

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/02/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/20/2020
NAME OF PROVIDER OR SUPPLIER HAVEN HALL HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 101 MILLS STREET BROOKHAVEN, MS 39601		
(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) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency conducted an annual recertification survey at the facility from 02/17/2020 to 02/20/2020. The SA determined the facility was not in compliance with the requirements of participation for Medicare and Medicare. The SA cited regulatory deficiencies at F656, F659, F677, F695, F725 and F812. The SA identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC), on 02/17/2020, when the facility failed to assess a resident for self Tracheostomy (trach) care and provide qualified staff present in the facility 24 hours per day to perform deep suctioning of a Tracheostomy and other possible emergency procedures if needed, for Resident #214. Review of the facility's staffing schedule, interviews, and record review, revealed the facility did not have Registered Nurse (RN) or Respiratory Therapist (RT) coverage for all shifts, which included the 7 AM to 3 PM shift, 3 PM to 11 PM shift and 11 PM to 7 AM shift, for 23 out of 24 days. The lack of RN and/or RT coverage was identified from Resident #214's admission date on 01/24/2020 to 02/17/2020, the SA's entrance date. Resident #214 was admitted to the facility from the hospital, on 01/24/2020, with the included diagnoses Chronic Obstructive Pulmonary Disease (COPD), Tracheostomy, Paralysis of the bilateral vocal cords and larynx, and Pneumonia. Resident #214's Physician's Orders included Trach (Tracheostomy) care using aseptic technique every shift per resident, and suction Trach as needed using aseptic technique, resident to perform PRN (as needed) for increased secretions. The facility failed to assess Resident #214 to ensure she did perform Trach	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/26/2020

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 care in an aseptic technique or to provide tracheal suctioning as needed. The facility's failure to assess Resident #214 competency to provide self trach care and provide 24 hour per day coverage of an RN or RT for possible tracheal deep suctioning and other emergency Tracheostomy tube needs placed Resident #214 and other possible residents with a Tracheostomy at risk for serious injury, harm, impairment, or death. The SA identified the Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) began on 01/24/2020 through 02/17/2020, which was 23 out 24 days the facility did not provide 24 hours seven (7) days per week RN and/or RT coverage for all shifts. The SA notified the facility's Administrator and Director of Nurses (DON), on 02/17/2020 at 7:50 PM, of the IJ and SQC). IJ and SQC existed at CFR(s): 483.25(i) Respiratory/Tracheostomy Care and Suctioning (F695). IJ existed at CFR(s): 483.21(b)(1) Development Comprehensive Care Plan (F656), CFR(s): 483.21(b)(3)(ii); Qualified Persons and (F659) and CFR(s): 483.35(a)(1)(2) Sufficient Nursing Staff (F725). The facility submitted an acceptable Immediate Jeopardy Removal Plan, on 02/19/2020, in which the facility alleged all corrective actions were completed on 02/19/2020, and the IJ was removed as of 02/19/2020 related to the Tracheostomy care.	F 000			

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F 000	Continued From page 2	F 000			
F 656 SS=J	The SA validated the Immediate Jeopardy Removal Plan on 02/20/2020 and determined the IJ was removed prior to exit on 02/20/2020. Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for	F 656		3/2/20	

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F 656	Continued From page 3 future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, record review, and facility policy review, the facility failed to develop and implement a Comprehensive Care Plan related to Resident #214's tracheostomy (trach) care or the resident's self trach care and interventions to ensure Registered Nurse (RN) or Respiratory Therapist (RT) coverage 24 hours per day seven (7) days per week to provide deep tracheal suctioning or emergency tracheostomy care if needed, and to implement Resident #50's Care Plan related to Activities of Daily Living (ADL) for two (2) of 19 Comprehensive Care Plans reviewed. Resident #214 was admitted by the facility from the hospital, on 01/24/2020, with a tracheostomy she had been providing self trach care for at home. Resident #214 was admitted to the hospital on 01/18/2020 due to alteration in mental status, and the assessment by the physician was Acute Metabolic Encephalopathy. Resident #214 had previously been hospitalized from 01/08/2020 to 01/14/2020 for Pneumonia. Her husband reported since she was discharged from the hospital, on 01/14/2020, she was sleeping a lot and when she was awake, she was confused. Resident #214's Baseline Care Plan, dated 01/24/2020, revealed the facility did address trach	F 656	Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth or the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of Federal and State Law. This Plan of Correction constitutes the facilities credible allegation of compliance. 1. An emergency quality assurance and performance improvement meeting was held on 02/17/2020 at 8:14 PM to discuss the failure to develop and implement a care plan for the care of Resident #214 tracheostomy. Those that were in attendance was the Medical Director, Administrator, Nurse Consultant, Director of Nursing, Assistant Director of Nursing, Minimal Data Set Nurse, Care Plan Nurse, Social Worker, and Admissions/Medicare Nurse. The Policy and Procedure on Tracheostomy Care was reviewed on 02/17/2020 by the Director of Nursing with no policy changes implemented. The policy was revised		

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F 656	Continued From page 4 care to be done daily, but the care plan did not address Resident #214 performing self trach care or the need for RN and/or RT coverage 24 hours per day seven (7) days per week to provide deep tracheal suctioning and possible emergency tracheostomy care. Resident #214 had a Physician's Order, dated 01/28/2020, to provide her own trach care and suction the trach as needed to remove excess secretions. The facility's failure to develop and implement a Comprehensive Care Plan to address Resident #214's trach care and self trach care, and providing coverage 24 hours per day seven (7) days per week for the RN and/or RT roles to provide deep tracheal suctioning and possible tracheostomy emergency care placed Resident #214 and other residents with tracheostomies at risk for serious injury, harm, impairment or death. On 02/17/2020 at 7:50 PM, the SA notified the facility's Administrator and Director of Nurses (DON) of the Immediate Jeopardy (IJ). The facility submitted an acceptable Immediate Jeopardy Removal Plan, on 02/19/2020, in which the facility alleged all corrective actions were completed on 02/19/2020, and the IJ was removed on 02/19/2020. The SA validated the facility's Immediate Jeopardy Removal Plan, on 02/20/2020, and determined the IJ was removed on 2/19/2020, prior to the SA's exit. Findings include: A review of the facility's policy titled "Care Plans, Comprehensive Person-Centered", with a	F 656	August 2013. Review of Resident #214's Care Plan was conducted by the Director of Nursing and the Care Plan Nurse on 02/17/2020 at 8:00 PM to include specific needs and staff involved to provide needed services according to the resident's wishes. Care Plan for Resident #214 included the following: (1) Potential for complications related to Tracheostomy: * Deep suction as needed for thick or copious amounts of secretions the resident is unable to expel, per Registered Nurse or Respiratory Therapist. * If resident becomes de-cannulated, cannula to be replaced using sterile technique, per Registered Nurse or Respiratory Therapist. * Respiratory Therapist to assess resident each visit to facility and will be available for consultation as needed. * Assess for signs and symptoms for respiratory distress to include but not limited to labored breathing, cyanosis, low blood pressure, restlessness, dyspnea, decreased oxygen saturations, rattling breath sounds, ectera, as needed per Registered Nurse or Respiratory Therapist. * Notify Medical Director of any negative findings, per Nurse. * Keep Ambu bag at bedside, per Nurse or Registered Nurse. * Keep oxygen saturation monitor at bedside, per Nurse. * Keep suction machine at bedside, per Nurse. (2) At risk for aspiration related to tracheostomy: *Change out tracheostomy tubing and mask weekly on Thursday, per Nurse. *Suction tracheostomy as needed using aseptic technique, Resident to		

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F 656	Continued From page 5 revision date of December 2016, revealed 1. The Interdisciplinary Team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident. 2. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. 8. The comprehensive person-centered care plan will: a. Include measurable objectives and timeframes; b. Describe the services that are to be furnished to attain the resident's highest practicable physical, mental, and psychological well-being; g. Incorporate identified problem areas; l. Identify the professional services that are responsible for each element of care; o. Reflect currently recognized standards of practice for problem areas and conditions. 10. Identifying problem areas and their causes and developing interventions that are targeted and meaningful to the resident, are the endpoint of an interdisciplinary process. 11. Care plan interventions are chosen only after careful data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making. 12. The comprehensive, person-centered care plan is developed within seven (7) days of the completion of the required comprehensive assessment (MDS/Minimum Data Set). 13. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' condition change. Review of the facility's policy titled, "Resident Assessment Instrument", revised September 2010, revealed a comprehensive assessment of	F 656	perform as needed for increased secretions, per Resident. *Tracheostomy care, using aseptic technique every shift, per Resident. Registered Nurse to be in room in case of complications. *Change out tracheostomy tubing and mask weekly on Thursday, per Nurse. *Resident is to be maintained in an upright or sitting position while eating, per Nurse. * Assess for signs and symptoms of respiratory distress to include but not limited to labored breathing, rapid breathing, cyanosis, low blood pressure, restlessness, dyspnea, decreased oxygen saturation, rattling breath sounds, ectera as needed per Registered Nurse and/or Respiratory Therapist. *Assess for signs and symptoms of aspirations to include but not limited to fever, cough, shortness of breath, fatigue, ectera, as needed, per Registered Nurse and Respiratory Therapist. *Notify Medical Doctor of any negative findings, per Nurse. *Keep Ambu bag at bedside, per Nurse or Registered Nurse. *Keep oxygen saturation monitor at bedside, per Nurse. *Keep suction machine at bedside, per Nurse. *Oxygen saturation taken, every shift, and notify Physician if oxygen saturation is less than 90 percent per Nurse. (3) Resident prefers to perform her own tracheostomy care, per Resident. * Allow Resident to perform her own Tracheostomy care, as desired, with Registered Nurse present, per resident. *Honor Residents right to perform own tracheostomy care, per Nurse. *Registered Nurse staffing twenty four hours seven days a week in case of emergency tracheostomy care needed,		

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F 656	Continued From page 6 a resident's needs shall be made within fourteen (14) days of the resident's admission. The Policy Interpretation and Implementation revealed: 3. The purpose of the assessment is to describe the resident's capability to perform daily life functions and to identify significant impairments in functional capacity. 4. Information derived from the comprehensive assessment helps the staff to plan care that allows the resident to reach his/her highest practicable level of functioning. 6. Within seven (7) days of the completion of the resident assessment, a comprehensive care plan will be developed. Review of the facility's policy titled, "Suctioning the Lower Airway (Endotracheal (ET) or Tracheostomy Tube), with a revised date of October 2010, revealed the training was addressed for in-servicing on the policy and demonstrated competency in the procedure is required on hire, and at least annually for Registered Nurses. Resident #214 Review of Resident #214's Care Plans revealed a Baseline Care Plan, dated 01/24/2020, where the facility identified a Skin Care Need and Special Treatments/Procedures for Trach (Tracheostomy) care and oxygen (O2) at five liters per minute (5L/M) via the trach tube. The Baseline Care Plan also identified tracheostomy care to be done daily. The Baseline Care Plan did not address Resident #214's self trach care and the need for RN and/or RT roles to provide deep tracheal suctioning and possible tracheostomy emergency care. The facility did not develop a Comprehensive Care Plan regarding these concerns until the SA identified them on	F 656	per Nurse. 2. All residents with tracheostomy have the potential to be affected by this deficient practice. There are no other residents in the facility with tracheostomy. There are no other Residents identified as being affected by this deficient practice. Registered Nurses (six Registered Nurses) in-serviced per Director of Nursing on 02/17/2020 at 9:00 PM on policy for assessing the residents for self care related to Tracheostomy and Deep suctioning by the Director of Nursing. No nurse will be allowed to work until they have received the above in-service education. Care plan nurse re-in serviced per Director of Nursing on 02/17/2020 at 9:45 P.M. on the policy for completing comprehensive care plans. This nurse was not allowed to work until she had received the above in-service education. 3. The Care Plan Nurse and/or the Minimum Data Set Nurse are responsible for ensuring compliance with a Resident's Plan of Care. They will monitor the Resident's orders and follow up with implementation of care plans after new admissions in the twenty-four/forty-eight/seventy-two hour chart checks, beginning 02/24/2020, and at least quarterly and per the Minimum Data Set schedule, and as needed in a change in the resident's condition. Starting on 02/24/2020, the care plan nurse and/or the Minimum Data Set Nurse will monitor compliance weekly times		

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F 656	Continued From page 7 02/17/2020. Resident #214 also had a Physician's Order, dated 01/28/2020, to provide her own trach care and suction the trach as needed to remove excess secretions. Review of Resident #214's Comprehensive Care Plan revealed the facility developed the following Problem/Needs, dated 02/17/2020: (1) The Potential for Complications related to (r/t) Tracheostomy. The Interventions included: Deep suctioning as needed (PRN) for thick copious amounts of secretions resident is unable to expel. If resident becomes decannulated, cannula to be replaced using sterile technique. Respiratory Therapist to assess the resident each visit to facility and will be available for consultation PRN. Assess for signs and symptoms (s/s) of respiratory distress to include, but not limited to labored breathing, rapid breathing, cyanosis, low blood pressure, restlessness, dyspnea, decreased O2 (oxygen), rattling breath sounds PRN (as needed), and notify the MD (Medical Doctor) of any negative findings. The Roles for these interventions was assigned to the RN/RT. (2) At Risk for Aspiration r/t Tracheostomy. The Interventions included: Assess for s/s of respiratory distress. Assess for s/s of aspiration to include but not limited to fever, cough, shortness of breath (SOB), fatigue PRN and notify the MD of any negative findings. The Roles were assigned to the RN/RT. (3) Resident Prefers To Perform Own Trach Care. The Interventions included: Allow resident to perform own trach care. Honor resident's right to perform own trach care. RN staffing 24 hours per day seven (7) days per week in case of emergency trach care. Encourage resident to notify Licensed Practical Nurse (LPN) or RN prior to performing trach care.	F 656	eight weeks, then continue on an ongoing basis. 4. Any adverse findings will be forward by the Director of Nursing to the Quality Assurance and Performance Improvement meetings for corrective actions as indicated.		

