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
	03AC	A. BUILDING: _____ B. WING _____	C 12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMUNITY LIVING CTR	323 INDUSTRIAL PARK DRIVE LIBERTY, MS 39645

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M 000	Initial Comments The State Agency (SA) conducted Complaint Investigations (CI) MS #17084, MS #17304, MS #17321, MS #17322, MS #17324, and MS #17325 on 12/2/20 to 12/4/20. During the survey the SA determined the facility was not in compliance with the Minimum Standards for the Age and Infirm. The SA substantiated MS #17321, MS #17084, and MS #17325 and cited M 225; 45.4.1; Level II, Pattern, for failure to maintain minimum requirements for nursing staff ratio of two and eight tenths (2.8) hours of direct nursing care per resident per 24 hours. MS #17304 was not substantiated for neglect. MS #17322 was not substantiated for abuse. MS #17324 was not substantiated for Infection Control concerns regarding the use of Personal Protective Equipment (PPE). The census at the time of the survey was 63 with a license for 80 beds.	M 000		
M 225	45.4.1 Nursing Facility Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements: 1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio. 2. Each facility shall have the following licensed personnel as a minimum: a. Seven (7) day coverage on the day shift by a	M 225		1/26/21

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M 225	Continued From page 1 registered nurse. b. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day shift and be responsible for all nursing services in the facility. c. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing services, who shall be a registered nurse. d. A registered nurse or licensed practical nurse shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse. e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse. f. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse. 3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements. 4. There shall be at least two (2) employees in the facility at all times in the event of an emergency.	M 225		

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M 225	Continued From page 2 This Statute is not met as evidenced by: Level II Pattern Based on observation, interviews, record review the facility failed to ensure sufficient staffing was available at all times to meet residents' safety and physical and psychosocial care needs for six (6) of eight (8) days staff schedule reviewed, 9/2/2020, 11/15/2020, 11/25/2020, 11/28/2020, 11/29/2020, and 12/2/2020 with the potential to affect 63 residents care. Findings include: The facility's, "Auditing and Monitoring Process for Sufficient Staffing" policy, dated 9/11/18, revealed the facility has a system in place to monitor staffing requirements. No other policy provided to the State Agency (SA), by the facility, regarding staffing when asked. The Facility Assessment noted the facility would provide sufficient staffing to meet the needs of the residents. Review of the facility's Resident Census and Conditions of Residents provided during the survey revealed the facility had three (3) residents dependent on staff for eating and 59 requiring assistance with eating. The review also revealed that the facility had 40 residents dependent on staff for bathing and 22 requiring assistance with bathing. Residents requiring assistance with toileting was 59 with four (4) additional residents requiring total assistance. The total of 63 residents on 12/2/2020 were housed between two (2) units, the Long Term Care Unit and the Alzheimer's Dementia Unit. On 12/2/2020 at 3:55 PM, the State Agency (SA)	M 225	1. State Agency entered building on 12/2/2020, facility was notified on 12/04/2020 that there was not sufficient staff for 12/02/2020. When next notified of possible staffing shortage on Decemember 11th, 12th and 13th, Director of Nursing (DON) called Administrator who called Regional Director of Operations. All employees on call sheet were called. Staffing agency was called on December 11th to provide coverage. Staffing agency was able to provide coverage and facility agreed to guarantee two nurses and two certified nursing assistants (C.N.A.)slots for the next two weeks and pay hazard pay. Agency was able to provide needed employees. 2. All resident's have the potential to be affected by this deficient practice. 3. Nurses were in-serviced on staffing on December 14,2020 by Administrator, Quality Assurance and Performance Improvement plan was completed December 14, 2020 by the Administrator. System changes put into place to ensure the problem does not recur include computerized schedules, proper use of daily staffing sheets, and review of staffing in department head meeting. Charge nurses for each shift will notify DON via facility cell phone if sufficient staffing is not in place or call-ins or no-shows occur. Charge nurse for each shift will text DON number of nurses and C.N.A.s so that we may ensure adequate staffing, DON will log calls on call log sheet. 4. Staffing schedules have been placed into Smartlinx on December 23. Assistant	

