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
	40CH	A. BUILDING: _____ B. WING _____	10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TREND HEALTH & REHAB OF CARTHAGE LLC	1101 EAST FRANKLIN STREET CARTHAGE, MS 39051

(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) conducted an annual recertification along with a Complaint Investigation (CI), MS #16349, from 10/21/19 to 10/24/19. During the annual recertification survey, the SA determined the facility was not in compliance with State Licensure Regulations for the Aged or Infirm, and cited State Statutes at M635 and M780. The SA substantiated MS #16349 for an injury of unknown origin, with no citations related to the complaint. The facility is certified for 99 beds, with a census of 92 during the survey.	M 000		
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, staff interview, record review, and facility policy review, the facility failed to ensure medications were administered via Percutaneous Endoscopic Gastrostomy (PEG) tube, per standard of practice, to prevent possible complications, as evidenced by four (4) medications were crushed and administered together via PEG tube, for one (1) of six (6)	M 635	Resident #17 was assessed on 10-22-2019 by the Director of Nursing without adverse reactions noted. The order "may crush, combine and give all crushable medications together" was removed from resident #17's chart and all other residents charts with Percutaneous Endoscopic Gastrostomy tubes. Resident #17 was assessed on 10-22-2019 by the Director of Nursing without adverse reactions noted. Medical Doctor was	11/25/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	40CH	A. BUILDING: _____ B. WING _____	10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TREND HEALTH & REHAB OF CARTHAGE LLC	1101 EAST FRANKLIN STREET CARTHAGE, MS 39051

(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 635	Continued From page 1 residents observed for medication administration, Resident #17. Findings include: Facility policy review for "Medication Administration Via Tube Feeding", revised 2/2012, revealed: Give each drug separately to avoid incompatibility reactions with the tube ... Flush with five (5) milliliters (ml) of water between medications. Review of the "Mosby's Pocket Guide to Nursing Skills and Procedures", Perry and Potter, eighth edition, revealed: To administer more than one (1) medication via feeding tube, crush each tablet into a fine powder and dissolve each tablet in a separate cup of 30 ml of warm water. Give each medication separately and flush between medications with 15 to 30 ml of water. This maintains patency and allows for accurate identification of medication if a dose is spilled. In addition, some medications may be incompatible. Observation of the medication (med) administration pass, by Licensed Practical Nurse #2, on 10/22/19 at 9:07 AM, revealed the following medications were crushed, mixed together, and administered together via Resident #17's feeding tube: Seroquel 25 milligram (mg), Certrizine 10 mg, Calcium 600 mg, Vitamin D 400 international units (IU), and Tramadol 50 mg. Record review of Resident #17's current Physician Orders and Medication Administration Record, revealed an order dated 7/29/2019, which included orders to flush the Percutaneous Endoscopic Gastrostomy (PEG) tube every shift with 30 cubic centimeters (cc) of water, before and after medications, and five (5) ml between	M 635	notified with no new orders. All five residents with Percutaneous Endoscopic Gastrostomy tubes have the potential to be affected by this deficient practice. Resident #17's medications are now being crushed separately and given separately with thirty cubic centimeters of water before administration via Percutaneous Endoscopic Gastrostomy tube and five cubic centimeters of water flushes between each medication and thirty cubic centimeters of water flush after all meds. On 10/22/2019 all licensed nurses were inserviced on administering medications via a Percutaneous Endoscopic Gastrostomy tube by the Director of Nursing. Starting on 11-18-2019, the Registered Nurse Supervisor or the Infection Preventionist Nurse will observe preparation and administration of medications via Percutaneous Endoscopic Gastrostomy tube two times weekly for three months to ensure that residents who receive medications via a Percutaneous Endoscopic Gastrostomy tube are being crushed separately and administered separately with five cubic centimeters of water flush between each medication. Results of observations will be brought to the Quality Assurance committee by the Registered Nurse Supervisor or the Infection Prevention Nurse weekly for three months for recommendations and/or changes to ensure compliance for the next three months.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	40CH	A. BUILDING: _____ B. WING _____	10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TREND HEALTH & REHAB OF CARTHAGE LLC	1101 EAST FRANKLIN STREET CARTHAGE, MS 39051