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F 656	Continued From page 8 An interview, on 02/19/2020 at 3:55 PM, revealed Licensed Practical Nurse (LPN) #5/Care Plan Nurse, stated she was responsible for the care plans. LPN #5 stated the facility uses the admission assessment to develop the care plan, and the MDS Nurse was responsible to check the care plan and make sure it is done and accurate. LPN #5 stated the facility has a new computer charting system that started in October 2019, and the system caused her to get behind on the care plans. LPN #5 stated the nurses are supposed to let her know of any changes in the residents so she can update the care plans. Review of Resident #214's Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/30/2020, revealed the Special Treatments/Programs section was checked for oxygen (O2) use and tracheostomy care. Suctioning was not checked. Resident #214's Basic Interview for Mental Status (BIMS) score was 11, which indicated moderate cognitive impairment. The MDS also revealed Resident #214 did not have any vision, hearing or speech deficits, and was able to make herself understood to others, and she was able to understand others. On 02/17/2020 at 3:55 PM, an observation revealed Resident #214 was lying in bed, awake, alert, and oriented times four (X 4), which indicated the resident was aware of her place, time, date, and situation. Resident #214 had a tracheostomy intact. No distress was noted. An interview, on 02/17/2020 at 4:09 PM, revealed Resident #214 stated the facility told her she would have to take care of her tracheostomy. Review of Resident #214's Medical Record	F 656			

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F 656	Continued From page 9 revealed there were no assessments regarding the resident's ability to perform self trach care until the Departmental Notes-Respiratory Therapy, dated 02/18/2020 at 9:07 PM, late entry for 6:30 PM, for Resident Trach Care Self Performance, revealed Resident #214 is performing adequate trach care for herself to a seven (7) year established trach. The RT explains due to the resident's report of being sick at her stomach and not wanting to move the trach around very much right now, they agreed for her to demonstrate and describe how she provided her trach care. The RT also documented she had asked the resident if she wanted the RT to get the nurse, but the resident reported the nurse had already given her something for the nausea. The RT documented Resident #214's demonstration showed the resident was comfortable and competent to provide her own trach care, and the RT's opinion was that Resident #214 was very competent in doing her own trach care. An interview, on 02/19/2020 at 5:20 PM, revealed the Director of Nurses (DON) stated she should have observed Resident #214 perform her trach care to ensure she was doing it correctly. On 02/17/20 at 4:00 PM, an interview with Director of Nursing (DON) and Administer revealed they do not have a Register Nurse 24 hours a day seven (7) days a week at the facility. They stated Resident #214 takes care of her trach herself, and the resident has had it for seven years. The Administrator and DON both agreed Resident #214 knows how to take care of it herself and she prefers to take care it herself. On 02/18/2020 at 1:55 PM, an interview with Licensed Practical Nurse (LPN) #4, revealed to	F 656			

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F 656	Continued From page 10 the best of her knowledge the LPN and RN does the trach care. The LPN does the suctioning and deep suctioning is done by the RN. On 02/18/2020 at 3:00 PM, an interview with the DON and Administer revealed the DON stated she just did not think about the 24 hour RN/RT care. The DON said it would take the ambulance five (5) minutes to get here and two (2) minutes to get to the hospital. It would be seven (7) minutes total time, and that could cause brain damage to the resident. On 02/18/2020 at 3:26 PM, an interview with LPN #3 revealed she has been employed at the facility for nine (9) years, and this is the first trach resident since she has been here. LPN #3 stated Resident #214 does her own trach care. Review of Resident #214's Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/20/2020, revealed the resident required extensive assistance with one person physical assist for bed mobility, transfers, dressing, toileting, personal hygiene, and bathing. Resident #50 A review of Resident #50's Comprehensive Care Plan revealed the facility failed to provide Resident #50's nail care. The Care Plan revealed the Problem/Need, dated 06/14/2017, the resident requires assistance with Activities of Daily Living (ADL) related to (r/t) impaired mobility and requires one person extensive assistance with personal hygiene. The Care Plan addressed the Problem/Need, dated 01/09/2020, Psoriasis to the left lower leg and the Approaches included keep nails clean and trimmed. Staff responsible	F 656			

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F 656	Continued From page 11 was listed as Nursing/CNA. An observation and interview, on 02/17/2020 at 12:15 PM, revealed Resident #50's Family Member #1 was clipping the resident's toenails. Family Member #1 stated she was trimming the resident's nails because the facility staff would never do it. Family Member #1 said she had already trimmed the resident's fingernails. Family Member #1 stated the facility told her someone comes once a year to take care of the toenails. The resident stated she didn't ask for staff to do it because she didn't want to bother anyone. An interview, on 02/17/2020 at 12:30 PM, with Certified Nurse Assistant (CNA) #1 revealed she stated hospice does the resident's nails, and that the CNAs were supposed to check the resident's nails during their bath time. CNA #1 said she had been on A Hall off and on the past couple of weeks but had not notified the nurse or her partner Resident #50's nails needed to be trimmed. CNA #1 said when she sees long nails she tells her partner. CNA #1 said she had noticed the long nails, but she did not like to cut the nails because she cuts to low, to short, all the way down. CNA #1 said when she sees long nails she tells her partner. On 02/17/2020 at 12:35 PM, an observation and interview with the Assistant Director of Nurses (ADON) revealed the ADON measured Resident #50's left great toenail and right great toenails at 0.5 centimeters (cm). The ADON also observed the smaller toenails were curling around the end of the toes on the right foot. The ADON stated the CNAs tell the nurses about the toenails, and there is a communication book, but usually they tell the nurses.	F 656			

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F 656	Continued From page 12 An interview, on 02/19/2020 at 3:08 PM, with LPN #1 revealed Resident's #50's care plan was not followed if her nails were not kept trimmed. LPN #1 reported Resident #50 required assistance with cutting her nails. LPN #1 stated she would ensure tasks were done according to the care plan by making rounds to see if CNAs had completed tasks assigned or doing the tasks herself. LPN #1 stated sometimes the CNAs would ask the nurse to assist in completing nail care and that dependent residents relied on staff to complete hygiene tasks. LPN #1 stated she had not been informed Resident #50's nails needed trimming by anyone, but the CNAs generally trimmed the nails or asked the nurse to. During an interview and review of the care plan, on 02/19/2020 at 4:00 PM, the DON stated nurses don't usually trim toenails and CNAs were generally responsible for trimming nails. The DON stated that if the care plan stated CNAs or nursing were listed as responsible for trimming nails, and the resident's nails were not trimmed, the care plan was not followed. An interview, on 02/19/2020 at 2:50 PM, revealed CNA #2 said Resident #50 required total care assistance. CNA #1 stated she knows the resident's care needs because the resident's ADL care is listed in the Kiosk (computer system). CNA #1 stated nail care is provided during the resident's bath. On 02/19/2020 at 4:00 PM, an interview with the DON revealed the weekly skin assessments and body audits do not specifically address fingernails and toenails. The skin assessments and body audits address whether skin is intact or not intact.	F 656			

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F 656	Continued From page 13 The DON stated the staff just knows nail care should be done, it is a part of what they should be doing. The DON reported a Podiatrist visits the facility every three (3) months to provide nail care also. Review of Resident #50's last Podiatry Note, dated 05/28/2019, revealed Resident #50 was examined by the Podiatrist and would need to be seen again as needed or per physician's order or sooner if any adverse changes in foot condition or foot status. Review of the Face Sheet revealed Resident #50 was admitted by the facility, on 10/27/2010, and re-admitted on 06/14/2017, with the included diagnoses Essential Hypertension, Heart Failure, Psoriasis and Idiopathic Peripheral Autonomic Neuropathy. Review of Resident #50 Quarterly MDS, with an ARD of 01/20/2020, revealed a BIMS score of 4, which indicated severe cognitive impairment. The MDS further revealed Resident #50 required extensive assistance with two person physical assist with bed mobility, transfers, dressing and toileting. Resident #50 required extensive assistance with one person physical assist with locomotion on and off the unit, and was totally dependent on staff for bathing. Resident #50 only required limited assistance with one person physical assist with eating. Resident #50's vision was impaired and she could only see large print, but not regular print in newspapers or magazines. The resident's speech and hearing was not impaired, and she was able to make herself understood to others and she was able to understand others.	F 656			

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F 656	Continued From page 14 The facility's accepted Immediate Jeopardy Removal Plan: Haven Hall Healthcare Center Administrator and Director of Nursing were notified of Immediate Jeopardy and Substandard Quality of Care on, 2/17/2020 at 7:50 p.m. related to the facility admitting Resident #214 on 1/24/2020 with a Tracheostomy and (1) Failure to assess resident during routine Tracheostomy care performed per resident, (2) Failure to develop and implement a care plan for the care of resident's tracheostomy, and (3) Failure to provide around the clock Registered Nurse (RN) or Respiratory Therapist (RT) coverage to provide deep suctioning and emergency Tracheostomy care, placed the resident at risk for serious injury, harm, impairment. Immediately upon notification: The Director of Nursing put in place for Registered Nurse coverage to be 24/7. An emergency Quality Assurance meeting was called on 2/17/2020 at 8:14 PM to discuss (1) Failure to assess resident during routine Tracheostomy care performed per resident, (2) Failure to develop and implement a care plan for the care of resident's tracheostomy, and (3) Failure to provide around the clock Registered Nurse (RN) or Respiratory Therapist (RT) coverage to provide deep suctioning and emergency Tracheostomy care, placed the resident at risk for serious injury, harm, impairment. Those in attendance were the Medical Director, Administrator, Director of Nursing, Nurse Consultant, Assistant Director of Nursing, Minimal- Data Set Nurse,	F 656			

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F 656	Continued From page 15 Care Plan Nurse, Social Worker, and Admissions/Medicare Nurse. Policy and Procedure on Tracheostomy Care was reviewed on 2/17/20, by the Director of Nursing with no policy changes implemented. This policy was revised 8/2013. Facility identified through record review by the Director of Nursing on 2/17/20 at 9:00 P.M., that Resident #214 is the only resident in the facility that has a Tracheostomy. Review of Resident# 214's Care Plan was conducted by the Director of Nursing and the Care Plan Nurse developed a plan of care on 2/17/20 at 8:00 p.m, to include specific needs and staff involved to provide needed services according to the resident's wishes. (1) Potential for complications related to Tracheostomy: Deep suction as needed for thick or copious amounts of secretions the resident is unable to expel, per Registered Nurse or Respiratory Therapist. If resident becomes de-cannulated, cannula to be replaced using sterile technique, per Registered Nurse or Respiratory Therapist. Respiratory Therapist to assess resident each visit to the facility and will be available for consultation as needed. Assess for signs and symptoms of respiratory distress to include but not limited to labored breathing, cyanosis, low blood pressure, restlessness, dyspnea, decreased oxygen saturations, rattling breath sounds, etcetera, as needed per Registered Nurse or Respiratory Therapist. Notify Medical Director of any negative findings, per Nurse. Keep Ambu bag at bedside, per Nurse or	F 656			

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F 656	Continued From page 16 Registered Nurse. Keep oxygen saturation monitor at bedside, per Nurse. Keep suction machine at bedside, per Nurse. (2) At risk for aspiration related to tracheostomy:: Change out tracheostomy tubing and mask weekly on Thursday, per Nurse. Suction tracheostomy as needed using aseptic technique, Resident to perform as needed for increased secretions, per Resident. Tracheostomy care, using aseptic technique every shift, per Resident, Registered Nurse to be in room in case of complications, Registered Nurse. Change out tracheostomy tubing and mask weekly, on Thursday, per Nurse. Resident is to be maintained in an upright or sitting position while eating, per Nurse. Assess for signs and symptoms of respiratory distress to include but not limited to labored breathing, rapid breathing, cyanosis, low blood pressure, restlessness, dyspnea, decreased oxygen saturation, rattling breath sounds, etcetera, as needed per Registered Nurse and/or Respiratory Therapist. Assess for signs and symptoms of aspirations to include but not limited to fever, cough, shortness of breath, fatigue, etcetera, as needed, per Registered Nurse and Respiratory Therapist. Notify Medical Doctor of any negative findings, per Nurse. Keep Ambu bag at bedside, per Nurse or Registered Nurse. Keep oxygen saturation monitor at bedside, per Nurse. Keep suction machine at bedside, per Nurse. Oxygen saturation taken, every shift, and notify Physician if oxygen saturation is less than 90	F 656			

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F 656	Continued From page 17 percent, per Nurse. (3) Resident prefers to perform her own Tracheostomy care, per Resident. Allow Resident to perform own Tracheostomy care, as desired, with Registered Nurse present, per resident. Honor Residents right to perform own Tracheostomy care, per Nurse. Registered Nurse staffing 24 hours 7 days a week in case of emergency Tracheostomy care needed, per Nurse. Encourage Resident to notify Licensed Practical Nurse or Registered Nurse prior to performing Tracheostomy care, per Nurse. Review of Registered Nurse scheduling was done on 2/17/20 at 8 :30 P.M. by the Director of Nursing to ensure that the facility had 24/7 Registered Nurse coverage. We will continue to hire Registered Nurses. While we are in the process of hiring the Registered Nurses to cover the around the clock Registered Nurse positions, we will reach out and utilize the resources of our Nurse Consultant (Registered Nurse), Director of Clinical Service (Registered Nurse), or our Clinical Respiratory Therapist, in the event one of the Registered Nurses are unable to perform their duties. We have a Contract in place, effective 2/18/2020, with a Staffing Agency for Registered Nurse coverage. The initial date they will be on site for Registered Nurse coverage is, Friday, 2/21/2020, 3/11 shift. They will be trained prior to working on the floor, Friday 2/21/2020, on facility Policies related to Tracheostomy Care and Deep Suctioning by the Director of Nursing. Registered Nurses (6 Registered Nurses) in-serviced per Director of Nursing on 2/17/2020 at 9:00 P.M. on policy for assessing the residents	F 656			

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F 656	Continued From page 18 for self care related to Tracheostomy care and suctioning. No nurse will be allowed to work until they have received the above in-service education. Care plan nurse re-in-serviced per Director of Nursing on 2/17/2020 at 9:45 P.M. on the policy for completing comprehensive care plans. This nurse was not allowed to work until she had received the above in-service education. Resident was assessed to ensure that she is able to perform her own Tracheostomy care on 2/18/2020 at 6:30 P.M. per Respiratory Therapist. Respiratory Therapist was able to confirm that Resident #214's ability to safely perform her own Tracheostomy care. In-services were initiated on 2/18/2020 at 7 :22 p.m. by the Assistant Director of Nursing with Certified Nursing Assistants (17 Certified Nursing Assistants), Licensed Practical Nurses (10 Licensed Practical Nurses), and Registered Nurses (6 Registered Nurses) on the signs and symptoms of respiratory distress. The information reviewed was provided to them. No Certified Nursing Assistant or Nurse will be allowed to work until they have received the above in-service education. Staff in-services initiated, 2/18/2020, at 7 :30 p.m. by the Director of Nursing with Nursing, Housekeeping, Laundry, Dietary, Maintenance, and Administrative Staff (69 employees), related to Immediate Jeopardy citations and signs and symptoms of Respiratory Distress. In-service education and competency training was provided on 2/18/2020 at 9:20 p.m., by the Respiratory Therapist, on the policy for deep suctioning with	F 656			

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F 656	Continued From page 19 Registered Nurse (6 Registered Nurses) and Tracheostomy care with Licensed Practical Nurses and Registered Nurses (12 Licensed Practical Nurses and 6 Registered Nurses) and copy of the policies and procedures reviewed to ensure that nursing staff will be provided this information. No nurse will be allowed to work until they have received the above in-service education Haven Hall Healthcare Center alleges that, on 2/19/2020, the Immediate Jeopardy regarding Resident #214 has been removed. SA VALIDATIONS The State Agency (SA) validated by record review of the Registered Nurses (RN) schedule dated 02/19/20 revealed RN coverage twenty-four hours a day seven (7) days a week. The SA validated the Quality Assurance meeting was held on 02/17/20 by record review of sign in sheet contained containing the following signatures for: Medical Director, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Nurse, Care Plan Nurse, Nurse Consultant, Social Worker, and Admission/Medicare Nurse. The SA validated no changes in the facility policy by record review with a revision date of 8/2013. The SA validated the current matrix and census by record review revealed there was no other tracheostomy residents in the facility. The SA validated by record review a	F 656			

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F 656	Continued From page 20 comprehensive care plan was developed for Resident #214, dated 02/17/20, with interventions for tracheostomy care, resident's self trach care and RN/RT coverage 24 hours a day seven (7) days a week. The SA validated, on 02/20/20 ,by interview the Medical Director revealed that staff was informed to contact the Medical Director for any negative findings. The SA validated that Resident #214 room contained the Ambu bag, oxygen saturation monitor, and the suction machine was at bedside by observation. The SA validated agency contract by record review, dated 02/18/20, with an initial start date 02/21/20 on the 3-11 shift. The SA validated the Resident #214 declined observation of trach self care, on 02/20/20, by interview with the DON. The SA validated by interview and record review the Respiratory Therapist assessed Resident #214, on 02/18/20 at 6:30 PM, and determined the resident was competent and comfortable to perform her own trach care. The SA validated by record review of the Medication Administration Record the change out of the tubing and mask is to be done on Thursdays. The SA validated all residents (Resident #214 was the only trach resident in the facility) at risk for aspiration related to tracheostomy by interview and record review of the MAR and person-	F 656			

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F 656	Continued From page 21 centered care comprehensive care plan. The SA validated by interview that the RT is available for consultation as needed. The SA validated that Resident #214 was capable of performing self trach care by interview with the RT. The SA validated six (6) RN's was in-serviced by record review of sign in sheet on tracheostomy care, signs and symptoms of respiratory distress. The SA validated 10 Licensed Practical Nurses was in-serviced on tracheostomy care, signs and symptoms, of respiratory distress by interview and sign in sheet and interview. The SA validated thirteen Certified Nursing Assistance was in-serviced on Respiratory Distress signs and symptoms by interview and in-service attendance sign sheet. The SA validated interview and review of in-service attendance sign in sheet that six (6) Housekeeping/Laundry staff were in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet two (2) Human Resources staff was in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet one (1) Occupational Therapist in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance	F 656			

