2019 at 9:54 AM, the Director of Nursing (DON) confirmed that any intervention or area of care listed on the resident's person-centered care plan should be followed. Resident #15 A review of current physician's orders, intimated 12/01/14, revealed to provide Resident #15's catheter care every shift with soap and water and as needed. Orders, intimated 2/2/16, revealed to clean around the catheter with soap and water and apply a dressing. An observation 10/09/19 at 9:48 AM, revealed	M 620		

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M 620	Continued From page 3 CNA #1 entered Resident #15's room to provide catheter care. The CNA did not make it know if she had performed hand hygiene prior to the process. CNA #1 tossed the wash cloth multiple times in the air, letting it fall into her hand, making it difficult to determine if the same area of the cloth was used. CNA #1 had no pattern at any time during the care process of where the clean from dirty was on the wash cloth, because of the tossing of the cloth in her hand. CNA #1 did not perform hand hygiene before catheter care or after cleaning the tubing and before drying the tube with a clean cloth. CNA #1 did not place a dressing on the site. A review of a facility document titled "Clinical Skills Competency check off", dated 10/25/18, revealed CNA #1 received a check- off in performing catheter care. During an interview on 10/10/19 at 8:35 AM, CNA #1 stated that she should have made it known that she washed her hands before starting care. CNA #1 stated that she should have been more specific with the areas on the wash cloth in cleaning the catheter tubing; not being able to identify the area on the cloth could have spread germs. During an interview on 10/10/19 at 8:42 AM, Registered Nurse (RN) #3 stated that CNA #1 wiping more than once with the same cloth, and tossing the cloth, not knowing the exact location on the cloth that she had just used, could have caused cross contamination. RN #3 stated it certainly could have increased the risk of infection. During an interview on 10/10/19 at 9:00 AM, the Director of Nursing (DON) stated that CNA #1's	M 620		

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M 620	Continued From page 4 technique was wrong in providing catheter care for Resident #15. She stated that CNA #1 tossing the cloth in her hand and wiping several times could have caused cross contamination; it could have caused an infection.	M 620		
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, record review, facility policy review, and staff interview, the facility failed to provide care to a Gastromy (G) tube site in a manner to prevent infection, and failed to follow the physician's order to apply the correct G-tube dressing for one (1) of two (2) observations of G-tube care, Resident #64 Findings Include: Review of facility's "Tube Feedings" policy, undated, revealed, "All tube feedings will be administered in accordance with verified medical necessity, established infection control policies and procedure and physician's orders. Site care will be provided per a physician's order". A review of physician's order, dated 7/5/19,	M 635	1 Resident #64's order for a gastrostomy dressing change was clarified on 10/28/19 by the Director of Nursing. Licensed Practical Nurse #1 will be in-serviced on 10/29/19 on proper gastrostomy dressing change technique. Facility has a total of four Residents with gastrostomy tubes at this time. 2 a. All residents with gastrostomy tubes have the potential to be affected. All resident's orders containing gastrostomy tube dressing changes have been reviewed by the Director of Nursing on 10/28/19 and found to be accurate. 3 a. The Infection Control Policy and Procedure regarding dressing changes was reviewed by the Director of Nursing on 10/28/19 with no changes necessary. b. An in-service will be done on 10/29/19 by the Staff Development Nurse on gastrostomy care for proper infection	11/15/19

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M 635	Continued From page 5 revealed Resident #64 has orders to clean the G-tube site with normal saline, pat dry, apply Bactroban to the area every (Q) shift and as needed (PRN). Cover with a 4 x 4 secure Abdominal (ADM) dressing and secure with tape. An observation on 10/09/19 at 9:35 AM, revealed Licensed Practical Nurse (LPN) #1 entered Resident #64's room, used hand sanitizer, gloved, and removed Resident #64's abdominal binder. LPN #1 removed the soiled dressing from the G-tube stoma and discarded it in a clear bag. LPN #1 obtained a 4 x 4 gauze, placed normal saline on the gauze, and patted the stoma in several places, then turned the gauze over and wiped an area of the stoma again. LPN #1 obtained a dry 4 x 4 and patted the stoma dry, touching some areas on the stoma twice. LPN #1 removed gloves, and without performing hand hygiene, applied clean gloves, then obtained a long Q-tip applicator, applied Bactroban ointment to the stoma site and covered the stoma site with a drain gauze, not the ADM dressing as ordered. During an interview on 10/09/19 at 4:56 PM, LPN #1 revealed that she should have performed hand hygiene after removing the soiled dressing and before cleaning the stoma site, after cleaning the stoma site and before applying the clean dressing to the stoma, after she took her gloves off, and before putting on clean gloves. LPN #1 stated she should have wiped the stoma site with the gauze in one direction and then threw the gauze away during both cleaning and drying the stoma site. LPN #1 stated she remembered patting the stoma site, but didn't realize she touched the cleaned areas more than once. A review of a document, provided by the facility, titled "Annual Clinical Skills Check-off for Nurses",	M 635	control technique. This in-service will be for all nursing staff. c. Beginning on 11/4/19, The Gastrostomy Care Audit will be done by the Director of Nursing every week for four weeks, monthly for three months, then quarterly. The audit will ensure that gastrostomy tube care is being done by our nurses according to the Physician's orders and that infection prevention procedures are being followed. 4 a. The Gastrostomy Care Audit will be reported by the Director of Nursing to the Quality Assurance Committee (QA) to ensure continued compliance. The Quality Assurance Committee will make recommendations and changes as needed.	

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M 635	Continued From page 6 dated 8/26/19, revealed, LPN #1 received a check-off in providing Enteral Feeding and Care (dressing change). During an interview on 10/10/19 at 9:55 AM, Registered Nurse (RN) #3 stated LPN #1 should have wiped from the inner of the stoma wound to the outer area of wound, using one sweep, and then discarded the gauze. RN #3 stated, "We don't teach patting a stoma". RN #3 stated any time you take your gloves off and perform a different procedure you're supposed to wash your hands. During an interview on 10/10/19 at 09:05 AM, the Director of Nursing (DON) stated LPN #1's technique for cleaning the stoma was not what the facility teaches.	M 635		