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
	61JE	A. BUILDING: _____ B. WING _____	07/26/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JNH-JEFFERSON INN	3550 HWY 468 WEST - PO BOX 207 BLDG 33 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) determined during an annual recertification survey, conducted from 7/23/19 through 7/26/19, the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm with deficiencies cited at M635. The facility was licensed for 89 beds and had a census of 73 at the time of 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 staff interview, record review, and facility policy review, the facility failed to position a resident who received Percutaneous Endoscopic Gastrostomy (PEG) tube feedings to help prevent complications such as aspiration for one (1) of three (3) residents reviewed for positioning, Resident #9. Findings include: A review of a document provided by the facility Administrator revealed the facility does not have a policy regarding enteral feedings and positioning body alignment. The document noted that Nursing staff refer to the Lippincot Manual of	M 635	A. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? On 07/26/2019, the Director of Nursing (DON) reviewed Resident#9' s chart. On 07/26/2019, Corrective actions were taken and Resident#9 was placed on 15 minute time check observation for safety measures and positioning related to Huntington 's Disease. B. How will you identify other residents having the potential to be affected by the	9/3/19

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M 635	Continued From page 1 Nursing Procedures (Seventh Edition) for procedural steps for Enteral Feeding and Positioning Body Alignment. This was signed by the Administrator and dated 7/25/19. A review of a document, provided by the Administrator, revealed the document was pages from the Lippincot Manuel and were used as guidelines in Percutaneous Endoscopic Gastrostomy (PEG) care. The document noted, "Have the patient sit or maintain the head of the bed at an elevation of at least 30 degrees (45 degrees is preferred) unless contraindicated by the patient's condition to prevent esophageal reflux and pulmonary aspiration of the feeding formula. The document also revealed to elevate the head of the bed a minimum of 30 degrees, preferably 45 degrees, to manage enteral tube feeding problems. The document also revealed various assistive devices can be used to maintain correct body alignment and to help prevent complications that commonly arise when a patient must be on prolonged bed rest. A review of the article titled "Nutrition and Huntington's Disease", dated 2010, released by the Huntington's Disease society of America revealed, to "position the person so that he/she is sitting up, or at least so the upper body is above the level of the stomach". A review of the article titled "Oral feeding in Huntington's Disease: a guideline document for speech and language therapists" dated 2012, revealed, "Involuntary movements create increasing difficulties in Late stage Huntington's Disease. Dietary modifications, the use of compensatory swallowing techniques, the manipulation of head or body postures and maneuvers to support safe and efficient	M 635	same deficient practice, and what corrective actions(s) will be taken? On 07/26/2019, the DON and the Minimum Data Set (MDS) Nurse reviewed charts and determined by census four of 73 residents had the potential to be affected by the deficient practice, no others were affected. C. What measures will be put into place, or what systemic changes will you make to ensure that the deficient practice does not recur? On 07/26/2019, Occupational Therapy was consulted for positioning devices to aid in maintaining proper positioning while in bed for Resident#9. On 08/09/2019, Speech Therapy was consulted for evaluation and possible treatment. On 08/09/2019, Resident#9 was discontinued from continuous PEG Tube feeding and placed on Bolus PEG feeding to prevent aspiration and other complications related to continuous PEG tube feeding. Beginning 08/13/2019, the DON in-serviced the Jefferson Inn's Certified Nursing Assistants(CNA) on the Time Check Observation Report Mississippi State Hospital(MSH)31A on proper documentation on visual observation of Resident#9 positioning and the importance of positioning due to a risk for aspiration related to Huntington's disease. Beginning 08/14/2019, the MDS Nurse will monitor the MSH Time Check Observation Report (MSH31A) to ensure staff is monitoring Resident#9 for proper	

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M 635	Continued From page 2 swallowing should continue. All caregivers should be in receipt of specific instructions on positioning and postures. Regular monitoring of the individual with Huntington's Disease weight, hydration, nutrition and occurrence of aspiration pneumonia is a key at this stage in the disease. An observation on 07/23/19 at 09:55 AM, revealed Resident #9 lying in bed. Two Cal 2.0 feeding formula was infusing at 45 cubic centimeters (cc) per (/) hour (hr) via feeding pump. The head of Resident #9's bed frame was elevated at approximately 20 degrees. There was a wide wedge at the head of the bed located under the sheet with a pillow on top of the wedge on the outside of the sheet. The Resident's head was lying off of the pillow and wedge against the right side rails of the bed. Resident #9's body was slumped down in the bed at a flat angle. An observation on 07/24/19 at 08:21 AM, revealed Resident #9 was lying in the bed with her head off the pillow and wedge. Resident #9 body was slumped down in the bed with her left shoulder slightly elevated in the bed by the edge of the pillow with the upper body at the same angle as to stomach. Two Cal 2.0 feeding was continuously infusing at 45 cc/hr via feeding pump. The head of bed (HOB) was approximately 45 degrees. An observation at 7/24/19 at 03:15 PM, revealed Resident #9 was lying in bed. The HOB was elevated at 45 degrees. There was a wide wedge at the head of the bed located under the sheet with a pillow on top of the wedge on the outside of the sheet. Resident #9's body was slumped down in the bed with her head at the right side of the bed against the side rails. Resident #9's head was off the pillow and the wedge and her body	M 635	positioning to help prevent aspiration and other complications related to Huntington' s Disease daily for two (2) weeks then weekly for four (4) weeks and report daily to stand up team any discrepancies. 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 into place? Findings of this audit will be discussed with the Jefferson Inn Nursing Home Administrator (NHA) weekly. The NHA will report to the Jaquith Nursing Home(JNH) monthly Executive Committee Meeting and the Quality Assurance Performance Improvement (QAPI) Facility Committee the progress and effectiveness of the corrected actions. Should systemic changes not be effective QAPI will investigate and determine further action(s) to be implemented.	

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M 635	Continued From page 3 was at a flat angle in bed. Two Cal was continuously infusing at 45 cc/hr via PEG tube. An observation on 07/25/19 at 06:55 AM, revealed Resident #9 was lying in bed with her head towards the right side of the bed railing and off of the pillow and wedge, with Two Cal 2.0 infusing continuously at 45 cc/hr via feeding pump. Resident #9's legs were lying towards the left side of the bed railing with the head of bed (HOB) at approximately 45 degrees. Resident #9's body was slumped down in the bed with her left shoulder slightly elevated with the edge of the pillow with the upper body at the same angle of the stomach. Licensed Practical Nurse (LPN) #1 entered Resident #9's room and the feeding pump was beeping. LPN #1 stated that Resident #9 "is always slumped to the right side of the bed". LPN #1 stated that Resident #9 had End Stage Huntington's Disease and that was how she always lay in bed. LPN #1 stated that Resident #9 "always moves around in bed. That's part of her Huntington's". An interview on 07/25/19 at 03:15 PM, with the Director of Nursing (DON), revealed "We are supposed to do everything for our residents...We can straighten Resident #9 up in bed and she gets into positions herself. I'll see what therapy can offer for her". An interview on 07/25/19 at 04:15 PM, with RN #3, Care Plan Nurse, revealed that Resident #9 positioning down in the bed makes her a high risk for aspiration with the continuous formula feeding. RN #3 stated that Resident #9 also has End Stage Huntington's Disease and that too would make her a high risk for aspiration.	M 635		