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F 656	Continued From page 22 sign in sheet one (1) Account Payable Staff was in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet one (1) lawn service staff was in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet two (2) Maintenance staff was in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet two (2) Activities staff was in-serviced on Respiratory Distress sign and symptoms. The SA validated by interview and attendance sign in sheet one (1) Medical Record staff was in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet one (10) Physical Therapist Assistant was in-serviced on Respiratory Distress sign and symptoms. The SA validated by interview and attendance sign in sheet one (1) Speech Language Pathologist was in-serviced on Respiratory Distress sign and symptoms.	F 656			
F 659 SS=J	Qualified Persons CFR(s): 483.21(b)(3)(ii) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility,	F 659		3/2/20	

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F 659	Continued From page 23 as outlined by the comprehensive care plan, must- (ii) Be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interview, facility policy review, and review of the Mississippi (MS) State Board of Nursing website, the facility failed to ensure qualified staff, a Registered Nurse (RN) and/or Respiratory Therapist (RT), were available 24 hours a day seven days a week to provide deep suctioning or emergency tracheostomy (trach) care for one of one (1 of 1) residents reviewed with a trach and the only resident in the facility with a trach. Resident #214 was admitted to the facility, on 01/24/2020, with an established tracheostomy. Observations and interviews, with Resident #214 on 02/17/2020 and 02/18/2020 revealed Resident #214 had a tracheostomy, and she stated the facility told her she would have to provide her own trach care. Review of the facility's nursing schedule, RN time cards, and daily staffing sheets from 01/24/2020 to 02/17/2020, revealed 23 days out of the 24 days did not have RN/RT coverage 24 hours per day seven days per week to provide deep suctioning or other possible emergency trach care if needed. The lack of RN/RT coverage was identified on all shifts, 7 AM to 3 PM, 3 PM to 11 PM and 11 PM to 7 AM. The facility's failure to provide 24 hour per day seven days per week RN/RT coverage to provide deep suctioning and other possible emergency tracheostomy care placed Resident #214 and other possible tracheostomy residents at risk for serious harm, injury, impairment, or death.	F 659	The Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth or the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of Federal and State Law. The Plan of Correction constitutes the facilities credible allegation of compliance. 1.An emergency quality assurance and performance improvement meeting was held on 02/17/2020 at 8:14 PM to discuss the failure to provide twenty four hour Registered Nurse or Respiratory Therapist coverage to provide deep suctioning and emergency Tracheostomy care, which placed Resident #214 at risk for serious injury, harm, and/or impairment. Those that were in attendance was the Medical Director, Administrator, Nurse Consultant, Director of Nursing, Assistant Director of Nursing, Minimal Data Set Nurse, Care Plan Nurse, Social Worker, and Admissions/Medicare Nurse. Policy and Procedure on Tracheostomy Care was reviewed on 02/17/2020 by the Director of Nursing with no policy changes implemented. The policy was revised		

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F 659	Continued From page 24 The SA identified Immediate Jeopardy (IJ) which began on 01/24/2020, and was present until 02/17/2020, due to the facility did not provide RN or RT coverage 24 hours per day seven days per week. The SA notified the Administrator and the Director of Nurses of the IJ, on 02/17/2020 at 7:50 PM. The facility submitted an acceptable Immediate Jeopardy Removal Plan on 02/19/2020, in which the facility alleged all corrective actions were completed on 02/19/2020, and the IJ was removed as of 02/19/2020. The SA validated the Immediate Jeopardy Removal Plan on 02/20/2020 and determined the IJ was removed prior to exit on 02/20/2020. Findings include: Review of the facility's policy titled, "Competency of Nursing Staff", revised May 2019, revealed that all nursing staff must meet the specific competency requirements of their respective licensures and certification requirements defined by state law. The policy's Interpretation and Implementation included: 1. Is designated to train nursing staff to deliver individualized, safe, quality of care and services for the residents. 2. The following factors are considered in the creation of the competency-based staff development and training program included-Specialized skills or training needed based on the resident population. 4. Competency in skills and techniques necessary to care for residents' needs includes but is not limited to competencies in areas such as: d. Person centered care; f. Basic nursing	F 659	August 2013. The review of Resident #214's Care Plan was conducted by the Director of Nursing and the Care Plan Nurse on 02/17/2020 at 8:00 PM to include specific needs and staff involved to provide needed services according to the resident's wishes. The review of the Registered Nurse Scheduling was completed on 02/17/2020 at 8:30 P.M. by the Director of Nursing to ensure that the facility had twenty four hour Registered Nurse coverage. We will continue to advertise and hire for Registered Nurses. While we are in the process of recruiting for Registered Nurses to cover twenty four hour care, we will utilize the resources of our Nurse Consultant (Registered Nurse), Director of Clinical Service(Registered Nurse), or our Clinical Respiratory Therapist, in the event Registered Nurses are unable to perform their duties, we will use a staffing agency to fill the need. Effective 02/18/2020, we have a contract in place for staffing agency to provide Registered Nurses. The initial date they will be starting services at the facility will be Friday, 02/20/2020 for the 3-11 shift They will be trained prior to working on the floor on the facility policies and education related to tracheostomy care and deep suctioning by the Director of Nursing. 2. All residents with tracheostomy have the potential to be affected by this deficient practice. The facility identified through record review by the Director of Nursing on 2/17/20 at 9:00 P.M., that Resident #214 is the only resident in the		

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F 659	Continued From page 25 skills; l. Identification of changes in condition. Review of the Mississippi State Board of Nursing (BON) website, revealed frequently asked questions (FAQ's). The BON's statement regarding the LPN's scope of practice with Tracheostomy care revealed: "It is within the scope of practice of the LPN to perform Trach care and suction secretions from the Trach tube. However, it is not within the scope of practice for the LPN to perform deep right main stem suctioning. If deep suctioning is required for a patient, a Registered Nurse (RN) must perform the procedure." A review of the facility's policy titled "Care Plans, Comprehensive Person-Centered", with a revision date of December 2016, revealed 2. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. 8. The comprehensive person-centered care plan will: a. Include measurable objectives and timeframes; b. Describe the services that are to be furnished to attain the resident's highest practicable physical, mental, and psychological well-being; g. Incorporate identified problem areas; l. Identify the professional services that are responsible for each element of care; o. Reflect currently recognized standards of practice for problem areas and conditions. 10. Identifying problem areas and their causes and developing interventions that are targeted and meaningful to the resident, are the endpoint of an interdisciplinary process. 11. Care plan interventions are chosen only after careful data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and	F 659	facility that has a Tracheostomy. There are no other residents in the facility with tracheostomy. 3. The Director of Nursing is responsible for scheduling Registered Nurse coverage and ensuring that the facility has twenty four hour Registered Nurse or Respiratory Therapist coverage. The Director of Nursing will ensure the facility will have twenty four hour Registered Nurse coverage or Respiratory Therapist coverage for the facility. Beginning 02/24/2020, the Director of Nursing will monitor the schedule weekly times eight weeks to ensure compliance. 4. The Director of Nursing will immediately notify the Quality Assurance and Performance Improvement Committee at monthly meetings for corrective action if indicated.		

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F 659	Continued From page 26 relevant clinical decision making. 12. The comprehensive, person-centered care plan is developed within seven (7) days of the completion of the required comprehensive assessment (MDS/Minimum Data Set). 13. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' condition change. Review of the Face Sheet revealed Resident #214 was admitted by the facility, on 01/24/2020, with the included diagnoses Metabolic Encephalopathy, Chronic Obstructive Pulmonary Disease, Tracheostomy, Paralysis of Bilateral Vocal Cords and Larynx, and Pneumonia. Review of Resident #214's Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/30/2020, revealed the Special Treatments/Programs section was checked for oxygen (O2) use and tracheostomy care. Suctioning was not checked. Resident #214's Basic Interview for Mental Status (BIMS) score was 11, which indicated moderate cognitive impairment. The MDS also revealed Resident #214 did not have any vision, hearing or speech deficits, and was able to make herself understood to others, and she was able to understand others. Review of Resident #214's Comprehensive Care Plan revealed the facility did not address Resident #214's tracheostomy care regarding her self trach care or RN/RT requirements to provide deep suctioning and other possible emergency trach care. The Baseline Care Plan dated, 01/24/2020, included trach care daily, but did not identify who was to provide the trach care or designate specific staff roles in the trach care. The facility did not develop a care plan regarding	F 659			

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F 659	Continued From page 27 resident #214's self trach care, or the need for a RN/RT to provide the deep suctioning and other possible emergency trach care until 02/17/2020, when the SA identified the IJ regarding no RN/RT coverage 24 hours per day seven days per week. Review of Resident #214's Physician's Orders revealed an order, dated 01/28/2020, for the resident to perform her own trach care and suctioning as needed to remove excess secretions. Review of the facility's nursing staff schedule, from 01/24/2020 to 02/17/2020, revealed 23 of the 24 days, the facility did not have RN and/or RT coverage for all shifts, 7 AM to 3 PM, 3 PM to 11 PM or 11 PM to 7 AM to provide deep tracheal suctioning or emergency trach care if needed for Resident #214. Review of the facility's Daily Nurse Staffing sheets, from 02/10/2020 to 02/16/2020, revealed one Registered Nurse (RN) was scheduled for the day shift - 6 AM to 2 PM and 7 AM to 3 PM, and there was no RN scheduled for the evening shift - 2 PM to 10 PM and 3 PM to 11 PM or the night shift - 10 PM to 6 AM and 11 PM to 7 AM. Review of the hospital's admission notes by the Physician revealed, on 01/18/2020, Resident #214 was brought to the hospital by her husband due to alteration in mental status, and the assessment by the physician was Acute Metabolic Encephalopathy. Resident #214 was previously hospitalized for Pneumonia from 01/08/2020 to 01/14/2020. Resident #214's husband brought her back to the hospital, on 01/18/2020 because she was sleeping a lot, and was confused when she was awake since she	F 659			

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F 659	Continued From page 28 was discharged on 01/14/2020. The hospital Physician's History Note, dated 01/18/2020, revealed Resident #214 had a tracheostomy in 2007, and has paralysis of her bilateral vocal cords and larynx. On 02/17/2020 at 4:09 PM, an interview and observation revealed Resident #214 said the facility had told her she would have to provide her own trach care. Resident #214 had a tracheostomy in place, and there was no distress noted. Resident #214 also said she had taken care of her trach for many years. The Administrator and the Director of Nurses (DON) was interviewed on 02/17/2020 at 4:00 PM, and they both confirmed the facility did not have RN coverage 24 hours per day seven days per week in the event Resident #214 required deep suctioning or emergency trach care. The DON stated Resident #214 was providing her own trach care at home and had been for several years. The DON also stated Resident #214 preferred to do her own trach care, and had been providing it at the facility. On 02/18/2020 at 3:00 PM, an interview with the Administrator and the DON revealed the DON just did not realize they needed a RN/RT scheduled 24 hours per day seven days a week for a tracheostomy resident. She had not thought about it since Resident #214 was admitted. The DON also stated in the event Resident #214 needed deep suctioning and the RN was not here, the LPN would have to call for an ambulance to transfer her to the hospital, which would take five (5) minutes to get to the facility and another two (2) minutes to get to the hospital, that would be seven (7) minutes, and could result	F 659			

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F 659	Continued From page 29 in possible brain damage. The Medical Director's interview, on 02/19/2020 at 5:30 PM, revealed he had no knowledge the facility did not have RN coverage to provide deep suctioning if it was needed. The Medical Director did confirm he would expect the RN to provide deep suctioning if it was needed, and he just assumed they would have coverage that was required. The Medical Director stated he was trusting the staff to do what was needed to provide care for Resident #214. The Medical Director also revealed he knew the resident was admitted to the facility from the hospital with a tracheostomy and Pneumonia, which could cause further respiratory issues. An interview, on 02/19/2020 at 4:34 PM, revealed the Assistant Director of Nurses (ADON) said she was aware Resident #214 was admitted with a tracheostomy. The ADON stated the DON makes the nursing schedules and decides who to admit to the facility. The ADON said without 24 hour a day seven (7) days a week RN coverage the resident was at risk for death. An interview, on 02/17/2020 at 5:17 PM, with LPN #2, revealed she had not received any training from the facility regarding trach care since she has been employed at the facility. LPN #2 said she did receive trach care training in nursing school. LPN #2 stated the RN provided supervision when she's here and the LPNs and RNs are charge nurses. On 02/18/2020 at 4:05 PM, an interview with Licensed Practical Nurse (LPN) #2, revealed she would not do anything that was not in her scope of practice. LPN #2 said if Resident #214 needed	F 659			

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F 659	Continued From page 30 deep suctioning she would provide some type of care to keep the resident alive until the paramedics got to the facility. LPN #2 said she would check the oxygen level, raise the head of the bed, and she would suction around the trach that didn't work and stay at the resident's bed side until help arrived. LPN #2 said she would call the medical doctor after she got the resident's vital signs. LPN #2 said if the cannula came out, she would keep the airway open and keep the resident oxygenated until the paramedics arrived. LPN #2 did not mention notifying the RN. An interview, on 02/18/2020 at 3:26 PM, revealed LPN #3 works the 7 AM to 3 PM shift on the West Wing and sometimes to 7 PM. LPN #3 stated she has been employed at the facility for nine (9) years, and there has not been a trach patient here until now. LPN #3 said Resident #214 does her own trach care. LPN #2 said no one does trach care here, and Resident #214 does her own trach care. LPN #3 reported she has not received any training by the facility on trach care and there has not been any training provided by the facility for trach care. LPN #3 said if Resident #214 needed deep suctioning she would notify the RN if she was here, if the RN was not here she would call the RN and see if she wanted her to send Resident #214 out. On 02/18/2020 at 1:55 PM, an interview with LPN #4, revealed the last training for trach care was provided by the corporate nurse back in October or November of last year. They watched the corporate nurse and then did a return demonstration. LPN #4 stated the LPNs can suction, but only the RNs can deep suction the trachs. LPN #4 stated if the resident exhibited signs and symptoms (s/s) of respiratory distress	F 659			

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F 659	Continued From page 31 such as facial grimacing, she would try to get them to calm down, get their Oxygen Saturation (O2 Sat), and get their vital signs (v/s). LPN #4 stated if the resident needed deep suctioning and the RN was not here, she would suction the resident, keep the airway open, and call 911. On 02/17/20 at 4:17 PM, an interview with the DON revealed the corporate respiratory therapist trained the staff on care of a tracheostomy about a couple of weeks ago. Record review revealed the only In-Service Attendance Sheet the facility provided for trach care, suctioning the upper airway, oxygen therapy and administration and Chronic Obstructive Pulmonary Disease (COPD) was dated October 10, 2019. The sign in sheet revealed the signature of one person. The training was provided by the RT. On 2/19/2020 at 1:50 PM, an interview with RN #1/Minimum Data Set (MDS) Nurse, revealed she was aware the LPNs could not deep suction trachs. RN #1 also stated if a resident needed deep suctioning and did not get it, the resident could die. RN #1 also reported she did not have anything to do with the nurse staffing or scheduling to ensure RN coverage 24 hours per day seven (7) days per week to provide deep suctioning or trach emergency care if needed. RN #1 stated the Director of Nurses (DON) does the nursing staff schedule. RN #1 also said it would take about seven (7) minutes for the ambulance to get here and the resident could die in seven (7) minutes. RN #1 said she has had training for tracheostomy care. She stated the last training prior to survey was around August 2019, and she also had training by the DON on 02/19/2020.	F 659			