(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 635	Continued From page 2 meds, if administered via PEG tube. An order dated 12/5/2018, revealed: May crush, combine, and give all crushable meds together. There was no order for fluid restriction. Interview with Licensed Practical Nurse #2 on 10/22/19 at 9:07 AM, revealed, "All our residents have that order", referring to the order to crush, combine and give all crushable meds together. She also stated that the resident didn't have an order for fluid restriction.	M 635		
M 780	45.27.2 Activity Program Activity Program. Provisions shall be made for suitable recreational and entertainment activities for resident according to their needs and interests. These activities are an important adjunct to daily living and are to encourage restoration to self-care and resumption of normal activities. Variety in planning shall include some outdoor activities in suitable weather. Level II Based on observation, staff interviews, record review, and facility policy review, the facility failed to provide an ongoing activity program consistent with the resident's interests, for one (1) of 18 residents reviewed for activities, Resident #50. Findings include: Review of the facility's "Activity Program" policy, dated 2008, revealed an ongoing program of activities is designed to meet the needs of each resident. Activities are scheduled daily. The activity program is designed to encourage restoration to self-care and maintenance of normal activity, which is geared to the individual	M 780	On 10-22-19, the staff provided in room activity by turning the TV on for resident #50. Resident #50 has TV listed on her careplan as a like for stimulation. On 10-29-19, The activities care plan for resident #50 has been reviewed by the Activities Director and the Administrator and is now being followed. Resident #50 has been observed by the Administrator engaging in TV watching, listening to music and one on one visitation. All residents have the potential to be affected by this deficient practice.	11/25/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	40CH	A. BUILDING: _____ B. WING _____	10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TREND HEALTH & REHAB OF CARTHAGE LLC	1101 EAST FRANKLIN STREET CARTHAGE, MS 39051

(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 780	Continued From page 3 resident's needs. The activity program consists of individual, and small and large group activities which are designed to meet the needs and interests of each resident. On 10/21/19 at 3:45 PM, an observation of Resident #50 revealed the resident in her bed, in her room, with her eyes open. The television (TV), radio, nor compact disc (CD) were playing. Resident did not respond to the surveyor when spoken to. During an interview and observation on 10/22/19 at 3:55 PM, Resident #50 stated she needed to be pulled up in bed. The resident was unable to push the call light, due to she's unable to move her hands. The Certified Nursing Assistants (CNAs) came into the room and repositioned Resident #50. There was no radio, CD, or TV on at this time and the resident did not respond when the surveyor asked if she would like her radio on. Review of the August and September 2019 activity logs revealed Resident #50 was provided four (4) activities for the month of August and three (3) activities in September. On 10/22/19 at 4:13 PM, during an interview, the Social Services Representative (SSR) revealed the Activity Director (AD) was not at the facility this week and she did not have an assistant. The SSR confirmed she felt only three (3) or four (4) activities per month was not enough and she did not realize Resident #50 was not provided more activities. The SSR revealed she talked to the Activity Director and there was no documentation for activities, other than the participation record for daily/weekly program, provided to the surveyor.	M 780	On 10-29-2019 the Activities Director was in serviced by the Administrator on comprehensive care plan policy and procedure to provide desired activities according to resident preferences listed on care plan. Beginning on 11-18-2019, the Administrator will monitor five residents for in room activities and documentation weekly for four weeks to ensure that the activity care plan is being followed. Results will be brought to the Quality Assurance committee, by the Administrator, weekly for four weeks for recommendations and/or changes to ensure compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	40CH	A. BUILDING: _____ B. WING _____	10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TREND HEALTH & REHAB OF CARTHAGE LLC	1101 EAST FRANKLIN STREET CARTHAGE, MS 39051

(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 780	Continued From page 4 On 10/24/19 at 4:28 PM, during an interview, the Director of Nursing (DON) confirmed the AD should provide Resident #50 activities more often and as directed on the care plan. The DON confirmed Resident #50's care plan revealed the resident liked activities such as rhythm band, other musicals, special events, or spirituals. The DON confirmed the resident should be offered the radio,TV, and gospel CD's for stimulation. The DON revealed the AD was not in the facility and would not return the week the survey was in process.	M 780		