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
	34HH	A. BUILDING: _____ B. WING _____	10/31/2019

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CARE CENTER OF LAUREL	935 WEST DR LAUREL, MS 39440

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M 000	Initial Comments The State Agency (SA) conducted a State Licensure survey from 10/28/19 through 10/31/19. During the survey, the SA determined the facility did not meet the licensure requirements for the State Minimum Standards for the Aged and Infirm. The SA cited M610, M615, and M815. The facility was licensed for 120 beds, with a census of 108 at the time of survey.	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: Level II Based observation, staff interview, record review, and facility policy review, the facility failed to provide toenail care for (1) one of (22) residents observed for Activities of Daily (ADL) care, Resident #6. Findings Include: Record review of the facility's "Quality of Care"	M 610	By submitting the enclosed material, we are not admitting to the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceeding and submit these responses pursuant to our regulatory obligations. 1. Director of Nursing cleaned and clipped Resident #6 toenails on 10/31/2019 at 4:00pm and obtained an order for podiatry consultation on 11/1/2019 at 4:39pm.	11/22/19

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M 610	Continued From page 1 policy, dated November 2017, revealed each resident's care is tailored to the functional status and needs they may have. At the time of bath, all residents shall also receive, if applicable, nail care. Observation on 10/28/19 at 4:21 PM, revealed Resident #6 lying supine in bed, with feet uncovered. Resident #6's toenails were long, thick, and yellow, with dried blood on the left great toe. During an interview on 10/28/19 at 4:23 PM, Resident #6 stated the Podiatrist normally comes in to see him in his room. Resident #6 stated he had reminded the nurses for a month that he needed the Podiatrist to cut his toenails. Interview on 10/31/19 at 10:55 AM, with the Director of Nursing (DON), confirmed Resident #6's toenails were long, with thickened yellow nails on both feet. The DON said the nurses on the floor were responsible for doing body audits weekly and the CNA's were suppose to notify the nurse when the resident's toenails needed to be cut. The DON also stated the facility had signed a contract with a Podiatrist, but he decided not to accept the position. Interview on 10/31/19 at 11:07 AM, with License Practical Nurse (LPN) #1, revealed she does body audits on Resident #6 weekly. LPN #1 said she had noticed the long thick yellow toenails and had informed the Treatment Nurse the resident's toenails needed to be cut. LPN #1 said she did not notify the DON the resident's nails had not been cut. LPN #1 stated she did mention to the DON that Resident #6 needed to see a Podiatrist.	M 610	Registered Nurse Supervisors began and completed a body audit of all residents fingernails and toenails on 10/31/2019 and trimmed/filed them as needed. At the time of the audit the census was 111 with 4 resident in the hospital. 60 residents received toenail trimming/filing. All residents care plans were reviewed by the Director of Nursing and the Assistant Director of Nursing on 11/5/2019 and confirmed that toenail/fingernail care is present. 2. All residents have the potential to be affected by this practice. 3. In service was conducted by the Director of Nursing in regards to fingernail/toenail care monitoring for all staff on 11/1/2019. This in service included location of toenail/fingernail care on the kiosk for Certified Nursing Assistants as well. 4. Director of Nursing along with Assistant Director of Nursing will perform checks on ten random residents three times weekly for four weeks and then once a week for four weeks to monitor for toenail/fingernail care ,these will be documented on the facility flow sheets. These random checks started on 11/4/2019. All flow sheets which contain the monitoring and audits regarding toenail care will be brought to the Quality Assessment and Assurance Committee by the Director of Nursing. Any deficient practices regarding toenail care will have a plan initiated and recommendations will be made if warranted. The Quality Assessment and	

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M 610	Continued From page 2 Review of the facility's "Weekly Body Audit Roster", dated 10/1/2019 through 10/30/2019, revealed Resident #6 received body audits on 10/2/2019, 10/9/2019, 10/16/2019, 10/23/2019, and 10/30/2019, which revealed no new skin issues. Review of a "Podiatry Note" revealed Resident #6 was seen by a Podiatrist on 9/23/2017. The note revealed Resident #6's nails were elongated, deformed, and thickened, with fungus nail plates, which were yellow. The Podiatrist trimmed the resident's toenails and recommended Resident #6 be seen again, as needed, per physicians order, or sooner, if adverse changes in foot condition or foot status. A review of Resident #6's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/09/2019, revealed Resident #6 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident had no cognitive impairment.	M 610	Assurance Committee will meet at least Quarterly.	
M 615	45.21.3 Pressure sores Pressure sores. Residents with a pressure sore shall receive necessary treatment and service to promote healing and prevent the development of new pressure sores. Residents without pressure sores will not develop pressure sores unless the residents' clinical condition indicates they were unavoidable. This Statute is not met as evidenced by: Level III Based on observation, interview, record review, and policy review, the facility failed to ensure	M 615	By submitting the enclosed materials, we are not admitting to the truth or accuracy of any specific findings or allegations, We reserve the right to contest the findings or	11/22/19

