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
	61AD	A. BUILDING: _____ B. WING _____	C 03/02/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JNH-ADAMS INN	3550 HIGHWAY 468 WEST PO BOX 207, BUILDING 31 WHITFIELD, MS 39193

(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 on-site Complaint Investigation (CI) MS #16500, at the facility on 03/02/2020. The SA did not substantiate CI MS #16500 for the complaint of not having sufficient staffing. The SA substantiated CI MS #16500 for the complaint of Resident Rights related to environment, and cited the state statute at M1010. The SA determined that the facility was not in substantial compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm. At the time of the survey, the facility had a census of 46, and held a license for 59 beds.	M 000		
M1010 SS=D	45.35.1 Housekeeping Facilities and Services Housekeeping Facilities and Services. 1. The physical plant shall be kept in good repair, neat, and attractive. The safety and comfort of the resident shall be the first consideration. 2. Janitor closets shall be provided with a mop-cleaning sink and be large enough in area to store house cleaning supplies and equipment. A separate janitor closet area and equipment should be provided for the food service area. This Statute is not met as evidenced by: Level II Based on observation, record review, and staff interviews, the facility failed to provide an environment that was safe, clean and homelike for three (3) of 46 residents' bedrooms. Resident bedroom #111 #122, and #118, contained a black substance on the walls and ceilings, chipped paint, peeling plaster, and loose quarter and dime	M1010	A. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Upon notification of the deficient practice on March 2, 2020, the residents in bedrooms 111, 118, and 122 were removed from the bedrooms and the	4/22/20

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M1010	Continued From page 1 sized paint/plaster chip residue lying on the floors. During an interview, on 03/02/2020 at 1:15 PM, the Director of Nursing (DON) revealed, the facility had Registered Nurse (RN) coverage seven (7) days per week. The DON stated she had no knowledge of mold or mildew being in the facility. The DON stated no illnesses related to mold and mildew had been brought to her attention. An interview, on 03/02/2020 at 1:30 PM, with the facility's Administrator (ADM), revealed, the black substance on the walls and window sills, had been an on-going issue, and the facility was working daily to clean, paint, and get rid of the black substance. The ADM stated there had not been an outside contractor and/or company consulted to identify the black substance or to remove the black substance. The Administrator revealed the facility had a large housekeeping and maintenance department located on the property. During an interview, on 03/02/2020 at 1:45 PM, with the facility's Social Worker (SW), she revealed that several months ago a complaint was issued by a family member of one of the residents, that there was black mold and mildew growing on the walls of the resident's bedroom. The SW revealed, at that time, the facility's ADM removed all residents from room #122, and had the room cleaned and re-painted. The SW stated that no residents had ever been returned to live in bedroom #122, since that complaint was issued several months ago. On 03/02/2020 at 2:00 PM, during an interview, with the Director of Operations and Environmental Services, revealed,15 work orders	M1010	housekeeping staff cleaned the affected areas with peroxy hdox to remove the black substance from the walls and ceiling. On March 2 and 3, 2020, the Charge Nurses examined the residents in bedrooms 111, 118, and 122 and found no negative outcome related to the deficient practice. The residents in room 122 were moved to other resident rooms. B. How you will identify other residents having the potential to be affected by the same deficient practice? On March 2, 2020, the Director of Nursing (DON) and the Minimum Data Set (MDS) Nurse reviewed Adams Inn□s census and found that 4 of the 46 residents have the potential to be affected, but no other residents were found to be affected. C. What measures will be put into place or what systemic changes you will make to ensure the deficient practice will not recur? Beginning March 3, 2020, the Adams Inn□s housekeeping staff cleaned the resident bedrooms daily with peroxy hdox. On March 4, 2020, a work order was generated when the Mississippi State Hospital (MSH) Environmental Services Department was notified of a black substance in resident bedrooms 118 and 122; room 111 no longer had black substances on the wall or ceilings. Employees from the above department presented to the building, cleaned and treated resident bedrooms 118 and 122. Additionally, on March 4, 2020,	

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M1010	Continued From page 2 had been submitted to the maintenance department concerning mold and mildew and the need for cleaning and re-painting. She stated that Housekeeping works daily to clean and to stay ahead of the "black substance." The Director of Operations and Environmental Services confirmed, the housekeeping employees were not allowed to clean with strong chemicals, such as bleach, because of safety hazards. She stated the Housekeeping Department cleans with hydrogen peroxide and other approved chemicals. The Director of Operations and Environmental Services stated there had not been an outside agency consulted to positively identify the "black substance" or to get rid of it. She stated the facility was well aware of the "black substance" and that they were working daily to provide a safe and clean environment for all residents and staff. She stated the Maintenance Department had been contacted and that they had re-painted and cleaned the walls and ceilings, but the "black substance" comes back because the walls and ceiling are made of concrete and the buildings were 60 to 100 years old. During an observation, on 03/02/2020 at 2:00 PM, rooms #111, #118, and #122 revealed, there was "black substance" on the walls and ceilings, and there was chipped paint and peeling plaster, with loose pieces of plaster (dime and quarter size) and paint residue on the floors. There were no residents present upon observation. A record review, revealed, 15 facility work orders, supplied and identified by the Director of Operations and Environmental Services, and that she verified were sent to the Maintenance Department, for re-painting and repairing the walls of the residents' bedrooms since June	M1010	dehumidifiers were placed in resident bedrooms 111, 118 and 122 to decrease the potential buildup of the black substance and moisture. Additional dehumidifiers were purchased and placed throughout the facility. On March 6, 2020, an Environmental Consultant conducted a walkthrough to examine the facility for black substances on the walls and ceilings. Due to restricted visitations due to COVID -19, a return date is pending for the Environmental Consultant. On March 9, 2020, the Coordinator of Unit Operations (CUO) began conducting rounds three (3) times a week to ensure the dehumidifiers were located in the affected bedrooms and to monitor for any existing black substance on the walls and ceilings. On March, 18, 2020, the CUO in-serviced the housekeeping staff on the importance of checking and cleaning the resident bedrooms and reporting any occurrence of black substance on the walls and ceilings. D. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance will be put in place? The CUO will report findings to the Adams Inn□s Nursing Home Administrator (NHA) weekly. Any deficiencies will be addressed immediately by the CUO. The NHA will report to the Adams Inn□s Quality Assurance Performance Improvement (QAPI) Committee as needed the progression and effectiveness of the corrected actions. Should systemic changes not be effective, QAPI will	

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M1010	Continued From page 3 2019. The Director of Operations and Environmental Services signed and dated the verification of the 15 work orders, that were submitted to the Maintenance Department. Review of the facility's statement, dated 03/02/2020, signed by the facility's ADM and DON, revealed, "As of March 2, 2020, (name of facility) has not had any resident that has been identified with having any respiratory sickness due to Mold or Mildew."	M1010	investigate and determine further action(s) to be implemented.	