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F 659	Continued From page 32 Certified Nursing Assistant (CNA) #3 was interviewed, on 02/18/2020 at 3:46 PM. CNA #3, stated she has been employed at the facility since March of 2019, and she works swing shift, she works 2 PM to 10 PM on the weekends and 6 AM to 2 PM the other days. CNA #3 revealed she has not worked with a resident with a trach before, however Resident #214 was assigned to her today, and nor has she had any prior training to take care of a resident with a trach. CNA #3 stated she was currently Cardiopulmonary Resuscitation (CPR) certified. CNA #3 said she did know the resident did everything for herself. CNA #3 said however if Resident #214 was having respiratory difficulty the first thing she would do is call for help, she would not leave her. If the resident was gasping for breath or not breathing she would call for help, shake her to see if she was OK and then call for help. The facility's accepted Immediate Jeopardy Removal Plan: Haven Hall Healthcare Center Administrator and Director of Nursing were notified of Immediate Jeopardy and Substandard Quality of Care on, 2/17/2020 at 7:50 p.m. related to the facility admitting Resident #214 on 1/24/2020 with a Tracheostomy and (1) Failure to assess resident during routine Tracheostomy care performed per resident, (2) Failure to develop and implement a care plan for the care of resident's tracheostomy, and (3) Failure to provide around the clock Registered Nurse (RN) or Respiratory Therapist (RT) coverage to provide deep suctioning and emergency Tracheostomy care, placed the resident at risk for serious injury, harm, impairment.	F 659			

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F 659	Continued From page 33 Immediately upon notification: The Director of Nursing put in place for Registered Nurse coverage to be 24/7. An emergency Quality Assurance meeting was called on 2/17/2020 at 8:14 PM to discuss (1) Failure to assess resident during routine Tracheostomy care performed per resident, (2) Failure to develop and implement a care plan for the care of resident's tracheostomy, and (3) Failure to provide around the clock Registered Nurse (RN) or Respiratory Therapist (RT) coverage to provide deep suctioning and emergency Tracheostomy care, placed the resident at risk for serious injury, harm, impairment. Those in attendance were the Medical Director, Administrator, Director of Nursing, Nurse Consultant, Assistant Director of Nursing, Minimal- Data Set Nurse, Care Plan Nurse, Social Worker, and Admissions/Medicare Nurse. Policy and Procedure on Tracheostomy Care was reviewed on 2/17/20, by the Director of Nursing with no policy changes implemented. This policy was revised 8/2013. Facility identified through record review by the Director of Nursing on 2/17/20 at 9:00 P.M., that Resident #214 is the only resident in the facility that has a Tracheostomy. Review of Resident# 214's Care Plan was conducted by the Director of Nursing and the Care Plan Nurse developed a plan of care on 2/17/20 at 8:00 p.m, to include specific needs and staff involved to provide needed services according to the resident's	F 659			

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F 659	Continued From page 34 wishes. (1) Potential for complications related to Tracheostomy: Deep suction as needed for thick or copious amounts of secretions the resident is unable to expel, per Registered Nurse or Respiratory Therapist. If resident becomes de-cannulated, cannula to be replaced using sterile technique, per Registered Nurse or Respiratory Therapist. Respiratory Therapist to assess resident each visit to the facility and will be available for consultation as needed. Assess for signs and symptoms of respiratory distress to include but not limited to labored breathing, cyanosis, low blood pressure, restlessness, dyspnea, decreased oxygen saturations, rattling breath sounds, etcetera, as needed per Registered Nurse or Respiratory Therapist. Notify Medical Director of any negative findings, per Nurse. Keep Ambu bag at bedside, per Nurse or Registered Nurse. Keep oxygen saturation monitor at bedside, per Nurse. Keep suction machine at bedside, per Nurse. (2) At risk for aspiration related to tracheostomy: Change out tracheostomy tubing and mask weekly on Thursday, per Nurse. Suction tracheostomy as needed using aseptic technique, Resident to perform as needed for increased secretions, per Resident. Tracheostomy care, using aseptic technique every shift, per Resident, Registered Nurse to be in room in case of complications, Registered Nurse. Change out tracheostomy tubing and mask weekly, on Thursday, per Nurse. Resident is to be maintained in an upright or sitting position while eating, per Nurse. Assess for signs and symptoms of respiratory distress to include	F 659			

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F 659	Continued From page 35 but not limited to labored breathing, rapid breathing, cyanosis, low blood pressure, restlessness, dyspnea, decreased oxygen saturation, rattling breath sounds, etcetera, as needed per Registered Nurse and/or Respiratory Therapist. Assess for signs and symptoms of aspirations to include but not limited to fever, cough, shortness of breath, fatigue, etcetera, as needed, per Registered Nurse and Respiratory Therapist. Notify Medical Doctor of any negative findings, per Nurse. Keep Ambu bag at bedside, per Nurse or Registered Nurse. Keep oxygen saturation monitor at bedside, per Nurse. Keep suction machine at bedside, per Nurse. Oxygen saturation taken, every shift, and notify Physician if oxygen saturation is less than 90 percent, per Nurse. (3) Resident prefers to perform her own Tracheostomy care, per Resident. Allow Resident to perform own Tracheostomy care, as desired, with Registered Nurse present, per resident. Honor Residents right to perform own Tracheostomy care, per Nurse. Registered Nurse staffing 24 hours 7 days a week in case of emergency Tracheostomy care needed, per Nurse. Encourage Resident to notify Licensed Practical Nurse or Registered Nurse prior to performing Tracheostomy care, per Nurse. Review of Registered Nurse scheduling was done on 2/17/20 at 8:30 P.M. by the Director of Nursing to ensure that the facility had 24/7 Registered Nurse coverage. We will continue to hire Registered Nurses. While we are in the process of hiring the Registered Nurses to cover the around the clock	F 659			

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F 659	Continued From page 36 Registered Nurse positions, we will reach out and utilize the resources of our Nurse Consultant (Registered Nurse), Director of Clinical Service (Registered Nurse), or our Clinical Respiratory Therapist, in the event one of the Registered Nurses are unable to perform their duties. We have a Contract in place, effective 2/18/2020, with a Staffing Agency for Registered Nurse coverage. The initial date they will be on site for Registered Nurse coverage is, Friday, 2/21/2020, 3/11 shift. They will be trained prior to working on the floor, Friday 2/21/2020, on facility Policies related to Tracheostomy Care and Deep Suctioning by the Director of Nursing. Registered Nurses (6 Registered Nurses) in-serviced per Director of Nursing on 2/17/2020 at 9:00 P.M. on policy for assessing the residents for self care related to Tracheostomy care and suctioning. No nurse will be allowed to work until they have received the above in-service education. Care plan nurse re-in-serviced per Director of Nursing on 2/17/2020 at 9:45 P.M. on the policy for completing comprehensive care plans. This nurse was not allowed to work until she had received the above in-service education. Resident was assessed to ensure that she is able to perform her own Tracheostomy care on 2/18/2020 at 6:30 P.M. per Respiratory Therapist. Respiratory Therapist was able to confirm that Resident #214's ability to safely perform her own Tracheostomy care. In-services were initiated on 2/18/2020 at 7 :22 p.m. by the Assistant Director of Nursing with Certified Nursing Assistants (17 Certified Nursing Assistants), Licensed Practical Nurses (10	F 659			

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F 659	Continued From page 37 Licensed Practical Nurses), and Registered Nurses (6 Registered Nurses) on the signs and symptoms of respiratory distress. The information reviewed was provided to them. No Certified Nursing Assistant or Nurse will be allowed to work until they have received the above in-service education. Staff in-services initiated, 2/18/2020, at 7:30 p.m. by the Director of Nursing with Nursing, Housekeeping, Laundry, Dietary, Maintenance, and Administrative Staff (69 employees), related to Immediate Jeopardy citations and signs and symptoms of Respiratory Distress. In-service education and competency training was provided on 2/18/2020 at 9:20 p.m., by the Respiratory Therapist, on the policy for deep suctioning with Registered Nurse (6 Registered Nurses) and Tracheostomy care with Licensed Practical Nurses and Registered Nurses (12 Licensed Practical Nurses and 6 Registered Nurses) and copy of the policies and procedures reviewed to ensure that nursing staff will be provided this information. No nurse will be allowed to work until they have received the above in-service education Haven Hall Healthcare Center alleges that, on 2/19/2020, the Immediate Jeopardy regarding Resident #214 has been removed. SA VALIDATIONS The State Agency (SA) validated by record review of the Registered Nurses (RN) schedule dated 02/19/20 revealed RN coverage twenty-four hours a day seven (7) days a week. The SA validated the Quality Assurance meeting was held on 02/17/2020 by record review of sign	F 659			

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F 659	Continued From page 38 in sheet contained containing the following signatures for: Medical Director, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Nurse, Care Plan Nurse, Nurse Consultant, Social Worker, and Admission/Medicare Nurse. The SA validated no changes in the facility policy by record review with a revision date of 8/2013. The SA validated the current matrix and census by record review revealed there was no other tracheostomy residents in the facility. The SA validated by record review a comprehensive care plan was developed for Resident #214, dated 02/17/2020, with interventions for tracheostomy care, resident's self trach care and RN/RT coverage 24 hours a day seven (7) days a week. The SA validated, on 02/20/2020 ,by interview the Medical Director revealed that staff was informed to contact the Medical Director for any negative findings. The SA validated that Resident #214 room contained the Ambu bag, oxygen saturation monitor, and the suction machine was at bedside by observation. The SA validated agency contract by record review, dated 02/18/2020, with an initial start date 02/21/2020 on the 3-11 shift. The SA validated the Resident #214 declined observation of trach self care, on 02/20/20, by interview with the DON.	F 659			

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F 659	Continued From page 39 The SA validated by interview and record review the Respiratory Therapist assessed Resident #214, on 02/18/2020 at 6:30 PM, and determined the resident was competent and comfortable to perform her own trach care. The SA validated by record review of the Medication Administration Record the change out of the tubing and mask is to be done on Thursdays. The SA validated all residents (Resident #214 was the only trach resident in the facility) at risk for aspiration related to tracheostomy by interview and record review of the MAR and person-centered care comprehensive care plan. The SA validated by interview that the RT is available for consultation as needed. The SA validated that Resident #214 was capable of performing self trach care by interview with the RT. The SA validated six (6) RN's was in-serviced by record review of sign in sheet on tracheostomy care, signs and symptoms of respiratory distress. The SA validated 10 Licensed Practical Nurses was in-serviced on tracheostomy care, signs and symptoms, of respiratory distress by interview and sign in sheet and interview. The SA validated thirteen Certified Nursing Assistance was in-serviced on Respiratory Distress signs and symptoms by interview and in-service attendance sign sheet. The SA validated interview and review of	F 659			

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F 659	Continued From page 40 in-service attendance sign in sheet that six (6) Housekeeping/Laundry staff were in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet two (2) Human Resources staff was in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet one (1) Occupational Therapist in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet one (1) Account Payable Staff was in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet one (1) lawn service staff was in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet two (2) Maintenance staff was in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet two (2) Activities staff was in-serviced on Respiratory Distress sign and symptoms. The SA validated by interview and attendance sign in sheet one (1) Medical Record staff was in-serviced on Respiratory Distress signs and symptoms.	F 659			

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F 659	Continued From page 41 The SA validated by interview and attendance sign in sheet one (10 Physical Therapist Assistant was in-serviced on Respiratory Distress sign and symptoms. The SA validated by interview and attendance sign in sheet one (1) Speech Language Pathologist was in-serviced on Respiratory Distress sign and symptoms.	F 659			
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, family interview, staff interview, record review and facility policy review, the facility failed to provide nail care for a dependent resident for one of four (1 of 4) residents reviewed, Resident #50. Findings include: Review of the facility's policy titled, "Care of Fingernails/Toenails", revised February 2018, revealed the purpose of this procedure is to clean the nail bed to keep nails trimmed and to prevent infections. The General Guidelines included nail care includes daily checking and regular trimming. The policy Steps in the Procedure included: Date and time of nail care. Name and title of person who provided the nail care. The condition of the nail and nail bed. Any difficulties in cutting the resident's nails. Any problems or complaints made by the resident with his/her	F 677	The Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth or the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of Federal and State Law. The Plan of Correction constitutes the facilities credible allegation of compliance. 1. On 02/17/2020 at 4:00 PM, the Assistant Director of Nursing went to Resident 50's room to evaluate fingernails and toenails. At the time the Assistant Director of Nursing went to the room, family member of Resident 50 had already cut Resident 50's fingernails and	3/9/20	

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F 677	Continued From page 42 hands or feet or related to the procedure. If the resident refuses the treatment, state why and interventions taken. On 02/17/2020 at 12:15 PM, an observation revealed Resident #50's Family Member #1 was trimming the resident's toe nails. Family Member #1 also said she had done the resident's fingernails. Family Member #1 said she cut the resident's nails because the staff does not cut them. Resident #50's Family Member #1 stated she was told by the facility that someone comes once a year to provide the nail care. On 02/27/2020 at 12:30 PM, Certified Nursing Assistant (CNA) #1 was interviewed and stated that hospice does Resident #50's nails. CNA #1 also stated the CNAs check the resident's nails during the bed baths. CNA #1 reported she has been assigned to the A Hall off and on the past couple of weeks, but has failed to notify the nurse or her partner that Resident #50's nails needed to be trimmed. CNA #1 said she did not like to cut the residents' nails because she always cuts the nails to short or to low all the way down. CNA #1 said she would tell her partner to cut the nails. CNA #1 did say when she sees lengthy nails she tells her partner. A review of Resident #50's Comprehensive Care Plan, dated 06/14/2017, revealed the resident required assistance with Activities of Daily Living (ADL) related to (r/t) impaired mobility and requires one person extensive assistance with personal hygiene. The Care Plan addressed the Problem/Need, dated 01/09/2020, Psoriasis to the left lower leg and the Approaches included keep nails clean and trimmed. Staff responsible was listed as Nursing/CNA.	F 677	toenails to Resident's desired length. On February 18, 2020, A 100% audit of all residents fingernails and toenails was completed by the Assistant Director of Nursing. Of the 74 residents, ten residents fingernails and toenails were found on February 18, 2020 to need trimming and in need of nail care. On 02/18/2020, two residents toenails was clipped and trimmed by the Assistant Director of Nursing. Beginning on 02/17/2020, the social worker started scheduling appointments for two Residents with the podiatrist for further evaluation and treatment as indicated. Two appointments was confirmed on 02/18/2020 but was rescheduled by the provider. On 03/02/2020, the Social worker made a referral for one resident to the podiatrist for further evaluation and treatment as indicated. On 03/09/2020, the social worker made attempts to make podiatrist referrals for five residents but was unsuccessful due to the outbreak of COVID-19. The local podiatrist clinic stated they are not seeing any nursing home residents in their office and declined to make visits to the nursing home for evaluations and treatment if indicated. Due to COVID-19, the social worker has been able to schedule appointments on April 13, 2020 and April 20, 2020. 2. All 74 residents with fingernails and toenails have the potential to be affected by this deficient practice. Ten Residents were identified as having inadequate nail care. On 02/18/2020, two residents received clippings of their toenails and		

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F 677	Continued From page 43 On 02/17/20 at 12:35 PM, an observation revealed the Assistant Director of Nursing (ADON) measured Resident #50's left great toenail at 0.5 centimeter (cm) and the right great toenail at 0.5 cm. The ADON also observed the resident's smaller toe toenails were curling around the end of the toes on the right foot. An interview at this time with the ADON revealed they have a communication book, but the CNAs usually just tell the nurses of any concerns or observations they may have. Review of Resident #50's ADL Assistance and Support sheet from February 1, 2020 to February 17, 2020, revealed documentation the facility staff provided personal hygiene daily and bathing seven (7) out of the 17 days reviewed. The form did not specifically address nail care. During the follow up interview, with Resident #50, on 02/17/2020 at 12:54 PM, she reported her toes feel better since having her toenails trimmed and that before being trimmed, the long toenails were "bothering" her, she stated, "they didn't feel good". CNA #2 was interviewed, on 02/19/2020 at 2:50 PM. CNA #2 said she worked the 2 PM to 10 PM shift and Resident #50 required assistance with her ADLs. CNA #2 stated "total care" in reference to the level of care the resident required and that Resident #50 was able to tell you what she wanted or needed. CNA #2 stated nail care should be done during the morning care (AM care). CNA #2 said there is a Rounds Sheet on the closet door, and the ADL care is listed in the Kiosk (computer system). CNA #2 also reported the bath, meals and hygiene are documented in	F 677	fingernails. On 02/17/2020,03/02/2020, and 03/09/2020, the eight residents were referred to outpatient podiatry for further evaluation and treatment as indicated. 3. The wound care treatment nurse and certified nursing assistant is responsible for ensuring residents nail bed is clean and trimmed to prevent infections. On 02/24/2020, the Director of Nursing completed an inservice with nursing staff regarding the facility policy for Care of Fingernails/Toenails. On 02/24/2020 the wound care treatment nurse will monitor all residents nail care weekly times eight weeks, then on an ongoing basis. 4. Beginning 02/24/2020, the Director of Nursing will monitor compliance once a week times eight weeks. Any adverse findings will be forwarded by the Director of Nursing to Quality Assurance and Performance Improvement Committee for further review and action, as indicated.		

