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
	25WC	A. BUILDING: _____ B. WING _____	C 03/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	49 WILLOW CREEK LANE BYRAM, MS 39272

(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 a Complaint Investigation (CI), MS #18598, MS #18600 and MS #18232 at the facility from 3/23/22 to 3/24/22. During the survey, the SA determined the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm and cited M505. The facility held a license for 88 beds, with a census of 78.	M 000		
M 505	45.17.3 All rights and responsibilities... All rights and responsibilities specified in paragraph (1) through (16) of Section Rule 45.17.2, as they pertain to (1) a resident adjudicated incompetent in accordance with State law, (2) a resident who is found by his physician or nurse practitioner/physician assistant to be medically incapable of understanding these rights, or (3) a resident who exhibits a communication barrier, devolve to and shall be exercised by the resident's guardian, next of kin, sponsoring agencies, or representative payee (except when the facility is representative payee). This Statute is not met as evidenced by: Level II Based on interviews, record review, and facility policy review, the facility failed to notify the Responsible Representative (RR) for a resident with cognitive impairment of an abnormal lab result, new infection, and new diagnosis related to COVID-19 for one (1) of four (4) residents reviewed. Resident #2 Findings Include:	M 505	This plan of correction is in response to the statement of deficiencies demonstrates our good faith and desire to continue to improve the quality of care and services rendered to our residents. However, submission of the plan of correction is not an admission that a deficiency exists or that one was cited correctly. #1 □ Nurses were in-serviced on 4-5-22, regarding Change in Condition/Status	4/29/22

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M 505	Continued From page 1 Record review of the policy titled "NOTIFICATION OF A CHANGE IN A RESIDENT CONDITION/STATUS" dated 'February 14, 2017' stated "POLICY: The attending physician/responsible party will be notified of a change in resident's condition, per standards of practice and Federal and/or State Regulations ... Responsibility: All Licensed Nursing Personnel ...Procedure: Guideline for notification of physician/NP/PA/responsible party ...A. Significant change in/or unstable vital signs ...E. Symptoms of any infectious process ...F. Abnormal Lab, X-Ray, and other diagnostic tests ...I. Change in level of consciousness ...Document in the Nurses notes: A. Resident change in condition B. Physician notification C. Notification of responsible party." Record review of facility policy titled "NOVEL Coronavirus Prevention and Response" dated 9/09/21, revealed Step 7 stated "7. Procedure when COVID-19 is suspected or confirmed: a. Notify physician, Director or Nurse, Infection Preventionist, and family.". On 3/23/22 at 8:56 AM, during a telephone interview with Resident #2's daughter who is the RR, she stated she had not been notified that her mother had tested positive for COVID-19 on 1/18/22. She said she had gone to the facility for a visit on 1/19/22 and her mother was non-responsive. She expressed that she had been" shocked" to find out her mother had tested positive for COVID-19 on 1/18/21 and that her change of condition was a result of that infection. She stated her mother was transferred to the hospital the same day (1/19/22) due to low oxygen saturation resultant of the COVID-19 infection. She stated that her mother had recovered and was currently residing in a different	M 505	Notification Policy (Notification Policy) by the Assistant Director of Nursing (ADON). Effective 4-5-22, orientation training on Notification Policy was updated and the policy was added as an annual training topic. #2 This alleged deficient practice has the potential to affect all residents. #3 Effective 3-28-22, Medical Records began monitoring notification of the Responsible Party (RP) for change in condition/status. Daily monitoring of all new orders, incident/accident reports, x-ray and non-routine lab reports was initiated 4-5-22 by the Director of Nurses (DON). The DON will assign the Registered Nurse Supervisor (RNS) or the ADON to take corrective action if any instances of failure to notify are identified. Corrective action may include but is not limited to education, coaching and/or personnel action with the identified nurse as well as follow-up with the resident□s RP. Action taken to address omissions are documented and reported back to the DON. Results of the monitoring are submitted weekly to the Administrator and weekly reports are then summarized and submitted to the Quality Assurance Performance Improvement (QAPI)Committee. #4 This Plan of Coorection was reviewed and approved by QAPI in an ad hoc meeting held on 4-13-22. The findings of the daily monitoring will be reviewed by	

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M 505	Continued From page 2 long term care facility. Record review of the "Point of Care Testing Results" revealed a test date of 1/18/22, specimen source as a nasal swab, and test results were positive for Resident #2. Record review of the facility's "Departmental Notes" revealed a "Nurse Note" dated 1/18/2022 at 4:27 PM, "Resident on (sic) is now covid (COVID-19) isolation Day 1. Tested today ..." There was no indication that RR was notified in the nurses note on 1/18/2022 of resident's abnormal lab results, new diagnosis, and new infection. Record review of the facility's "Departmental Notes" revealed a "Nurse Note" dated 1/19/2022 at 3:53 PM, "Resident noted with decreased O2 (Oxygen) sat (saturation) 73% and elevated temp (temperature) 100.8 ...received new order to transfer resident to (Proper Name of Acute Hospital) for further eval (evaluation). Writer notified RP (Responsible Party). RP verbalized understanding. Writer informed RP that res (resident) is covid (COVID-19) positive. RP 331 (3:31) PM ..." which indicated the RR was informed on 1/19/2022 of resident's abnormal lab result, new diagnosis, and new infection that occurred on 1/18/2022. On 3/23/22 at 1:00 PM, an interview with the Director of Nursing (DON) revealed Resident #2 tested positive for COVID-19 on 1/18/22. The DON stated there was no documentation of the RR for Resident #2 having been notified of the resident's COVID-19 positive test results or change of condition on 1/18/22, or any attempt to contact the RR. She stated that on 1/19/22, the staff were responsive to the needs of the resident	M 505	QAPI on 4-29-22. If substantial compliance is found, the frequency of monitoring will be decreased from daily to weekly for a period of two months. The sample will consist of two resident records from the Rehab Unit, two from the Dementia Unit and four from the Long-term Unit. Data from weekly monitoring will be reviewed in the May and June QAPI meetings at which time monitoring will decrease from weekly to monthly utilizing the same sample method as described above. Monthly monitoring will continue until the QAPI committee determines this indicator is no longer a high risk and/or high frequency event.	

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M 505	Continued From page 3	M 505		

upon her positive COVID-19 test results and change of condition. She stated the staff were working to care for Resident #2 and notification of the RR would have been one of the next steps in that process, but the staff had not reached that step when the RR for Resident #2 arrived at the facility, and she was notified in person of the resident's change of condition and the positive COVID-19 test result. The DON confirmed the positive COVID-19 test results qualified as an abnormal lab test result, as well as an infection and new diagnosis for Resident #2. The DON confirmed that notification of the RR for abnormal lab test results, new infections or diagnosis were included in the facility policy which required the notification of the responsible representative. She denied knowledge of why there was no documentation of notification or attempt to notify the RR for Resident #2.

On 3/24/22 at 4:00 PM, during an interview, the Administrator stated she tried to telephone the RR for Resident #2 "on the 19th to apologize" because she said she understood the RR was upset about not being notified of her mother's positive COVID-19 results on 1/18/22.

Record review of the 'Face Sheet' for Resident #2 revealed she was admitted by the facility on 4/14/21 with an admitting diagnosis of Encephalopathy. She also had diagnoses including Latent Tuberculosis, Hypertension, Diabetes, and Dementia.

Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/19/21 revealed Resident #2 had a BIMS score of 8, which indicated she had moderate cognitive impairment.