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M 615	Continued From page 3 pressure ulcer treatment was provided in a manner to allow the resident to be as pain free as possible during the care. This affected one (1) of six (6) resident wound care observations, Resident #15, as evidenced by the resident crying and holding on to the bed rail during the wound care of the pressure ulcer. The nurse did not stop the care and/or offer additional pain medication. Findings include: A review of the facility's "Guidelines for Pain Management of Wounds", dated January 2014, revealed: The staff should perform routine pressure ulcer pain assessments with dressing changes and periodically as consistent with the individual's wishes. If consistent with treatment plan, provide opioids and/or non-steroidal anti-inflammatory drugs 30 minutes prior to dressing changes or procedures and afterward. Utilize dressings less likely to require less frequent dressing changes (hydrocolloids, hydrogel alginates, polymeric membrane foams, foam, soft silicone dressings). Please note gauze dressings are more likely to cause pain. Systemic treatment for pressure ulcer pain: Oral administration of drugs in the following order: Step one: non-opioids (aspirin, acetaminophen and nonsteriodal anti-inflammatory drugs), systemic local anesthetics and topical anesthetics). Step two: If pain is persisting or increasing give mild opioids (codeine), plus if necessary non episodes and or adjuvant. Step Three: If pain is persisting or increasing give opioids for moderate to severe pain (morphine), plus if necessary non-opioid and/or adjuvant (step 1 medications and morphine, discontinue step 2). Observation of Resident #15's wound care, on	M 615	allegations as part of any proceeding and submit these responses pursuant to our regulatory obligations. 1. Director of Nursing performed a head to toe assessment on Resident 15 with no adverse affects found on October 31, 2019. Medical Director, came to visit with Resident number 15 on November 1, 2019 in regards to pain with new orders obtained. New order was for Acetaminophen-cod#3 tablet give one tablet by mouth two times a day for pain and Neurontin 100mg give one capsule by mouth three times a day for pain. Medical Records Nurse completed audit on all residents receiving treatments including wound care to ensure that pain scales were incorporated on the treatment administration record, this was completed on 11/5/2019. 2. All residents receiving wound care have the potential to be affected by this practice. 3. Licensed Practical Nurses and Registered Nurses were in serviced specifically on our facility's policy regarding pain control during each treatment including wound care. This in service was held on November 1, 2019 and conducted by the Director of Nursing. 4. Director of Nursing and Assistant Director of Nursing will perform observations of wound care two times weekly for four weeks, then once weekly for four weeks to ensure pain guidelines and policies are adhered to. These	

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M 615	Continued From page 4 10/28/19 at 11:04 AM, revealed Registered Nurse (RN) #1 cleaned the resident's stage 4 pressure ulcer wound with normal saline. Resident #15 started crying and held on to the bed rail saying that it hurt. RN #1 stated, "I'm almost finished." RN #1 proceeded to measure the 3.0 centimeter (cm) x 3.0 cm x 5.0 cm sacral pressure ulcer, which had a red wound bed and no odor. RN #1 packed the wound with 4 x 4 gauze, soaked in half strength Dakin's solution. RN #1 applied sure prep around peri area and foam gauze. RN #1 did not stop the treatment or offer the resident any pain medication. During an interview on 10/28/19 at 11:04 AM, during the resident's wound care, RN #1 stated Resident #15 cried all the time, even if she had pain medication. RN #1 said the resident was medicated at 6:00 AM, and was not due any more pain medicine until 12:00 PM. He stated Resident #15 was given the routine Tramadol orally at 6:00 AM, for pain. Review of the Physician Orders, dated October 2019, revealed the wound care orders for Resident #15: Wound to be cleaned with normal saline, pat dry, pack with 1/2 strength Dakins soaked kerlix, and cover with border gauze dressing daily and as needed. Resident #15 had routine orders for two (2) 50 milligram (mg) Tramadol HCL tablets orally every six (6) hours for pain routinely, with orders for Tylenol with Codeine #3 orally ever 12 hours, as needed for pain. Review of the Medication Administration Record (MAR), dated October 2019, revealed Resident #15 received Tramadol HCL 100 mg every six (6) hours for pain routinely at 6:00 AM, 12:00 PM, 6:00 PM, and 12:00 AM. The resident had not	M 615	observations were initiated on 11/1/2019. All flow sheets containing the observations of wound care will be brought to the facility Quality Assessment and Assurance Committee by the Director of Nursing. Any deficient practices with wound care will have an improvement plan initiated. Recommendations will be made if warranted. The Quality Assessment and Assurance Committee will meet at least Quarterly.	