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F 677	Continued From page 44 the Kiosk. CNA #2 said when a resident refuses care we just accept it and come back later and try again or maybe get someone else to try and report it to the nurse. CNA #2 stated Resident #50 never refuses care. CNA #2 said we provide nail care anytime we go in and see they need grooming and then record it on the Kiosk. Licensed Practical Nurse (LPN) #1 was interviewed, on 02/19/2020 at 3:08 PM. LPN #1 revealed she worked the 2 PM to 10 PM shift. LPN #1 revealed she has the opportunity to observe the resident's feet on a daily basis. LPN #1 also said the CNAs come to the nurses for any questions or concerns with the residents. On 02/19/2020 at 4:00 PM, the Director of Nurses' (DON) interview revealed fingernails and toenails are not addressed on the weekly skin assessments/body audits. The DON said these audits are done for each resident weekly. The DON stated "It's [nail care] not in there. It's intact or not intact [skin]". The DON said nail care is part of what the staff are supposed to do. The DON stated a Podiatrist makes rounds and does nail care every three months. Review of Resident #50s last Podiatrist Note, dated 05/28/2019, revealed the podiatrist examined Resident #50's feet, and recommended return visit as needed or ordered by physician. Review of the Face Sheet revealed Resident #50 was admitted by the facility, on 10/27/2010, and re-admitted on 06/14/2017, with the included diagnoses Essential Hypertension, Heart Failure, Psoriasis and Idiopathic Peripheral Autonomic Neuropathy.	F 677			

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F 677	Continued From page 45 Review of Resident #50 Quarterly MDS, with an ARD of 01/20/2020, revealed a BIMS score of 4, which indicated severe cognitive impairment. The MDS further revealed Resident #50 required extensive assistance with two person physical assist with bed mobility, transfers, dressing and toileting. Resident #50 required extensive assistance with one person physical assist with locomotion on and off the unit, and was totally dependent on staff for bathing. Resident #50 only required limited assistance with one person physical assist with eating. Resident #50's vision was impaired and she could only see large print, but not regular print in newspapers or magazines. The resident's speech and hearing was not impaired, and she was able to make herself understood to others and she was able to understand others.	F 677			
F 695 SS=J	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, family interview, record review, Mississippi (MS) State Board of Nursing website review, the Nurse Practice Act review and facility policy review, the facility failed to assess Resident	F 695	The Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth or the facts alleged or conclusions set forth in the statement of	3/2/20	

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F 695	Continued From page 46 #214's competency to perform self tracheostomy (trach) care, for one (1) out of one (1) residents observed with a tracheostomy. Resident #214 was the only resident with a trach in the facility. The facility also failed to provide qualified personnel, a Registered Nurse (RN) and/or a Respiratory Therapist (RT) in the facility 24 hours a day seven (7) days a week to provide deep tracheal suctioning or emergency trach care if needed. The State Agency (SA) identified by review of the facility's staffing schedule from 01/24/2020 to 02/17/2020, interviews and record review, the facility did not provide RN or RT coverage 24 hours per day seven (7) days per week, on all shifts, for 23 out of 24 days. Resident #214 was admitted by the facility from the hospital, on 01/24/2020, with a tracheostomy she had been providing self care for at home. Resident #214 was admitted to the facility with a diagnosis of Pneumonia. Resident #214 had a Physician's Order, dated 01/28/2020, to provide her own trach care and suctioning to remove excess secretions. The facility's failure to assess Resident #214's competency for self trach care and providing coverage 24 hours per day seven (7) days per week services of an RN and/or RT to provide deep tracheal suctioning and possible tracheostomy emergency care placed Resident #214 and other possible residents with tracheostomies at risk for serious injury, harm, impairment or death. The SA identified the situation as an Immediate Jeopardy (IJ) and Substandard Quality of Care	F 695	deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of Federal and State Law. The Plan of Correction constitutes the facilities credible allegation of compliance. 1. An emergency quality assurance and performance improvement meeting was held on 02/17/2020 at 8:14 PM to discuss the failure to provide twenty four hour Registered Nurse or Respiratory Therapist coverage to provide deep suctioning and emergency Tracheostomy care, which placed Resident #214 at risk for serious injury, harm, and/or impairment. Those that were in attendance was the Medical Director, Administrator, Nurse Consultant, Director of Nursing, Assistant Director of Nursing, Minimal Data Set Nurse, Care Plan Nurse, Social Worker, and Admissions/Medicare Nurse. The Policy and Procedure on Tracheostomy Care was reviewed on 02/17/2020 by the Director of Nursing with no policy changes implemented. The policy was revised August 2013. The review of Resident #214's Care Plan was conducted by the Director of Nursing and the Care Plan Nurse on 02/17/2020 at 8:00 PM to include specific needs and staff involved to provide needed services according to the resident's wishes. The Review of the Registered Nurse Scheduling was completed on 02/17/2020 at 8:30 P.M. by the Director of Nursing to ensure that the facility had twenty four hour Registered Nurse coverage. We will continue to		

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F 695	Continued From page 47 (SQC), on 02/17/2020, when the facility admitted Resident #214 with a trach on 01/24/2020 and did not assess Resident #214's competency to provide self trach care and to provide RN and/or RT coverage 24 hours per day seven (7) days per week for 23 of the 24 days of the days from the admission date until the SA's survey entrance date. On 02/17/2020 at 7:50 PM, the SA notified the facility's Administrator and Director of Nurses (DON) of the Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC). The facility submitted an acceptable Immediate Jeopardy Removal Plan, on 02/19/2020, in which the facility alleged all corrective actions were completed on 02/19/2020, and the IJ was removed on 02/19/2020. The SA validated the facility's Immediate Jeopardy Removal Plan, on 02/20/2020, and determined the IJ was removed on 2/19/2020, prior to the SA's exit on 02/20/2020. Findings include: Review of the facility's policy titled, "Suctioning the Lower Airway (Endotracheal (ET) or Tracheostomy Tube), with a revised date of October 2010, revealed the training was addressed for in-servicing on the policy and demonstrated competency in the procedure is required on hire, and at least annually for Registered Nurses. The Purpose of this procedure revealed is to remove secretions, maintain a patent airway, and prevent infection of the lower respiratory tract.	F 695	advertise and hire for Registered Nurses. While we are in the process of recruiting for Registered Nurses to cover 24 hour care, we will utilize the resources of our Nurse Consultant (Registered Nurse), Director of Clinical Service (Registered Nurse), or our Clinical Respiratory Therapist, in the event the Registered Nurses are unable to perform their duties, we will use a staffing agency to fill the need. Effective 02/18/2020, we have a contract in place for staffing agency to provide Registered Nurses. The initial date they will be starting services at the facility will be Friday, 02/20/2020 for the 3-11 shift They will be trained prior to working on the floor on facility policies and education related to tracheostomy care and deep suctioning by the Director of Nursing. Resident #214 was assessed to ensure that she is able to perform her own Tracheostomy care on 2/18/2020 at 6:30 P.M. per Respiratory Therapist. Respiratory Therapist was able to confirm Resident #214's ability to safely perform her own Tracheostomy care. In-services were initiated on 2/18/2020 at 7 :22 p.m. by the Assistant Director of Nursing with Certified Nursing Assistants (17 Certified Nursing Assistants), Licensed Practical Nurses (10 Licensed Practical Nurses), and Registered Nurses (6 Registered Nurses) on the signs and symptoms of respiratory distress. The information reviewed was provided to them. No Certified Nursing Assistant or Nurse will be allowed to work until they have received the above in-service education.		

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F 695	Continued From page 48 Review of the facility's policy titled, "Tracheostomy Care", with a revision date of August 2013, revealed the purpose of the procedure is to guide tracheostomy care and cleaning of reusable tracheostomy cannulas. The Training stated in-servicing on the policy and demonstrated competency in this procedure is required on hire and at least annually for Registered Nurses and Licensed Practical Nurses. The Equipment and Supplies included tracheostomy care kit, suction catheter, suction machine, pulse oximeter, gloves, sterile water or normal saline, hydrogen peroxide, and extra gauze. The General Guidelines included: 1. Aseptic technique must be used during cleaning and sterilization of reusable tracheostomy tube; during all dressing changes until the tracheostomy wound has healed and during tracheostomy tube changes or disposable. 2. Sterile gloves must be worn during aseptic procedures. 4. Tracheostomy care must be provided as often as needed, at least once daily for old, established tracheostomies, and at least every eight (8) hours for residents with unhealed tracheostomies. 7. A suction machine, supply of suction catheters, exam sterile gloves, and flush solution, must be left at the bedside at all times. Review of the facility's policy titled, "Resident Assessment Instrument", revised September 2010, revealed a comprehensive assessment of a resident's needs shall be made within fourteen (14) days of the resident's admission. The Policy Interpretation and Implementation revealed: 3. The purpose of the assessment is to describe the resident's capability to perform daily life functions and to identify significant impairments in functional capacity. 4. Information derived from the comprehensive assessment helps the staff to	F 695	Staff in-services initiated, 2/18/2020, at 7 :30 p.m. by the Director of Nursing with Nursing, Housekeeping, Laundry, Dietary, Maintenance, and Administrative Staff (69 employees), related to Immediate Jeopardy citations and signs and symptoms of Respiratory Distress. In-service education and competency training was provided on 2/18/2020 at 9:20 p.m., by the Respiratory Therapist, on the policy for deep suctioning with Registered Nurse (6 Registered Nurses) and Tracheostomy care with Licensed Practical Nurses and Registered Nurses (12 Licensed Practical Nurses and 6 Registered Nurses) and copy of the policies and procedures reviewed to ensure that nursing staff will be provided this information. No nurse will be allowed to work until they have received the above in-service education. 2. All residents with tracheostomy have the potential to be affected by this deficient practice. The Facility identified through record review by the Director of Nursing on 2/17/20 at 9:00 P.M., that Resident #214 is the only resident in the facility that has a Tracheostomy. There are no other residents in the facility with tracheostomy. 3. The Director of Nursing is responsible for ensuring all new tracheostomy residents are assessed for competency to perform self tracheostomy care. On 02/24/2020, the Director of Nursing will monitor to ensure all new residents who have tracheostomy are assessed for competency to perform self tracheostomy		

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F 695	Continued From page 49 plan care that allows the resident to reach his/her highest practicable level of functioning. 6. Within seven (7) days of the completion of the resident assessment, a comprehensive care plan will be developed. Review of the Mississippi State Board of Nursing (BON) website, revealed frequently asked questions (FAQs): The BON's statement regarding the LPN's scope of practice with Tracheostomy care revealed, "It is within the scope of practice of the LPN to perform Trach care and suction secretions from the Trach tube. However, it is not within the scope of practice for the LPN to perform deep right main stem suctioning. If deep suctioning is required for a patient, a Registered Nurse (RN) must perform the procedure." Review of the Mississippi (MS) Board of Nursing Laws and Rules Administrative Code Part 2830 Practice of Nursing Title 30: Professions and Occupations Chapter 2, Functions of the Licensed Practical Nurse, (LPN) revealed: Rule 2. 1-LPN Supervision, "The LPN gives nursing care which does not require the specialized skill, judgement, and knowledge required of an RN. Advanced Practice Registered Nurse (APRN), Licensed Physician, or Licensed Dentist." Review of the facility's nursing staff schedule, from 01/24/2020 to 02/17/2020, revealed 23 of the 24 days, the facility did not have RN and/or RT coverage for all shifts, 7 AM to 3 PM, 3 PM to 11 PM or 11 PM to 7 AM to provide deep tracheal suctioning or emergency trach care if needed for Resident #214. Review of the facility's Daily Nurse Staffing	F 695	care upon admittance to the facility then weekly times eight weeks to ensure compliance. 4. The Director of Nursing will bring any adverse findings to the Quality Assurance and Performance Improvement Committee at monthly meetings for corrective action if indicated.		

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F 695	Continued From page 50 sheets, from 02/10/2020 to 02/16/2020, revealed one Registered Nurse (RN) was scheduled for the day shift - 6 AM to 2 PM and 7 AM to 3 PM, and there was no RN scheduled for the evening shift - 2 PM to 10 PM and 3 PM to 11 PM or the night shift - 10 PM to 6 AM and 11 PM to 7 AM. Review of the hospital's admission notes by the Physician revealed, on 01/18/2020 revealed Resident #214 was brought to the hospital by her husband due to alteration in mental status, and the assessment by the physician was Acute Metabolic Encephalopathy. Resident #214 was previously hospitalized for Pneumonia from 01/08/2020 to 01/14/2020. Resident #9's husband brought her back to the hospital, on 01/18/2020 because she was sleeping a lot, and was confused when she was awake since she was discharged on 01/14/2020. The hospital Physician's History Note, dated 01/18/2020, revealed Resident #214 had a tracheostomy in 2007, and has paralysis of her bilateral vocal cords and larynx. On 02/17/2020 at 4:00 PM, an interview with the Director of Nursing (DON) and Administer revealed they do not have RN coverage 24 hours per day seven days per week to provide deep suctioning or emergency trach care if needed for Resident #214. The DON stated the resident provided her trach care at home for years and was providing it herself at the facility. The DON stated Resident #214 prefers to take care of it herself. An interview, on 02/18/2020 at 3:00 PM, with the Administrator and the DON, revealed the DON did say that if Resident #214 required deep suctioning and the RN was not here, the LPN	F 695			

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F 695	Continued From page 51 would have to call for an ambulance to transfer her to the hospital. The DON said it would take the ambulance five (5) minutes to get to the facility and another two (2) minutes to get to the hospital, that would be seven (7) minutes, and could result in possible brain damage. The DON stated she just did not think about 24 hour a day RN coverage at the time Resident #214 was admitted to provide deep suctioning or emergency trach care if needed. An interview, on 02/19/2020 at 5:30 PM, revealed the Medical Director stated he did not know Resident #214 prior to admission to the facility, and he was aware Resident #214 was admitted to the facility with a tracheostomy. The Medical Director stated it was possible Resident #214 could have more respiratory issues with a history of Pneumonia and Chronic Obstructive Pulmonary Disease (COPD). The Medical Director stated he was not aware the facility did not have RN coverage to provide deep suctioning if it was needed. The Medical Director said he assumed they would have coverage that was required. He further stated he would expect the RN to perform the deep suctioning as needed. The Medical Director also said he would expect the facility to assess the resident to ensure she was able to provide her trach care safely. The Medical Director said he knew the resident was admitted to the facility from the hospital with Pneumonia and she was here for physical therapy for weakness. The Medical Director stated he was trusting the staff to do what was needed to provide care for Resident #214. The Medical Director stated he did not have any concerns regarding Resident #214 being mentally unstable.	F 695			

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F 695	Continued From page 52 On 02/17/2020 at 3:55 PM, an observation revealed Resident #214 was lying in bed, with a tracheostomy intact. No distress was noted. On 02/17/20 at 4:08 PM, an observation of Resident #214's room revealed there was no suction machine, suction catheter kit, or tracheostomy care kit. There was an oxygen concentrator machine and humidifier in the room that was just sitting there, not connected to anything. On 02/17/20 at 4:09 PM, an interview with Resident #214 revealed they (the facility) told her she would have to take care of her trach herself. Resident #214 said she had managed to care for her trach at home for many years and could do it here at the nursing home. Resident #214 said she suctioned herself as needed and had not required a nurse to suction her since she has been there. Resident #214 stated she does her trach care every day. Resident #214 stated she did have suction equipment over there, pointing to the nightstand, that they (the facility) had brought it in. The facility had brought in trach care supplies, however there were no suction supplies observed at this time. Resident #214 was at the nursing home for therapy and planned to return home. Review of Resident #214's Physician's Orders revealed an order, dated 01/28/2020, for Resident #214 to provide her own trach care and suction the trach as needed to remove excess secretions. Review of Resident #214's Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/30/2020, revealed the Special	F 695			

