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
	76WC	A. BUILDING: _____ B. WING _____	01/09/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON CARE CENTER	1920 LISA DRIVE EXTENDED GREENVILLE, MS 38703

(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 Level II The State Survey Agency (SA) conducted an annual state licensure survey from 1/6/2020 to 1/9/2020. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for the Institutions for the Aged and Infirm. The SA cited the state statute at M655. At the time of the survey, the census was 55, and the facility held a license for 60 beds.	M 000		
M 655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. 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 store oxygen equipment in a manner to prevent cross contamination for two (2) of 20 residents receiving oxygen therapy, Residents #2 and #39. Findings include: A review of the facility's "Infection Control Oxygen Equipment Cleaning" policy, revised 03/18, revealed: Tubing should be replaced every seven (7) days. When not in use, store the	M 655	1. Oxygen tubing for Resident # 2 and Resident # 39 was changed on 1/2/2020 by Director of Nursing. Resident # 2 and Resident # 39 were assessed for signs and symptoms of infection on 1/9/2020 by the Nurse Case Manager/Licensed Practical Nurse and no signs and symptoms of respiratory infection were present. 2. Twenty (20) of (55) residents were identified by the Director of Nursing to have the potential to be affected by this deficient practice on 1/9/2020. Twenty	1/31/20

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M 655	Continued From page 1 mask/cannula in a plastic bag clearly labeled with the resident's name and date. Resident #2 During an observation, on 01/06/20 at 11:30 AM, Resident #2's oxygen concentrator had a cannula bag on it, dated 12/25/19. There was no nasal cannula attached to the concentrator. During an observation, on 01/06/20 at 4:32 PM, Resident #2's oxygen concentrator was observed with a cannula bag on it dated 12/25/19. There was no nasal cannula attached to the concentrator. During an observation and interview, on 01/07/20 at 8:30 AM, Resident #2's nasal cannula was observed to be laying across the resident's bed, uncovered, and dated 12/25/19. The cannula cover bag was dated 12/25/19. The Director of Nursing (DON) was brought to Resident #2's room to observe the placement of the cannula and the dates on the cannula and cover bag. The DON confirmed they were both dated 12/25/19. The DON stated the oxygen tubing was to be changed one time a week and should have been changed on 01/01/20. Review of Resident #2's care plan revealed a problem, with an onset date of 06/10/19, to address the resident receives oxygen therapy as ordered for shortness of breath (SOB) with exertion and sitting at rest. Interventions included to "Change O2 (oxygen) tubing and nasal cannula/mask weekly on Wednesday. Flag with date and initials. Store in plastic bag when not in use with residents name and date." Resident #39 An observation, on 01/06/20 at 12:42 PM,	M 655	(20) of twenty (20) residents were assessed by the Director of Nursing, Treatment Nurse, Nurse Case Manager, Assessment Nurse, and/or Staff Development Nurse for signs and symptoms of respiratory infection on 1/9/2020 with no signs and symptoms identified. 3. An in-service was conducted on 1/8/2020 by the Director of Nursing and Nurse Case Manager on the policy/procedure titled Infection Control Oxygen Equipment Cleaning revised 3/18, which includes storage and changing of oxygen tubing, with Licensed Practical Nurses and Registered Nurses and continued until all nurses were in serviced. The Quality Assurance Committee reviewed the policy on Infection Control Oxygen Equipment Cleaning with revision date of 3/18 on 1/30/2020 and did not recommend any changes. 4. Beginning 1/13/2020, weekly rounds will be conducted by Director of Nursing and Nurse Case Manager to ensure compliance related to storage and changing of oxygen tubing weekly for four weeks and monthly for two months and findings recorded on rounds flow record and maintained by the Director of Nursing. The Quality Assurance Committee, which includes the Administrator, Director of Nursing, Medical Director, Infection Preventionist, Medical Records and Assessment Nurse, will address concerns identified from rounds and evaluate the monitoring completed by the Director of Nursing and Nurse Case Manager,	

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M 655	Continued From page 2 revealed Resident #39's oxygen concentrator was turned on and running at 2 liters per minute (LPM), with the nasal cannula and tubing draped over the head of the bed, uncovered and touching the floor, and dated for 01/01/20. During an observation, on 01/06/20 at 3:30 PM, Resident #39's concentrator was turned on and running at 2 LPM. The nasal cannula, dated 01/01/20, was uncovered, draped over the head of the bed. and lying on the floor, behind the head of the bed. On 01/07/20 at 8:30 AM, Resident #39 was observed in bed, with a nasal cannula on, and dated 01/01/20. During an observation and interview, on 01/07/20 at 8:33 AM, the DON was informed, by the surveyor, of the observations made on 01/06/20, where Resident #39's nasal cannula was uncovered, draped over the head of the bed, touching the floor and dated 01/01/20. Resident #39 was wearing the same cannula when observed by the DON. The DON stated she would replace the nasal cannula.	M 655	monthly for three months and make any recommendations or changes needed.	

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M1245	45.41.1 Date of Construction & Life Safety... Date of Construction and Life Safety Code Compliance. 1. Buildings constructed after the effective date of these regulations shall comply with the edition of the Life Safety Code (NFPA 101) effective on the date of construction. 2. Buildings constructed prior to the effective date of these regulations shall comply with Chapter 13 of the Life Safety Code (NFPA 101), 1985 edition. This Statute is not met as evidenced by: Based on record review and interviews, the facility failed to properly perform fire drills as per NFPA 101 section 19.7.1.2. This deficiency affected all residents in the facility on the day of survey. Findings include: On January 8, 2020 at 10:20 AM, observation revealed fire drill documentation lacked the following crucial components: 1. Time of which each fire drill was conducted. 2. Lack of audible notification for fire drills conducted between the hours of from 6 am - 9 pm.	M1245	1. Fire drill documentation was noted to not have included the time fire drill was conducted, or how fire alarm was activated. 2. This deficient practice had the ability to affect (55) out of (55) residents. 3. Administrator and Maintenance Director were in-serviced by Regional Vice-President on 1/08/2020 for providing detailed documentation on fire drill statement on recording which devices were used to trigger alarm, recording staff participation and follow up on any items that need improvement. Fire drills were conducted on all (3) shifts in the month of January. 4. Administrator will monitor fire drill details monthly going forward. Any deficient practices will be reported to Quality Assurance Committee for necessary corrective actions. Up to and including disciplinary actions.	1/31/20

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M1245	Continued From page 1	M1245	5. This will be completed by 2/9/2020	