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M 225	Continued From page 3 entered the facility. The facility had a total of three (3) Certified Nursing Assistants (CNAs), three (3) Licensed Practical Nurses (LPNs) on the main facility with one (1) Registered Nurse (RN), one (1) CNA and one (1) activity aide/CNA on the Memory Care Unit. For the main facility the staff on duty upon entrance was five (5) and one (1) on transport but to return to work this PM. The Memory Care Unit had a total of three (3) staff members on duty. Daily facility census was 63 (with two (2) bed holds) for 12/2/2020. Twelve of the 63 residents were on the Memory Care Unit. The Memory Care Unit has a total of five (5) staff per 24 hours with at least two (2) staff members at all times. Review of the daily staffing sheet consistent with the employees present. On 12/3/2020 at 12:05 PM, an interview with Resident # 6 in Room 412-B denied concerns with abuse and neglect but stated the staff is sometimes slow, but they do come and answer the call lights. Resident #6 denied any other complaints. On 12/4/2020 at 9:17 AM, in an interview with the Assistant Director of Nursing (ADON), stated we have had staffing issues. The last two (2) weeks have been extremely rough. The Social Worker, Minimum Data Set (MDS) nurse, Director of Nursing (DON), Medical Records, Head of Maintenance, Housekeeping Supervisor are all out with COVID-19. The ADON stated it has been difficult. The ADON stated, the facility has agency nurses to help cover staffing for the facility. In an interview on 12/4/2020 at 2:10 PM, with the Facility Administrator, he stated they have been running ads on several job boards. He stated the facility offers COVID-19 pay and incentives. He stated the facility normally does not require	M 225	Director of Nursing (ADON) started completing daily staffing sheets on December 14 and went back to December 5, ADON will turn in staffing sheets to Administrator. ADON will spot check staffing 3 times per week for 6 weeks then as needed and will document on Staffing Reconciliation Sheet. Administrator will confirm staffing and sign off on sheets. Facility will monitor its performance to ensure solutions are sustained by computing daily required nursing hours to ensure above standard of 2.8. Finding will be presented to Quality Assurance Committee (QA) who will review and make recommendations regarding staffing. QA committee will review monthly for 3 months then as needed.	

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M 225	Continued From page 4	M 225		

agency staffing but all the staff had to go out because of them being COVID-19 positive all at once. He stated they continue to try to find new ways to find more staff. He confirmed he was not allowed to stop admitting residents due to the low staffing.

On 12/4/2020 at 2:30 in an interview with the facility ADON, stated she was unable to obtain proof of agency staff working. She stated she had a call in to them to get a copy but still unable to obtain. Stated we are having Human Resources to put out positions on a job board. We are trying to utilize all nursing staff to recruit people they know and to talk to staff that has left to see if they are possible for rehire. We have had people come in and apply for jobs but had to wait until COVID-19 testing supplies were available. Had people to come in for interviews and never showed up. ADON stated when staff was short on the regular nursing home halls the facility would share extra staff from the Memory Care Unit, but there are at least two (2) people left on the Memory Care Unit. The ADON stated the DON will return to work on Monday.

Review of the Alzheimer's Dementia Unit Staffing Grid revealed that unit averages between 9-13 residents and staffing was sufficient for the days reviewed however, review of the Long Term Care Staffing Grid revealed insufficient staff to meet the residents needs on the days reviewed.

Review of the Long Term Care Staffing Grid revealed the following staff were on duty:

On 9/2/2020, the 7/3 shift had 1 RN, 2 LPNs and 3 CNAs; 3/11 Shift - 1 RN, 1 LPN for part of the shift, and 3 CNAs; 11/7 Shift - 0 RN, 1 LPN, and 2 CNAs for a total of 14 staff for a census of 44.

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M 225	Continued From page 5 On 11/15/2020, the 7/3 Shift had 1 RN and 3 CNAs; 3/11 Shift - 1 RN and 1 LPN for part of the shift and 3 CNAs; 11/7 Shift - 1 RN, 1 LPN, and 3 CNAs for a total of 10 staff for a census of 46. On 11/25/2020, the 7/3 Shift had 3 LPNs, and 3 CNAs with 1 additional CNA for part of the shift; 3/11 Shift had 1 LPN and 4 CNAs; 11/7 Shift had 1 LPN and 1 CNA for a total of 14 staff for a census of 49. On 11/28/2020, the 7/3 Shift had 1 LPN 1 CNA present the entire shift and 1 CNA present part of the shift; 3/11 Shift - 2 LPNs and 2 CNAs; 11/7 had 1 LPN and 1 CNA to equal eight (8) staff members for a census of 44. On 11/29/2020, the 7/3 Shift had 1 RN, 3 LPNs, and 2 CNAs who were present part of the shift; 3/11 Shift had a RN present part of the shift, 2 LPNs, and 2 CNAs; 11/7 had 1 RN, 1 LPN, and 0 CNAs for a total of 12 staff for a census of 43. On 12/2/2020, the 7/3 Shift no nurses, 2 CNAs with 1 CNA who was present part of the shift; 3/11 Shift had a RN part of the shift, 1 LPN, 3 CNAs; 11/7 Shift had 1 RN, 3 LPNs, 1 CNA with 1 additional CNA part of the shift for a total of 13 staff for a census of 46.	M 225		