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F 695	Continued From page 53 Treatments/Programs section was checked for oxygen (O2) use and tracheostomy care. Suctioning was not checked. Resident #214's Basic Interview for Mental Status (BIMS) score was 11, which indicated moderate cognitive impairment. The MDS also revealed Resident #214 did not have any vision, hearing or speech deficits, and was able to make herself understood to others, and she was able to understand others. The DON revealed during an interview, on 02/19/2020 at 5:20 PM, she should have observed Resident #214 perform her trach care to ensure she was doing it correctly. Review of Resident #214's Medical Record revealed there were no assessments regarding the resident's ability to perform self trach care until the Departmental Notes-Respiratory Therapy, dated 02/18/2020 at 9:07 PM, late entry for 6:30 PM, for Resident Trach Care Self Performance, revealed Resident #214 is performing adequate trach care for herself to a seven (7) year established trach. The RT explains due to the resident's report of being sick at her stomach and not wanting to move the trach around very much right now, they agreed for her to demonstrate and describe how she provided her trach care. The RT also documented she had asked the resident if she wanted the RT to get the nurse, but the resident reported the nurse had already given her something for the nausea. The RT documented Resident #214's demonstration showed the resident was comfortable and competent to provide her own trach care, and the RT's opinion was that Resident #214 was very competent in doing her own trach care. Resident #214 declined for the surveyor to	F 695			

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F 695	Continued From page 54 observe her perform her trach care. An interview, on 02/20/2020 at 10:15 AM, revealed Resident #214's Family Member #2/husband, said the resident came to the nursing home for therapy. Resident #214's husband stated the resident had been taking care of her trach at home for a long time without any problems. The husband confirmed Resident #214 had been hospitalized twice due to Pneumonia and COPD. The husband reported the nursing home did know about the trach before Resident #214 went there. The husband also reported Resident #214 has long term memory problems at times. An interview, on 02/17/2020 at 5:17 PM, with LPN #2, revealed the RN provided supervision when she's here and the LPNs and RNs are charge nurses. LPN #2 reported she had not received any training from the facility regarding trach care since she has been employed at the facility. LPN #2 said she did receive trach care training in nursing school. LPN #2 reported the emergency supplies, suction, and crash cart was kept in the clean utility room behind the nursing station in a locked room. The room has a key pad lock, and all nursing staff has the code to the room. LPN #2 said the nurses check the crash cart each shift. LPN #2 stated the nursing staff changes out the oxygen concentrator tubing weekly. LPN #2 did not reveal how or who was monitoring Resident #214 to ensure she was providing the trach care and suctioning as needed, ensuring the resident was provided trach care supplies as needed, or the bedside equipment such as a suction machine, suction catheter, and trach kit, that may be required in case if an emergency arose such as the need for deep suctioning or decannulation.	F 695			

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F 695	Continued From page 55 On 02/18/2020 at 4:05 PM, an interview with Licensed Practical Nurse (LPN) #2, revealed Resident #214 preferred to take care of her own tracheostomy because she had been doing it for years at home. LPN #2 stated if Resident #214 needed deep suctioning she would provide some type of care to keep the resident alive until the paramedics got to the facility, but she would not do anything not in her scope of practice. LPN #2 said she would check the oxygen level, raise the head of the bed, and she would suction around the trach that didn't work and stay at the resident's bed side till help arrived. LPN #2 said she would call the medical doctor after she got the resident's vital signs. LPN #2 said if the cannula came out, she would keep the airway open and keep the resident oxygenated till the paramedics arrived. LPN #2 said tracheal suctioning is a sterile procedure. LPN #2 said she would oxygenate the resident and suction no longer than 10 seconds, oxygenate and repeat suction. LPN #2 stated when the suction equipment was not in use it was kept in a zip lock bag and changed weekly, they date and initial the bag. LPN #2 stated they change the oxygen concentrator tubing weekly. An interview, on 02/18/2020 at 3:26 PM, revealed LPN #3 stated no one does trach care here. LPN #3 said Resident #214 does her own trach care. LPN #3 said if Resident #214 had any problems breathing, she would go get the RN. LPN #3 stated if the trach cannula came out the resident would be at risk for infection. LPN #3 further stated she would do nothing else if the resident could still breathe, and she would go get the RN, and if the RN was not there she would call the RN and see if she wanted her to send the resident	F 695			

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F 695	Continued From page 56 out. LPN #3 reported she works the 7 AM to 3 PM shift on the West Wing and sometimes to 7 PM. LPN #3 stated she has been employed at the facility for nine (9) years, and there has not been a trach patient here until now. LPN #3 said the RNs would have to do the trach care. LPN #3 said she has not received any training by the facility on trach care and there has not been any training provided by the facility for trach care. LPN #3 did not confirm how the facility was monitoring to be sure Resident #214 was providing trach care and suctioning as needed, or ensure the resident had the necessary trach care supplies, or emergency equipment kept at the bedside. On 02/18/2020 at 1:55 PM, an interview with LPN #4, revealed the RNs and LPNs provide resident care. LPN #4 stated the RNs were in charge of the trach care. LPN #4 stated the LPNs can suction, but only the RNs can deep suction the trachs. LPN #4 stated if the resident exhibited signs and symptoms (s/s) of respiratory distress such as facial grimacing, she would try to get them to calm down, get their Oxygen Saturation (O2 Sat), and get their vital signs (v/s). LPN #4 stated if the resident needed deep suctioning and the RN was not here, she would suction the resident, keep the airway open, and call 911. LPN #4 stated the crash cart is kept in the clean utility room. The door is kept locked, but all the nurses know the code. LPN #4 reported the last training for trach care was provided by the corporate nurse back in October or November of last year. They watched the corporate nurse and then did a return demonstration. LPN #4 stated if there were any changes in a resident she would report it to the RN and the physician. LPN #4 said she has not worked the West Wing since Resident #214 has been here, and she worked the West Wing	F 695			

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F 695	Continued From page 57 two months ago, but we can be pulled to work any hall. LPN #4 did not confirm how the facility was monitoring to be sure Resident #214 was providing trach care and suctioning as needed, or ensure the resident had the necessary trach care supplies, or emergency equipment kept at the bedside. On 02/17/2020 at 4:17 PM, an interview with the DON revealed the corporate respiratory therapist trained the staff on care of a tracheostomy about a couple of weeks ago. Record review revealed the only In-Service Attendance Sheet the facility provided for trach care, suctioning the upper airway, oxygen therapy and administration and Chronic Obstructive Pulmonary Disease (COPD) was dated October 10, 2019. The sign in sheet revealed the signature of one person. The training was provided by the RT. On 2/19/2020 at 1:50 PM, an interview with RN #1/Minimum Data Set (MDS) Nurse, revealed she does not have anything to do with the nurse staffing or scheduling to ensure RN coverage 24 hours per day seven (7) days per week to provide deep suctioning or trach emergency care if needed. RN #1 stated the Director of Nurses (DON) does the nursing staff schedule. RN #1 stated Resident #1 provided her own trach care and suctioning. RN #1 confirmed she had not provided trach care or deep suctioning for Resident #214. RN #1 confirmed she was aware the LPNs could not deep suction trachs. RN #1 also stated if a resident needed deep suctioning and did not get it, the resident could die. RN #1 also said it would take about seven (7) minutes for the ambulance to get here and the resident	F 695			

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F 695	Continued From page 58 could die in seven (7) minutes. RN #1 said she has had training for tracheostomy care. She stated the last training prior to survey was around August 2019, and she also had training by the DON on 02/19/2020. On 02/18/2020 at 3:46 PM, an interview with Certified Nursing Assistant (CNA) #3, revealed she has been employed at the facility since March of 2019, and she has not had any prior training to take care of a resident with a trach. CNA #3 stated she was currently Cardiopulmonary Resuscitation (CPR) certified. CNA #3 said she works swing shift, she works 2 PM to 10 PM on the weekends and 6 AM to 2 PM the other days. CNA #3 said she has not worked with a resident with a trach before, however Resident #214 was assigned to her today. CNA #3 said she did know the resident did everything for herself. CNA #3 said she has not received any training on taking care of a resident with a trach. If Resident #214 was having respiratory difficulty CNA #3 said the first thing she would do is call for help, she would not leave her. If the resident was gasping for breath or not breathing she would call for help, shake her to see if she was OK and then call for help. Review of the Face Sheet revealed Resident #214 was admitted by the facility, on 01/24/2020, with the included diagnoses Metabolic Encephalopathy, Chronic Obstructive Pulmonary Disease, Tracheostomy, Paralysis of Bilateral Vocal Cords and Larynx, and Pneumonia. Review of Resident #214's Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/20/2020, revealed the resident required extensive assistance with one person physical assist for bed mobility, transfers,	F 695			

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F 695	Continued From page 59 dressing, toileting, personal hygiene and bathing. The facility's accepted Immediate Jeopardy Removal Plan: Haven Hall Healthcare Center Administrator and Director of Nursing were notified of Immediate Jeopardy and Substandard Quality of Care on, 2/17/2020 at 7:50 p.m. related to the facility admitting Resident #214 on 1/24/2020 with a Tracheostomy and (1) Failure to assess resident during routine Tracheostomy care performed per resident, (2) Failure to develop and implement a care plan for the care of resident's tracheostomy, and (3) Failure to provide around the clock Registered Nurse (RN) or Respiratory Therapist (RT) coverage to provide deep suctioning and emergency Tracheostomy care, placed the resident at risk for serious injury, harm, impairment. Immediately upon notification: The Director of Nursing put in place for Registered Nurse coverage to be 24/7. An emergency Quality Assurance meeting was called on 2/17/2020 at 8:14 PM to discuss (1) Failure to assess resident during routine Tracheostomy care performed per resident, (2) Failure to develop and implement a care plan for the care of resident's tracheostomy, and (3) Failure to provide around the clock Registered Nurse (RN) or Respiratory Therapist (RT) coverage to provide deep suctioning and emergency Tracheostomy care, placed the resident at risk for serious injury, harm, impairment. Those in attendance were the Medical Director, Administrator,	F 695			

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F 695	Continued From page 60 Director of Nursing, Nurse Consultant, Assistant Director of Nursing, Minimal- Data Set Nurse, Care Plan Nurse, Social Worker, and Admissions/Medicare Nurse. Policy and Procedure on Tracheostomy Care was reviewed on 2/17/2020, by the Director of Nursing with no policy changes implemented. This policy was revised 8/2013. Facility identified through record review by the Director of Nursing on 2/17/2020 at 9:00 P.M., that Resident #214 is the only resident in the facility that has a Tracheostomy. Review of Resident# 214's Care Plan was conducted by the Director of Nursing and the Care Plan Nurse developed a plan of care on 2/17/2020 at 8:00 p.m, to include specific needs and staff involved to provide needed services according to the resident's wishes. (1) Potential for complications related to Tracheostomy: Deep suction as needed for thick or copious amounts of secretions the resident is unable to expel, per Registered Nurse or Respiratory Therapist. If resident becomes de-cannulated, cannula to be replaced using sterile technique, per Registered Nurse or Respiratory Therapist. Respiratory Therapist to assess resident each visit to the facility and will be available for consultation as needed. Assess for signs and symptoms of respiratory distress to include but not limited to labored breathing, cyanosis, low blood pressure, restlessness, dyspnea, decreased oxygen saturations, rattling breath sounds, etcetera, as needed per Registered Nurse or Respiratory Therapist. Notify Medical Director of any negative findings, per Nurse.	F 695			

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F 695	Continued From page 61 Keep Ambu bag at bedside, per Nurse or Registered Nurse. Keep oxygen saturation monitor at bedside, per Nurse. Keep suction machine at bedside, per Nurse. (2) At risk for aspiration related to tracheostomy: Change out tracheostomy tubing and mask weekly on Thursday, per Nurse. Suction tracheostomy as needed using aseptic technique, Resident to perform as needed for increased secretions, per Resident. Tracheostomy care, using aseptic technique every shift, per Resident, Registered Nurse to be in room in case of complications, Registered Nurse. Change out tracheostomy tubing and mask weekly, on Thursday, per Nurse. Resident is to be maintained in an upright or sitting position while eating, per Nurse. Assess for signs and symptoms of respiratory distress to include but not limited to labored breathing, rapid breathing, cyanosis, low blood pressure, restlessness, dyspnea, decreased oxygen saturation, rattling breath sounds, etcetera, as needed per Registered Nurse and/or Respiratory Therapist. Assess for signs and symptoms of aspirations to include but not limited to fever, cough, shortness of breath, fatigue, etcetera, as needed, per Registered Nurse and Respiratory Therapist. Notify Medical Doctor of any negative findings, per Nurse. Keep Ambu bag at bedside, per Nurse or Registered Nurse. Keep oxygen saturation monitor at bedside, per Nurse. Keep suction machine at bedside, per Nurse. Oxygen saturation taken, every shift, and notify	F 695			

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F 695	Continued From page 62 Physician if oxygen saturation is less than 90 percent, per Nurse. (3) Resident prefers to perform her own Tracheostomy care, per Resident. Allow Resident to perform own Tracheostomy care, as desired, with Registered Nurse present, per resident. Honor Residents right to perform own Tracheostomy care, per Nurse. Registered Nurse staffing 24 hours 7 days a week in case of emergency Tracheostomy care needed, per Nurse. Encourage Resident to notify Licensed Practical Nurse or Registered Nurse prior to performing Tracheostomy care, per Nurse. Review of Registered Nurse scheduling was done on 2/17/20 at 8:30 P.M. by the Director of Nursing to ensure that the facility had 24/7 Registered Nurse coverage. We will continue to hire Registered Nurses. While we are in the process of hiring the Registered Nurses to cover the around the clock Registered Nurse positions, we will reach out and utilize the resources of our Nurse Consultant (Registered Nurse), Director of Clinical Service (Registered Nurse), or our Clinical Respiratory Therapist, in the event one of the Registered Nurses are unable to perform their duties. We have a Contract in place, effective 2/18/2020, with a Staffing Agency for Registered Nurse coverage. The initial date they will be on site for Registered Nurse coverage is, Friday, 2/21/2020, 3/11 shift. They will be trained prior to working on the floor, Friday 2/21/2020, on facility Policies related to Tracheostomy Care and Deep Suctioning by the Director of Nursing. Registered Nurses (6 Registered Nurses) in-serviced per Director of Nursing on 2/17/2020 at 9:00 P.M. on policy for assessing the residents	F 695			

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F 695	Continued From page 63 for self care related to Tracheostomy care and suctioning. No nurse will be allowed to work until they have received the above in-service education. Care plan nurse re-in-serviced per Director of Nursing on 2/17/2020 at 9:45 P.M. on the policy for completing comprehensive care plans. This nurse was not allowed to work until she had received the above in-service education. Resident was assessed to ensure that she is able to perform her own Tracheostomy care on 2/18/2020 at 6:30 P.M. per Respiratory Therapist. Respiratory Therapist was able to confirm that Resident #214's ability to safely perform her own Tracheostomy care. In-services were initiated on 2/18/2020 at 7 :22 p.m. by the Assistant Director of Nursing with Certified Nursing Assistants (17 Certified Nursing Assistants), Licensed Practical Nurses (10 Licensed Practical Nurses), and Registered Nurses (6 Registered Nurses) on the signs and symptoms of respiratory distress. The information reviewed was provided to them. No Certified Nursing Assistant or Nurse will be allowed to work until they have received the above in-service education. Staff in-services initiated, 2/18/2020, at 7 :30 p.m. by the Director of Nursing with Nursing, Housekeeping, Laundry, Dietary, Maintenance, and Administrative Staff (69 employees), related to Immediate Jeopardy citations and signs and symptoms of Respiratory Distress. In-service education and competency training was provided on 2/18/2020 at 9:20 p.m., by the Respiratory	F 695			