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M 615	Continued From page 5 received Tylenol with Codeine #3 for the month of October 2019, per the MAR. Review of Resident #15's Pain Assessment, dated 10/17/2019, revealed Resident #15 was unable to verbalize pain, however, she expressed pain through facial grimacing and crying. Review of the facility's "Wound Assessment Reports", dated 7/16/2019, 8/20/2019, 9/17/2019, and 10/22/2019, revealed Resident #15 complained of pain by moaning, grimacing and crying. During an interview on 10/30/19 at 11:16 AM, Resident #15's niece confirmed the resident complained of pain to her sacrum all the time. The niece stated she was told by the nurses that they give the resident pain medicine all the time. The niece said it bothers her to hear her aunt cry in pain. During an interview on 10/30/19 at 4:02 PM, Certified Nursing Assistant (CNA) #1 stated she takes care of Resident #15 on the day shift and the evening shift. She stated Resident #15 cried all the time. She stated the resident said her buttocks hurt whenever staff repositions her. CNA #1 said she reported the resident's complaint of pain to the nurse. During an interview on 10/30/19 at 4:13 PM, CNA #2 stated she provided care to Resident #15 on evening shift. CNA #2 stated Resident #15 complained of pain to her buttocks all the time when care is provided. CNA #2 stated she reported the resident's pain to the nurse. During an interview on 10/30/19 at 4:18 PM, the Medical Doctor (MD) confirmed he was not aware	M 615		

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M 615	Continued From page 6 Resident #15 complained of pain during wound care. The MD said he would address this with the nurses during his visit to the facility. During an interview on 10/31/2019 at 9:30 AM, the Director of Nursing (DON) confirmed RN #1 failed to address Resident #15's pain during treatment of the pressure ulcer. The DON stated she told RN #1 to assess Resident #15's pain prior to providing the wound care. The DON said RN #1 should have asked the Medication Nurse to give Resident #15 the Tylenol #3 with Codeine before finishing the wound care, as it was ordered as needed. A review of Resident #15's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 7/25/2019, revealed Resident #15 complains of pain with vocal complaints and facial grimacing. The resident's Brief Interview for Mental Status (BIMS) revealed a score of zero (0), which indicated severe cognitive impairment.	M 615		
M 815 SS=F	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This Statute is not met as evidenced by: Level II Based on observation, staff interviews, record review, and policy review, the facility failed to monitor each of the Medication Storage Room refrigerators for expired food items, incomplete temperature logs, and spills in the bottom of the	M 815	By submitting the enclosed materials, we are not admitting to the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceeding and submit these responses pursuant to our regulatory obligations.	11/22/19

