MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NH08VC	A. BUILDING: _____ B. WING _____	02/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VAIDEN COMMUNITY LIVING CENTER	868 MULBERRY STREET VAIDEN, MS 39176

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 2/7/22 through 2/9/22. During the survey, the SA determined the facility was not in compliance with the Minimum Standard for Institutions for the Aged or Infirm, state licensure requirements at M. The SA cited deficiencies at M 655 related to respiratory equipment. The facility had a census of 50 at the time of the survey and held a license for 60 beds.	M 000		
M 655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This Statute is not met as evidenced by: Level II Based on observation, resident and staff interviews, facility policy review and record review the facility failed to date the oxygen (O2) tubing, failed to provide storage bags for oxygen tubing and failed to place oxygen in use signage on the entrance door to a resident's room, for two (2) of four (4) residents reviewed for oxygen therapy. Resident #4 and #247 Findings include: Review of the facility policy titled, "OXYGEN	M 655	M0655 1. Resident #4□'s oxygen tubing was replaced, dated and a storage bag was provided, and signage was placed on the door on 02/08/22. Resident #247□'s oxygen tubing was replaced, dated and a storge bad was provided, and signage was placed on the door on 02/08/22. 2 Thirteen (13) of fifty (50) Residents have a physician□s order for oxygen have the potential to be affected by the deficient	3/7/22

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M 655	Continued From page 1 ADMINISTRATION," dated August 25, 2014, revealed "Purpose: The purpose of this procedure is to provide guidelines for safe oxygen administration ... Steps in the Procedure: 2. Place an "Oxygen in Use" sign on the outside of the room entrance door..." The facility policy did not include information regarding dating of the O2 tubing and the humidifier bottle or storage of oxygen tubing in a bag. Resident #4 An observation and interview, on 02/07/22 at 11:29 AM, revealed Resident #4 did not have a date on her O2 tubing or a storage bag for the O2 tubing. There was no O2 in use signage on the outside of the entrance door. Resident #4 revealed that her O2 tubing had never been placed in a bag when she was not using it. Record review of the Physician's Orders, revealed Resident #4 had a physician's order for O2 at 2 liters (L), by nasal cannual (BNC), as needed (PRN), dated 1/30/22. Record review of a Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/5/21 for Resident #4 revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating Resident #4 is cognitively intact. Resident #247 An observation and interview, on 02/07/22 at 11:29 AM, revealed Resident #247 did not have a date on her oxygen (O2) tubing, no storage bag for the O2 tubing, and no O2 in use signage on the outside of the entrance door. Resident #247 revealed that her O2 tubing had never been	M 655	practice. 3. The RN Supervisor/Director of Nursing will audit any physician's orders for oxygen weekly to ensure the oxygen policy is being followed starting 02-21-2022. Residents that have a physician□s order for oxygen have been audited to ensure Resident□s oxygen tubing is dated on assigned date and bagged when not in use and ensured signage on the resident□s door on 02-21-2022. An inservice was done on 02-16-2022 with the nursing staff by the Director of Nurses on the facility□s Oxygen (O2) Policy and completed on 03-03-2022. The RN Supervisor/Director of Nursing will audit three (3) Residents on oxygen weekly for eight (8) weeks to ensure the oxygen policy is followed beginning on 02-21-2022. Findings will be corrected immediately. 4. The Director of Nursing will report findings to the Quality Assurance Committee for a period of weekly times eight (8) weeks beginning on 02-24-2022 and reported monthly to the Quality Assurance and Performance Improvement Committee (QAPI) beginning on 0224-2022 and as needed for review, revision, and/or resolution to the plan.	

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M 655	Continued From page 2	M 655		

placed in a bag when she was not using it.

Record review of the Physician's Orders revealed Resident #247 had a physician's order for O2, continuously, at 2 liters (L) per minute, by nasal cannula (BNC) dated 2/9/22.

Record review of a Five (5) Day Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/3/22, for Resident #247, revealed a Brief Interview for Mental Status (BIMS) score of 08, indicating Resident #247 has moderately impaired cognition.

An interview on 2/8/22 at 3:34 PM, with Registered Nurse (RN)#1, revealed the process for set up of O2 in a resident's room included dating on the O2 tubing, on the humidifier bottle, and a storage bag had to be provided and dated for the O2 tubing and an O2 in use sign had to be place on the outside of the resident's entrance door. RN #1 confirmed there was no O2 signage outside Resident #4 and #247's entrance door. RN #1 revealed Resident #4 and Resident #247 were possibly at risk for a respiratory infection because the O2 tubing was not dated, which would have indicated the last time the O2 tubing was changed, and a storage bag was not provided for the O2 tubing when it was not being used by Resident #4 and #247.

An interview, on 2/8/22 at 3:47 PM, with the Director of Nursing (DON), revealed she was not aware Resident #4 and #247 did not have a date on their O2 tubing, a storage bag for O2 tubing, and that there was no O2 in use signage outside Resident #4 and #247's entrance door. The DON revealed Resident #4 and #247could have been placed at risk for a respiratory infection because they did not have a date on their O2 tubing and

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M 655	Continued From page 3 did not have a storage bag provided for the O2 tubing. The DON revealed the O2 in use signage should have been posted outside Resident #4 and #247's entrance door to alert all staff and visitors to be aware that there was O2 being used in the room and to use appropriate safety precautions.	M 655		