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F 695	Continued From page 64 Therapist, on the policy for deep suctioning with Registered Nurse (6 Registered Nurses) and Tracheostomy care with Licensed Practical Nurses and Registered Nurses (12 Licensed Practical Nurses and 6 Registered Nurses) and copy of the policies and procedures reviewed to ensure that nursing staff will be provided this information. No nurse will be allowed to work until they have received the above in-service education Haven Hall Healthcare Center alleges that, on 2/19/2020, the Immediate Jeopardy regarding Resident #214 has been removed. SA VALIDATIONS The State Agency (SA) validated by record review of the Registered Nurses (RN) schedule dated 02/19/20 revealed RN coverage twenty-four hours a day seven (7) days a week. The SA validated the Quality Assurance meeting was held on 02/17/2020 by record review of sign in sheet contained containing the following signatures for: Medical Director, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Nurse, Care Plan Nurse, Nurse Consultant, Social Worker, and Admission/Medicare Nurse. The SA validated no changes in the facility policy by record review with a revision date of 8/2013. The SA validated the current matrix and census by record review revealed there was no other tracheostomy residents in the facility. The SA validated by record review a	F 695			

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NAME OF PROVIDER OR SUPPLIER HAVEN HALL HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 101 MILLS STREET BROOKHAVEN, MS 39601		
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F 695	Continued From page 65 comprehensive care plan was developed for Resident #214, dated 02/17/2020, with interventions for tracheostomy care, resident's self trach care and RN/RT coverage 24 hours a day seven (7) days a week. The SA validated, on 02/20/2020, by interview the Medical Director revealed that staff was informed to contact the Medical Director for any negative findings. The SA validated that Resident #214 room contained the Ambu bag, oxygen saturation monitor, and the suction machine was at bedside by observation. The SA validated agency contract by record review, dated 02/18/2020, with an initial start date 02/21/2020 on the 3-11 shift. The SA validated the Resident #214 declined observation of trach self care, on 02/20/2020, by interview with the DON. The SA validated by interview and record review the Respiratory Therapist assessed Resident #214, on 02/18/2020 at 6:30 PM, and determined the resident was competent and comfortable to perform her own trach care. The SA validated by record review of the Medication Administration Record the change out of the tubing and mask is to be done on Thursdays. The SA validated all residents (Resident #214 was the only trach resident in the facility) at risk for aspiration related to tracheostomy by interview and record review of the MAR and person-	F 695			

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F 695	Continued From page 66 centered care comprehensive care plan. The SA validated by interview that the RT is available for consultation as needed. The SA validated that Resident #214 was capable of performing self trach care by interview with the RT. The SA validated six (6) RN's was in-serviced by record review of sign in sheet on tracheostomy care, signs and symptoms of respiratory distress. The SA validated 10 Licensed Practical Nurses was in-serviced on tracheostomy care, signs and symptoms, of respiratory distress by interview and sign in sheet and interview. The SA validated thirteen Certified Nursing Assistance was in-serviced on Respiratory Distress signs and symptoms by interview and in-service attendance sign sheet. The SA validated interview and review of in-service attendance sign in sheet that six (6) Housekeeping/Laundry staff were in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet two (2) Human Resources staff was in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet one (1) Occupational Therapist in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet one (1) Account Payable Staff was	F 695			

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F 695	Continued From page 67 in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet one (1) lawn service staff was in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet two (2) Maintenance staff was in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet two (2) Activities staff was in-serviced on Respiratory Distress sign and symptoms. The SA validated by interview and attendance sign in sheet one (1) Medical Record staff was in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet one (10) Physical Therapist Assistant was in-serviced on Respiratory Distress sign and symptoms. The SA validated by interview and attendance sign in sheet one (1) Speech Language Pathologist was in-serviced on Respiratory Distress sign and symptoms.	F 695			
F 725 SS=J	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to	F 725			3/2/20

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F 725	Continued From page 68 provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, record review, review of the Mississippi State Board of Nursing website and the Nurse Practice Act, the facility failed to provide qualified, consistent and sufficient staff, a Registered Nurse (RN) and/or a Respiratory Therapist (RT), 24 hours per day seven (7) days per week to provide deep tracheal suctioning and emergency trach care if needed to ensure respiratory care for one of one (1 of 1) residents reviewed with a tracheostomy (trach), Resident #214. Review of the facility's nursing staff schedule from 01/24/2020 to 02/17/2020 revealed the facility did	F 725	The Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth or the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of Federal and State Law. The Plan of Correction constitutes the facilities credible allegation of compliance. 1. An emergency quality assurance and		

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F 725	Continued From page 69 not have 24 hours per day seven (7) days per week RN or RT coverage for 23 of the 24 days on the 7 AM to 3 PM, 3 PM to 11 PM, and 11 PM to 7 AM shifts. Resident #214 was admitted from the hospital to the facility, on 01/24/2020, with diagnoses of Pneumonia and Chronic Obstructive Pulmonary Disease (COPD) and an established tracheostomy she was taking care of herself at home. Resident #214 was admitted for therapy for weakness and planned to return home. Resident #214 had a Physician's Order dated 01/28/2020 for the resident to provide her own trach care and suctioning as needed to remove excess secretions. The hospital records revealed Resident #214 had a Tracheostomy in 2007 and has paralysis of her bilateral vocal cords and larynx. The facility's failure to provide 24 hour per day RN and/or RT staffing, for possible deep suctioning and other emergency tracheostomy tube care, placed Resident #214 and other possible tracheostomy residents at risk for serious harm, injury, impairment or death. The State Agency (SA) identified the Immediate Jeopardy (IJ), on 02/17/2020, when the facility failed to ensure qualified staff, a RN and/or RT, were present 24 hours per day seven (7) days per week to provide deep tracheal suctioning and emergency trach care if needed for Resident #214. The SA notified the facility's Administrator and Director of Nurses (DON) of the IJ on 02/17/2020 at 7:50 PM. The facility submitted an acceptable Immediate Jeopardy Removal Plan on 02/19/2020. The	F 725	performance improvement meeting was held on 02/17/2020 at 8:14 PM to discuss the failure to provide twenty four hour Registered Nurse or Respiratory Therapist coverage to provide deep suctioning and emergency Tracheostomy care, which placed Resident #214 at risk for serious injury, harm, and/or impairment. Those that were in attendance was the Medical Director, Administrator, Nurse Consultant, Director of Nursing, Assistant Director of Nursing, Minimal Data Set Nurse, Care Plan Nurse, Social Worker, and Admissions/Medicare Nurse. The Policy and Procedure on Tracheostomy Care was reviewed on 02/17/2020 by the Director of Nursing with no policy changes implemented. This policy was revised August 2013. Review of Resident #214's Care Plan was conducted by the Director of Nursing and the Care Plan Nurse on 02/17/2020 at 8:00 PM to include specific needs and staff involved to provide needed services according to the resident's wishes. The review of the Registered Nurse Scheduling was completed on 02/17/2020 at 8:30 P.M. by the Director of Nursing to ensure that the facility had twenty four hour Registered Nurse coverage. We will continue to advertise and hire for Registered Nurses. While we are in the process of recruiting for Registered Nurses to cover twenty four hour care, we will utilize the resources of our Nurse Consultant (Registered Nurse), Director of Clinical Service (Registered Nurse), or our Clinical Respiratory Therapist, event of the Registered		

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F 725	Continued From page 70 facility alleged all corrective actions were completed on 02/19/2020 and the IJ was removed on 02/19/2020. The SA validated the Immediate Jeopardy Removal Plan on 02/20/2020 and determined the IJ was removed prior to exit on 02/20/2020. Findings Include: The facility did not have a policy specific to sufficient staffing or adequate staffing. Review of the facility's policy titled, "Competency of Nursing Staff", dated revised May 2019, revealed that all nursing staff must meet the specific competency requirements of their respective licensures and certification requirements defined by state law. The policy's Interpretation and Implementation included: 1. Is designated to train nursing staff to deliver individualized, safe, quality of care and services for the residents. 2. The following factors are considered in the creation of the competency-based staff development and training program included-Specialized skills or training needed based on the resident population. 4. Competency in skills and techniques necessary to care for residents' needs includes but is not limited to competencies in areas such as: d. Person centered care; f. Basic nursing skills; l. Identification of changes in condition. Review of the Mississippi State Board of Nursing (BON) website, revealed frequently asked questions (FAQs): The BON's statement regarding the LPN's scope of practice with Tracheostomy care revealed, "It is within the scope of practice of the LPN to perform Trach	F 725	Nurses are unable to perform their duties, we will use a staffing agency to fill the need. Effective 02/18/2020, we have a contract in place for staffing agency to provide Registered Nurses. The initial date they will be starting services at the facility will be Friday, 02/20/2020 for the 3-11 shift. They will be trained prior to working on the floor on facility policies and education related to tracheostomy care and deep suctioning by the Director of Nursing. 2. All residents with tracheostomy have the potential to be affected by this deficient practice. The facility identified through record review by the Director of Nursing on 2/17/20 at 9:00 P.M., that Resident #214 is the only resident in the facility that has a Tracheostomy. There are no other residents in the facility with tracheostomy. 3. The Director of Nursing is responsible for scheduling Registered Nurse coverage and ensuring that the facility has twenty four hour Registered Nurse or Respiratory Therapist. Beginning on 02/17/2020, Director of Nursing will ensure the have twenty four hour Registered Nurse coverage or Respiratory Therapist coverage for the facility. The Director of Nursing will monitor the schedule weekly times eight weeks to ensure compliance. 4. The Director of Nursing will immediately notify the Quality Assurance and Performance Improvement Committee at monthly meetings for corrective action if		

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F 725	Continued From page 71 care and suction secretions from the Trach tube. However, it is not within the scope of practice for the LPN to perform deep right main stem suctioning. If deep suctioning is required for a patient, a Registered Nurse (RN) must perform the procedure." Review of the Mississippi (MS) Board of Nursing Laws and Rules Administrative Code Part 2830 Practice of Nursing Title 30: Professions and Occupations Chapter 2, Functions of the Licensed Practical Nurse, (LPN) revealed: Rule 2. 1-LPN Supervision, "The LPN gives nursing care which does not require the specialized skill, judgement, and knowledge required of an RN. Advanced Practice Registered Nurse (APRN), Licensed Physician, or Licensed Dentist." Review of the facility's nursing staff schedule, from 01/24/2020 to 02/17/2020, revealed 23 of the 24 days, the facility did not have RN and/or RT coverage for all shifts, 7 AM to 3 PM, 3 PM to 11 PM or 11 PM to 7 AM to provide deep tracheal suctioning or emergency trach care if needed for Resident #214. Review of the facility's Daily Nurse Staffing sheets, from 02/10/2020 to 02/16/2020, revealed one Registered Nurse (RN) was scheduled for the day shift - 6 AM to 2 PM and 7 AM to 3 PM, and there was no RN scheduled for the evening shift - 2 PM to 10 PM and 3 PM to 11 PM or the night shift - 10 PM to 6 AM and 11 PM to 7 AM. Review of the hospital's admission notes by the Physician revealed, on 01/18/2020, Resident #214 was brought to the hospital by her husband due to alteration in mental status, and the assessment by the physician was Acute	F 725	indicated.		

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F 725	Continued From page 72 Metabolic Encephalopathy. Resident #214 was previously hospitalized for Pneumonia from 01/08/2020 to 01/14/2020. Resident #9's husband brought her back to the hospital, on 01/18/2020 because she was sleeping a lot, and was confused when she was awake since she was discharged on 01/14/2020. The hospital Physician's History Note, dated 01/18/2020, revealed Resident #214 had a tracheostomy in 2007, and has paralysis of her bilateral vocal cords and larynx. On 02/17/2020 at 4:09 PM, an interview and observation revealed Resident #214 had a tracheostomy, and Resident #214 reported they (the facility) told her she would have to take care of her trach herself, and she had taken care of her trach at home for many years. Review of Resident #214's Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/30/2020, revealed the Special Treatments/Programs section was checked for oxygen (O2) use and tracheostomy care. Suctioning was not checked. Resident #214's Basic Interview for Mental Status (BIMS) score was 11, which indicated moderate cognitive impairment. The MDS also revealed Resident #214 did not have any vision, hearing or speech deficits, and was able to make herself understood to others, and she was able to understand others. During an interview with the Administrator and the Director of Nurses (DON), on 02/17/2020 at 4:00 PM, they confirmed the facility did not have RN coverage 24 hours per day seven days per week in the event Resident #24 required deep suctioning or emergency trach care. The DON stated Resident #214 prefers to take care of her	F 725			

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F 725	Continued From page 73 trach herself, and she was doing her trach care at home for years and was providing it herself at the facility. On 02/18/2020 at 3:00 PM, an interview with the Administrator and the DON, confirmed in the event that Resident #214 needed deep suctioning and the RN was not here, the LPN would have to call for an ambulance to transfer her to the hospital. The DON also confirmed it would take the ambulance five (5) minutes to get to the facility and another two (2) minutes to get to the hospital, that would be seven (7) minutes, and could result in possible brain damage. The DON said when Resident #214 was admitted and since her admission she just did not think about 24 hour a day RN coverage to provide deep suctioning or emergency trach care if needed. An interview, on 02/19/2020 at 5:30 PM, revealed the Medical Director was not aware the facility did not have RN coverage to provide deep suctioning if it was needed and that he just assumed they would have coverage that was required. He further stated he would expect the RN to perform the deep suctioning as needed. The Medical Director stated he was trusting the staff to do what was needed to provide care for Resident #214. The Medical Director also revealed he knew the resident was admitted to the facility from the hospital with a tracheostomy and Pneumonia, which could cause further respiratory issues. An interview, on 02/19/2020 at 4:34 PM, revealed the Assistant Director of Nurses (ADON) stated the DON makes the nursing schedules and decides who to admit to the facility. The ADON said she was aware Resident #214 had a	F 725			

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F 725	Continued From page 74 tracheostomy, and without 24 hour a day seven (7) days a week RN coverage the resident was at risk for death. Review of the Face Sheet revealed Resident #214 was admitted by the facility, on 01/24/2020, with the included diagnoses Metabolic Encephalopathy, Chronic Obstructive Pulmonary Disease, Tracheostomy, Paralysis of Bilateral Vocal Cords and Larynx, and Pneumonia. Review of Resident #214's Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/20/2020, revealed the resident required extensive assistance with one person physical assist for bed mobility, transfers, dressing, toileting, personal hygiene and bathing. The facility's accepted Immediate Jeopardy Removal Plan: Haven Hall Healthcare Center Administrator and Director of Nursing were notified of Immediate Jeopardy and Substandard Quality of Care on, 2/17/2020 at 7:50 p.m. related to the facility admitting Resident #214 on 1/24/2020 with a Tracheostomy and (1) Failure to assess resident during routine Tracheostomy care performed per resident, (2) Failure to develop and implement a care plan for the care of resident's tracheostomy, and (3) Failure to provide around the clock Registered Nurse (RN) or Respiratory Therapist (RT) coverage to provide deep suctioning and emergency Tracheostomy care, placed the resident at risk for serious injury, harm, impairment. Immediately upon notification:	F 725			

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F 725	Continued From page 75 The Director of Nursing put in place for Registered Nurse coverage to be 24/7. An emergency Quality Assurance meeting was called on 2/17/2020 at 8:14 PM to discuss (1) Failure to assess resident during routine Tracheostomy care performed per resident, (2) Failure to develop and implement a care plan for the care of resident's tracheostomy, and (3) Failure to provide around the clock Registered Nurse (RN) or Respiratory Therapist (RT) coverage to provide deep suctioning and emergency Tracheostomy care, placed the resident at risk for serious injury, harm, impairment. Those in attendance were the Medical Director, Administrator, Director of Nursing, Nurse Consultant, Assistant Director of Nursing, Minimal- Data Set Nurse, Care Plan Nurse, Social Worker, and Admissions/Medicare Nurse. Policy and Procedure on Tracheostomy Care was reviewed on 2/17/20, by the Director of Nursing with no policy changes implemented. This policy was revised 8/2013. Facility identified through record review by the Director of Nursing on 2/17/20 at 9:00 P.M., that Resident #214 is the only resident in the facility that has a Tracheostomy. Review of Resident# 214's Care Plan was conducted by the Director of Nursing and the Care Plan Nurse developed a plan of care on 2/17/20 at 8:00 p.m, to include specific needs and staff involved to. provide needed services according to the resident's wishes. (1) Potential for complications related to Tracheostomy:	F 725			