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M 815	Continued From page 7 refrigerators, for three (3) of the (3) Nurse's station Medication Storage Room refrigerators inspected. Findings Include: The facility's "Facility Unit Refrigeration Equipment" policy, revised on 05/2018, revealed the facility will ensure the refrigerated foods are stored outside the food service area through accepted storage practices. The policy noted the temperatures are checked daily by a designated employee, documented on a temperature log, and food items that have passed the "use by" date, or expiration date, are discarded. During an observation, of the refrigerator in the Medication Storage Room (Med Room) located at the North Nurse's station, on 10/30/2019 at 11:30 AM, there were six (6) two-percent (2%) milk cartons and five (5) whole milk cartons with use-by-dates that were past their expiration date. During an observation, on 10/30/2019 at 11:40 AM, of the Patient Care Unit (PCU) Nurse's station Med Room refrigerator, there was one (1) whole milk carton with an expired use-by-date. The refrigerator was also noted to have excessive brown-colored spillage in the bottom. During an observation, on 10/30/2019 at 11:50 AM, of the South/South Central Nurse's station Med Room refrigerator, there was one (1) 2% milk carton, three (3) whole milk cartons, and one (1) container of honey-thickened water with an expired use-by-date. Review of the temperature refrigerator logs from each of the Nursing stations Medication Storage rooms, revealed that there were multiple dates for	M 815	1. All three Medication Storage Room refrigerators were inspected and cleaned on 10/31/2019 by the Director of Nursing, Assistant Director of Nursing, along with the Administrator. The Director of Nursing removed 11 cartons of milk and cleaned liquid from the bottom of the refrigerator along with one carton of thickened water. 2. All residents have the potential to be affected by this practice. 3. In service was conducted on 11/1/2019 for all staff by the Director of Nursing specifically for the night shift nurses with responsibility to check the Medication Storage Room refrigerator temps as well as cleanliness and expiration dates nightly. Large refrigerator ordered to replace all Medication Storage Room refrigerators with the plan to place all supplements in a central location. The maintenance supervisor ordered the door for this location on 11/19/2019 and picked up on 12/3/2019. It was installed on 12/6/2019. He ordered refrigerator was ordered on 12/6/2019. 4. Director of Nursing along with Assistant Director of Nursing will monitor all Medication Storage Room refrigerators three times weekly for four weeks and then weekly for four weeks to monitor for cleanliness, expired items, and completed temperature logs. This monitoring began on 10/31/2019. All flow sheets containing documentation of the monitoring will be brought to the facility Quality Assessment and Assurance Committee by the Director	

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M 815	Continued From page 8 October 2019, in which no record of the unit's refrigerator temperatures had been documented; 13 for October 2019 and 22 for September 2019, for the North Nursing Unit; 11 for October 2019 for the PCU Unit; and one (1) for the South Nursing Unit for October 2019. During an interview on 10/30/19 at 11:35 AM, Licensed Practical Nurse (LPN) #1 confirmed there were six (6) cartons of 2% milk and five (5) cartons of whole milk, past the use-by-date, in the refrigerator in the Med Room. LPN #1 stated she is the floor nurse for the North Nurse's station, but it is the night nurse that is supposed to check the unit refrigerators and record the refrigerator's temperatures on the temperature log. LPN #1 confirmed there were multiple dates that the temperatures were not written on the temperature log for the month of October 2019. During an interview on 10/30/19 at 11:45 AM, LPN #2 confirmed one (1) carton of whole milk had a past use-by date and should have been discarded. LPN #2 confirmed there were spills in the bottom of the refrigerator that needed to be cleaned. LPN #2 stated she is the floor nurse for the Personal Care Unit, but the night nurse on the unit, is the person responsible for checking for expired foods in the refrigerator and documenting the temperatures on the temperature log. LPN #2 confirmed there were a lot of missing dates on the temp log. LPN #2 stated the milk products in the unit refrigerators are for resident use only. During an interview on 10/30/19 at 11:55 AM, LPN #3 confirmed three (3) cartons of whole milk, one (1) carton of 2% milk, and one (1) four (4) ounce (Oz) container of honey thickened water, had a past use-by expiration date. LPN #3 confirmed these food items should have been	M 815	of Nursing. Any deficient practices will have a quality improvement plan initiated. Recommendations will be made if warranted. The Quality Assessment and Assurance Committee will meet at least Quarterly.	

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M 815	Continued From page 9 thrown away. During an interview on 10/30/19 at 12:20 PM, the facility's Administrator confirmed all food items stored in the unit refrigerators with expired use-by dates, should be discarded. The Administrator stated the night nurses are delegated to check each unit refrigerator, remove the expired food items, and record the refrigerator temperatures on the temperature log. The Administrator stated the food items in the unit refrigerators are for resident use only During an interview, on 10/31/19 at 10:50 AM, the Director of Nursing (DON) confirmed any food products beyond the use-by dates, should be discarded. The DON stated the night shift nurse from all three (3) nursing stations are responsible for cleaning, checking the food items inside the unit refrigerator, and document the temperatures on the temperature logs. The DON stated the milk and thickened waters are stored in the unit refrigerator in order to give to the residents as ordered or needed.	M 815		