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
	25MA	A. BUILDING: _____ B. WING _____	C 04/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANHATTAN NURSING AND REHABILITATION CENTI	4540 MANHATTAN RD JACKSON, MS 39206

(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 #18381, MS #18439, MS #18576, and MS #18645 at the facility from 3/29/2022 through 4/1/2022. During the survey, the SA determined the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm. MS #18381, MS #18439 and MS #18645 were substantiated for insufficient staffing and cited M225. MS #18657 was unsubstianted.	M 000		
M 225	45.4.1 Nursing Facility Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements: 1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio. 2. Each facility shall have the following licensed personnel as a minimum: a. Seven (7) day coverage on the day shift by a registered nurse. b. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day shift and be responsible for all nursing services in the facility. c. Facilities of one-hundred eighty (180) beds or	M 225		5/9/22

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M 225	Continued From page 1 more shall have an assistant director of nursing services, who shall be a registered nurse. d. A registered nurse or licensed practical nurse shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse. e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse. f. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse. 3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements. 4. There shall be at least two (2) employees in the facility at all times in the event of an emergency. This Statute is not met as evidenced by: Level II Based on staff interviews and record review, the facility failed to maintain 2.80 hours of direct nursing care per resident per 24 hours for six (6) out of 35 days reviewed for staffing. Findings:	M 225	M-225 1. No Residents had negative outcomes from this deficient practice. On 04/01/2022, the Director of Nursing Services reviewed the 24 Hour Reports, Nurses Notes and Accident Reports for the dates of 12/5/21, 12/12/21, 12/26/21, 12/31/21, 01/01/22 and 01/02/2022.	

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M 225	Continued From page 2 On 3/31/22 at 2:00 PM, in an interview with Administrator revealed, the facility uses the Minimum Standards for Institutions for the Aged or Infirm Policy for staffing requirements at the facility. A record review of the facility's staffing grid provided to the State Agency (SA) revealed the facility had less than the state standards for staffing ratio for six (6) days, which were identified by the SA as all but one (1) of the days occurred on a weekend. On 12/5/21 (Sunday), the ratio was 9 nurses and 8 Certified Nursing Assistants (CNAs) for 7-3 shift, 7 nurses and 11 CNAs for 3-11 shift, and 4 nurses and 8 CNAs for 11-7 shift with the census at 156, which equals a ratio of 2.41. On 12/12/21 (Sunday), the ratio was 6 nurses and 8 CNAs for 7-3 shift, 7 nurses and 12 CNAs for 3-11 shift, and 6 nurses and 7 CNAs for 11-7 shift with the census at 158, which equals a ratio of 2.32. On 12/26/21 (Sunday), the ratio was 6 nurses and 13 CNAs for 7-3 shift, 7 nurses and 9 CNAs for 3-11 shift, and 7 nurses and 11 CNAs for 11-7 shift with the census at 162, which equals a ratio of 2.61. On 12/31/21 (Friday), the ratio was 10 nurses and 13 CNAs for 7-3 shift, 6 nurses and 8 CNAs for 3-11 shift, and 3 nurses and 8 CNAs for 11-7 shift with the census at 162, which equals a ratio of 2.37. On 1/1/22 (Saturday), the ratio was 12 nurses and 11 CNAs for 7-3 shift, 6 nurses and 9 CNAs for 3-11 shift, and 6 nurses and 10 CNAs 11-7 shift with the census at 162, which equals a ratio at 2.66. On 1/2/22 (Sunday), the ratio was 6 nurses and 9 CNAs for 7-3 shift, 7 nurses and 10 CNAs for 3-11 shift, and 7 nurses and 8 CNAs for 11-7 shift with the census at 161, which equals a ratio at 2.33. These dates have a staffing ratio that are below the state standards of 2.80 hours of direct	M 225	2. All Residents have the potential to be affected. 3. An In-Service was conducted on 04/01/2022 by the Vice President of Operations with the Executive Director and the Director of Nursing Services, both of who are responsible for maintaining the Direct Care PPD's, on ensuring the facility will maintain 2.80 Hours of Direct Nursing Care Per Resident per 24 Hours. All staffing hours will be placed onto the daily staffing grid. 4. The Director of Nursing Services and or the Executive Director initiated an Audit 5 times Weekly for 4 Weeks beginning 04/01/2022 to ensure the facility maintains 2.8 Hours for Direct Nursing Care to include Weekend Hours to be reviewed prior to the weekend. Any concerns will be immediately addressed. The Executive Director will forward the results of the Audits to the Quality Assurance Committee at the completion of the 4 week auditing period. The Quality Assurance Committee will determine the frequency or discontinuation of the Audits based upon the results achieved.	

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M 225	Continued From page 3 nursing care per resident per 24 hours. On 3/30/22 at 9:00 AM, during an interview with the Director of Nurses (DON), she confirmed the facility was below the required staffing ratio for six (6) out of 35 days. The DON verified the staffing ratio was under the required 2.80 hours of direct nursing care per resident per 24 hours on 12/5/21, 12/12/21, 12/26/21, 12/31/21, 1/1/22, and 1/2/22.	M 225		