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F 725	Continued From page 76 Deep suction as needed for thick or copious amounts of secretions the resident is unable to expel, per Registered Nurse or Respiratory Therapist. If resident becomes de-cannulated, cannula to be replaced using sterile technique, per Registered Nurse or Respiratory Therapist. Respiratory Therapist to assess resident each visit to the facility and will be available for consultation as needed. Assess for signs and symptoms of respiratory distress to include but not limited to labored breathing, cyanosis, low blood pressure, restlessness, dyspnea, decreased oxygen saturations, rattling breath sounds, etcetera, as needed per Registered Nurse or Respiratory Therapist. Notify Medical Director of any negative findings, per Nurse. Keep Ambu bag at bedside, per Nurse or Registered Nurse. Keep oxygen saturation monitor at bedside, per Nurse. Keep suction machine at bedside, per Nurse. (2) At risk for aspiration related to tracheostomy:: Change out tracheostomy tubing and mask weekly on Thursday, per Nurse. Suction tracheostomy as needed using aseptic technique, Resident to perform as needed for increased secretions, per Resident. Tracheostomy care, using aseptic technique every shift, per Resident, Registered Nurse to be in room in case of complications, Registered Nurse. Change out tracheostomy tubing and mask weekly, on Thursday, per Nurse. Resident is to be maintained in an upright or sitting position while eating, per Nurse. Assess for	F 725			

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F 725	Continued From page 77 signs and symptoms of respiratory distress to include but not limited to labored breathing, rapid breathing, cyanosis, low blood pressure, restlessness, dyspnea, decreased oxygen saturation, rattling breath sounds, etcetera, as needed per Registered Nurse and/or Respiratory Therapist. Assess for signs and symptoms of aspirations to include but not limited to fever, cough, shortness of breath, fatigue, etcetera, as needed, per Registered Nurse and Respiratory Therapist. Notify Medical Doctor of any negative findings, per Nurse. Keep Ambu bag at bedside, per Nurse or Registered Nurse. Keep oxygen saturation monitor at bedside, per Nurse. Keep suction machine at bedside, per Nurse. Oxygen saturation taken, every shift, and notify Physician if oxygen saturation is less than 90 percent, per Nurse. (3) Resident prefers to perform her own Tracheostomy care, per Resident. Allow Resident to perform own Tracheostomy care, as desired, with Registered Nurse present, per resident. Honor Residents right to perform own Tracheostomy care, per Nurse. Registered Nurse staffing 24 hours 7 days a week in case of emergency Tracheostomy care needed, per Nurse. Encourage Resident to notify Licensed Practical Nurse or Registered Nurse prior to performing Tracheostomy care, per Nurse. Review of Registered Nurse scheduling was done on 2/17/20 at 8:30 P.M. by the Director of Nursing to ensure that the facility had 24/7 Registered Nurse coverage. We will continue to hire Registered	F 725			

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F 725	Continued From page 78 Nurses. While we are in the process of hiring the Registered Nurses to cover the around the clock Registered Nurse positions, we will reach out and utilize the resources of our Nurse Consultant (Registered Nurse), Director of Clinical Service (Registered Nurse), or our Clinical Respiratory Therapist, in the event one of the Registered Nurses are unable to perform their duties. We have a Contract in place, effective 2/18/2020, with a Staffing Agency for Registered Nurse coverage. The initial date they will be on site for Registered Nurse coverage is, Friday, 2/21/2020, 3/11 shift. They will be trained prior to working on the floor, Friday 2/21/2020, on facility Policies related to Tracheostomy Care and Deep Suctioning by the Director of Nursing. Registered Nurses (6 Registered Nurses) in-serviced per Director of Nursing on 2/17/2020 at 9:00 P.M. on policy for assessing the residents for self care related to Tracheostomy care and suctioning. No nurse will be allowed to work until they have received the above in-service education. Care plan nurse re-in-serviced per Director of Nursing on 2/17/2020 at 9:45 P.M. on the policy for completing comprehensive care plans. This nurse was not allowed to work until she had received the above in-service education. Resident was assessed to ensure that she is able to perform her own Tracheostomy care on 2/18/2020 at 6:30 P.M. per Respiratory Therapist. Respiratory Therapist was able to confirm that Resident #214's ability to safely perform her own Tracheostomy care. In-services were initiated on 2/18/2020 at 7:22	F 725		

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F 725	Continued From page 79 p.m. by the Assistant Director of Nursing with Certified Nursing Assistants (17 Certified Nursing Assistants), Licensed Practical Nurses (10 Licensed Practical Nurses), and Registered Nurses (6 Registered Nurses) on the signs and symptoms of respiratory distress. The information reviewed was provided to them. No Certified Nursing Assistant or Nurse will be allowed to work until they have received the above in-service education. Staff in-services initiated, 2/18/2020, at 7:30 p.m. by the Director of Nursing with Nursing, Housekeeping, Laundry, Dietary, Maintenance, and Administrative Staff (69 employees), related to Immediate Jeopardy citations and signs and symptoms of Respiratory Distress. In-service education and competency training was provided on 2/18/2020 at 9:20 p.m., by the Respiratory Therapist, on the policy for deep suctioning with Registered Nurse (6 Registered Nurses) and Tracheostomy care with Licensed Practical Nurses and Registered Nurses (12 Licensed Practical Nurses and 6 Registered Nurses) and copy of the policies and procedures reviewed to ensure that nursing staff will be provided this information. No nurse will be allowed to work until they have received the above in-service education. Haven Hall Healthcare Center alleges that, on 2/19/2020, the Immediate Jeopardy regarding Resident #214 has been removed. SA VALIDATIONS The State Agency (SA) validated by record review of the Registered Nurses (RN) schedule dated	F 725			

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F 725	Continued From page 80 02/19/2020 revealed RN coverage twenty-four hours a day seven (7) days a week. The SA validated the Quality Assurance meeting was held on 02/17/2020 by record review of sign in sheet contained containing the following signatures for: Medical Director, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Nurse, Care Plan Nurse, Nurse Consultant, Social Worker, and Admission/Medicare Nurse. The SA validated no changes in the facility policy by record review with a revision date of 8/2013. The SA validated the current matrix and census by record review revealed there was no other tracheostomy residents in the facility. The SA validated by record review a comprehensive care plan was developed for Resident #214, dated 02/17/2020, with interventions for tracheostomy care, resident's self trach care and RN/RT coverage 24 hours a day seven (7) days a week. The SA validated, on 02/20/2020 ,by interview the Medical Director revealed that staff was informed to contact the Medical Director for any negative findings. The SA validated that Resident #214 room contained the Ambu bag, oxygen saturation monitor, and the suction machine was at bedside by observation. The SA validated agency contract by record review, dated 02/18/2020, with an initial start date 02/21/2020 on the 3-11 shift.	F 725			

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F 725	Continued From page 81 The SA validated the Resident #214 declined observation of trach self care, on 02/20/2020, by interview with the DON. The SA validated by interview and record review the Respiratory Therapist assessed Resident #214, on 02/18/2020 at 6:30 PM, and determined the resident was competent and comfortable to perform her own trach care. The SA validated by record review of the Medication Administration Record the change out of the tubing and mask is to be done on Thursdays. The SA validated all residents (Resident #214 was the only trach resident in the facility) at risk for aspiration related to tracheostomy by interview and record review of the MAR and person-centered care comprehensive care plan. The SA validated by interview that the RT is available for consultation as needed. The SA validated that Resident #214 was capable of performing self trach care by interview with the RT. The SA validated six (6) RN's was in-serviced by record review of sign in sheet on tracheostomy care, signs and symptoms of respiratory distress. The SA validated 10 Licensed Practical Nurses was in-serviced on tracheostomy care, signs and symptoms, of respiratory distress by interview and sign in sheet and interview. The SA validated thirteen Certified Nursing	F 725			

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F 725	Continued From page 82 Assistance was in-serviced on Respiratory Distress signs and symptoms by interview and in-service attendance sign sheet. The SA validated interview and review of in-service attendance sign in sheet that six (6) Housekeeping/Laundry staff were in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet two (2) Human Resources staff was in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet one (1) Occupational Therapist in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet one (1) Account Payable Staff was in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet one (1) lawn service staff was in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet two (2) Maintenance staff was in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet two (2) Activities staff was in-serviced on Respiratory Distress sign and symptoms.	F 725			

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F 725	Continued From page 83 The SA validated by interview and attendance sign in sheet one (1) Medical Record staff was in-serviced on Respiratory Distress signs and symptoms. The SA validated by interview and attendance sign in sheet one (10 Physical Therapist Assistant was in-serviced on Respiratory Distress sign and symptoms. The SA validated by interview and attendance sign in sheet one (1) Speech Language Pathologist was in-serviced on Respiratory Distress sign and symptoms.	F 725			
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:	F 812			3/2/20

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F 812	Continued From page 84 Based on observation, staff interview, record review, and facility policy review, the facility failed to ensure staff wore hair coverings during meal preparation and to ensure gaskets and doors of the refrigeration equipment were maintained in a sanitary condition to prevent possible cross contamination of food products, for three (3) of four (4) kitchen observations. This deficient practice had the potential to affect all residents who were served food from the kitchen. Findings include: Review of the facility's policy titled, "Cleaning Instructions Refrigerator", dated 09/2004, revealed the equipment was to be maintained in a clean and sanitary condition and included specifically, "Clean gaskets to remove dirt and mildew." Review of the facility's policy titled, "Employee Work Practices", with a revision date of 10/2017, revealed food service employees were to follow sanitary practices to prevent the spread of food borne illness. The procedure of the policy included that employees were to maintain their hair to prevent the transfer of pathogens to food and employees and were to wear a clean hat or other hair restraint in the food production area. The restraint was to cover all hair to prevent the hair from contacting exposed food. An observation, with the Dietary Manager (DM), on 02/17/2020 at 10:45 AM, revealed the DM had on a hair net that did not cover all of her hair as she walked through the food preparation areas and Dietary Staff (DS) #6's hair net did not completely cover her hair while preparing beverages for the lunch meal in the food	F 812	The Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth or the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of Federal and State Law. The Plan of Correction constitutes the facilities credible allegation of compliance. 1. On February 22, 2020, the Dietary manager and the dietary staff placed appropriate hair nets on to ensure all hair is adequately covered. On February 17, 2020, the length of the gasket and the edge of the door on the walk in cooler was thoroughly cleaned to remove all thick black buildup appearing substance. On February 17, 2020 a cleaning list was revised to include routine cleaning of the walk in cooler and gaskets. On February 17, 2020 the Director of Nursing in-serviced the Dietary Manager on facility policy of Employee Work Practices. On 02/18/2020, A 100% inservice was conducted by the Dietary Manager on the Facility's policy of Cleaning Instructions Refrigerator and Employee Work Practices. No dietary worker will be allowed to work without being inserviced. Dietary manager updated the kitchen cleaning schedule to include routine cleaning of the walk in cooler and gaskets. 2. On February 17, 2020 the facility census was 74. All 74 residents have the		

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F 812	Continued From page 85 preparation area. Further observation revealed the entire length of the gasket (seals) and the edge of the door of the walk-in cooler (refrigerator) had a thick black buildup appearing substance. The walk-in freezer had an area approximately 17 inches in length along the gasket and edge of the door of a thick black buildup appearing substance. An observation of the facility's kitchen, on 02/18/2020 at 9:03 AM, revealed the DM was wearing a hair net that did not cover all of her hair, while in the food preparation area. The DM and DS #1 proceeded to stock the walk in-cooler and freezer with a shipment of food supplies. The entire length of the gasket (seals) and the edge of the door of the walk-in cooler (refrigerator) had a thick black buildup appearing substance, and the walk-in freezer had an area approximately 17 inches in length along the gasket and edge of the door of a thick black buildup appearing substance. While stocking the walk-ins both staff were touching the discolored black gaskets and sides of the walk-ins. The DM and DS #1 were observed holding doors open while removing a cart of beverages, and stocking food into the walk-ins. An observation of the facility kitchen, on 02/18/2020 at 11:30 AM, revealed DS #1 was wearing a hair net with a hole approximately 6 centimeters (cm) x 6 cm with hair clearly visible and uncovered in the food preparation area, and the Dietary Manager was wearing a hair net that did not cover all of her hair in the food preparation area. The gaskets on the walk-in freezer and walk-in refrigerator had not been cleaned. A review of the facility's Cleaning Schedule	F 812	potential to be at risk from this deficient practice. 3. The dietary manager is responsible for ensuring compliance with the Facility policy of "Clean gaskets to remove dirt and mildew" and Employee Work Practices. Beginning 02/18/2020, the Dietary manager and/or Cook will monitor daily times eight weeks to ensure compliance. 4. Any adverse findings will be forwarded by the Dietary Manager to the Quality Assurance and Performance Improvement Committee for further action, as indicated.		

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F 812	Continued From page 86 documentation revealed the walk-in refrigerator and the walk-in cooler were to be cleaned on Saturdays by "Cook C". The documentation included handwritten tasks on separate notebook paper starting on 11/19/2019, that were initialed by the kitchen staff. Cleaning the walk-in cooler and freezer were not documented or initialed in the handwritten tasks. During an observation and interview, on 02/18/2020 at 12:45 PM, with the DM and DS#1, DS#2, DS#3, DS#4, DS#5, DS#6, and DS#7, revealed the DM, DS#1, and DS#3 had hair coverings that did not completely cover their hair. All eight staff agreed the hair coverings worn by the DM, DS #1, and DS #3, did not adequately cover their hair. The walk-in cooler and walk-in freezer were observed by all staff at this time and DS#1 and DS#4 stated the blackened areas on the gaskets and edge of the doors appeared to be mold. The DM stated it looked like mildew. All staff agreed the amount of the black buildup most likely happened over a period of time, more than a month. No staff recalled the last time they cleaned the doors or gaskets, but all stated they had cleaned the walk in-cooler and freezer. DS #4 stated, "we usually concentrate on the inside". The DM stated the black buildup could contaminate the food and cause residents to get sick. DS #4 stated that the cleaning schedules for the kitchen equipment were posted on the bulletin board and that everyone who worked in the kitchen was responsible for cleaning the walk-in refrigerator and freezer. The DM confirmed this by stating the cleaning schedule rotates. All staff stated they had not noticed the doors or gaskets needing to be cleaned. An interview, on 02/20/2020 at 11:25 AM, with the	F 812			

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F 812	Continued From page 87 DM confirmed the hair nets were not adequately covering dietary staff's hair, including her own. The DM stated that normally hair is adequately covered by the hair coverings available to staff, however, several staff members including herself had gotten their hair styled for the Valentine's Day holiday and the hair coverings weren't large enough to cover the extra braids and hair up-dos with braids and buns. The DM stated she didn't think the hair would fall out into the food. The DM stated she was responsible for making sure the cleaning schedules were done and she would check by observation. The DM stated she had honestly not checked to make sure each cleaning schedule task was written and initialed on the notebook paper staff were using to document their cleaning tasks. The DM stated she had told staff in a recent in-service on the cleaning schedule that if the cleaning task wasn't documented "it didn't count". She felt that looking behind the staff was adequate to ensure tasks were done and she had not really had time to check the handwritten tasks with staff initials. The DM stated she had just not noticed doors or seals being dirty. The DM stated she did not recall having an in-service on hair coverings since she had started working at the facility six months ago. A review of the in-services completed in the past year confirmed there was an in-service in December 2019 with the subject of "Cleaning Schedule" but no in-services with a topic of ensuring hair was adequately covered.	F 812			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255221	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/24/2020
NAME OF PROVIDER OR SUPPLIER HAVEN HALL HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 101 MILLS STREET BROOKHAVEN, MS 39601		
(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) COMPLETION DATE
K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/26/2020

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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E 000	Initial Comments ***** Survey conducted on 02/27/20 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were cited.	E 000			

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