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
	02AC	A. BUILDING: _____ B. WING _____	03/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS CARE CENTER OF ALCORN COUNTY, INC-SNF	3701 JOANNE DRIVE CORINTH, MS 38834

(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 03/28/22 through 03/31/22 along with Complaint Investigations (CI) MS00018373, MS00018327, MS00017878 and MS00017936. During the survey the SA found that the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm. The SA cited M640 related to a fall from a mechanical lift. MS00017878, MS00018373, MS00018327 and MS00017936 were not substantiated. The facility held a license for 106 beds and had a census of 84.	M 000		
M 640	45.21.8 Accidents Accidents. The facility shall ensure that the residents ' environment remains as free of accident hazards as possible, and adequate supervision shall be provided to prevent accidents. If an unexplained accident occurs, this injury must be investigated and reported to appropriate state agencies. This Statute is not met as evidenced by: Level II Based on resident and staff interview, facility policy review and record review the facility failed to ensure that a resident was free from falls during a transfer for one (1) of three (3) fall investigations reviewed. Resident #22. Findings include: A review of facility policy titled "Modified Lifting Policy", undated, revealed, "(Proper name of	M 640	M-640 1) Resident #22 suffered no negative effects from the improper use of the lift. Certified Nursing Assistant #3, Certified Nursing Assistant #4, and Certified Nursing Assistant #5 were in-serviced on the proper placement of the Vander Lift Sling Straps by the Director of Nursing on 1/26/22 and 04/20/22. 2) All residents who require Vander lift transfers have the potential to be affected. 3) A step by step “Vander Lift Check Off	5/20/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	02AC	A. BUILDING: _____ B. WING _____	03/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS CARE CENTER OF ALCORN COUNTY, INC-SNF	3701 JOANNE DRIVE CORINTH, MS 38834

(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 640	Continued From page 1 facility) will provide a safe work environment for resident care areas by providing and requiring the use of safety materials, equipment, and training designed to prevent personnel and resident injury." Record review of the "Proper Name" Skilled and Look Back Documentation dated 1/26/22, revealed that Resident #22 sustained a fall from a mechanical lift during transfer. An interview on 03/28/22 at 11:55 AM, with Resident #22 revealed she had a fall from the lift when being moved. She stated the staff was moving her in the lift and she was dropped on the floor. She stated she was sent to the hospital and returned to the facility. An interview on 3/30/22 at 12:00 PM, with the Director of Nursing revealed Resident #22 had a fall from the lift and the incident occurred when the staff did not cross the lift pad's straps on the Vandergard lift and the resident slid through the opening between the two straps. She stated the resident landed on her knees and did not hit her head. She revealed there was a miscommunication and misinterpretation of the technique for using the lift and pad. She stated the Certified Nursing Assistant (CNA) Supervisor (CNA #5) had told the CNAs to not cross the straps and when telling this she was meaning the loop straps on the pad, not the two long pad straps that support the resident, but CNA #3 and CNA #4 misunderstood and thought she meant the pad straps, so they did not cross and the resident slid through. An interview on 3/31/22 at 10:25 AM, with CNA #3 revealed Resident #22 was in the bed and they were going to transfer her to the chair for	M 640	"was developed on 04/20/22 by the Director of Nursing and the Assistant Director of Nursing utilizing Manufacturer's instruction. The Staff Development Coordinator initiated education on 04/20/2022 "Vander", related to using the Vander lift to transfer Residents. A completion rate of 100% was achieved by 04/22/2022. Vander Lift Check-Offs by the Director of Nurses, Assistant Director of Nursing and Quality Assurance Nurse, were initiated with Nursing Staff on 04/20/2022 and completed on 4/26/22 to ensure proper placement of Vander Lift Sling Straps. "Vander Lift Check Off "will be conducted on hire and annually. 4) A Quality Assurance Committee meeting was conducted 4/4/2022 at 9:00AM to 9:25AM to review the possible deficiencies relayed during the exit with Surveyors. Beginning the week of 04/20/2022, the Quality Assurance Nurse will audit four (4) Vander Lift transfers weekly times four (4) weeks, followed by monthly for three (3) months, then quarterly ongoing using Vander lift Transfer Audit to validate proper procedure/technique. Audit findings will be brought to the Quality Assurance and Performance Improvement Coordinator weekly upon completion. The Quality Assurance and Performance Improvement Coordinator will make report monthly to the Quality Assessment and Assurance Committee beginning 05/18/2022, and monthly ongoing. The Quality Assurance Committee will review findings and make recommendations and changes as needed to ensure continued compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	02AC	A. BUILDING: _____ B. WING _____	03/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS CARE CENTER OF ALCORN COUNTY, INC-SNF	3701 JOANNE DRIVE CORINTH, MS 38834

(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 640	Continued From page 2	M 640		

therapy. She stated she and CNA #4 were at the bedside and they discussed whether or not the proper procedure was to cross the straps and they thought they were instructed not to cross them and this led to the accident. She stated they lifted the resident and had begun swinging her around and she was still above the bed, but she slipped through the opening and landed on the floor on her knees but she did not hit her head. She stated the resident was sent to the emergency room for evaluation and returned to the facility without injury. She stated "we did the wrong thing and learned the hard way" on proper use. She stated she had been in-serviced and had used the lift before without incident but this time they "made a mistake and did it the wrong way."

A phone interview on 3/31/22 at 12:05 PM, with the CNA Supervisor (CNA #5) revealed she did not witness the incident, but had trained CNAs on the proper technique to use the lift. She stated they were trained to use the pad underneath the resident with the pad legs crossed and are instructed to position the resident in a seating type position during lift. She stated two staff members are required for lift use. She stated once the lift pad with crossed leg pads is in place, the pad is attached to the lift and the resident is lifted and transferred to the chair. She stated the crossed legs of the sling pad prevents the resident from sliding through and prevents shearing, tearing, or pinching of resident's skin. She stated she was told that CNA #3 and CNA #4 misunderstood the instructions. She stated they were trained before and after incident.

A phone interview on 3/31/22 at 12:28 PM, with CNA #4 revealed she and CNA #3 were in Resident #22's room to get her up for therapy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	02AC	A. BUILDING: _____ B. WING _____	03/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS CARE CENTER OF ALCORN COUNTY, INC-SNF	3701 JOANNE DRIVE CORINTH, MS 38834

(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 640	Continued From page 3	M 640		

She stated they were both at the lift and they put the pad under the resident without the pad legs crossed. She stated they lifted the resident off of the bed and as they were about to rotate to put her in chair, the resident slid through the opening. She stated the resident caught herself with her arms and landed on her knees. The resident was sent to the emergency room to be checked and she did not have an injury. She stated she was trained before and after the incident.

An interview on 3/31/22 at 2:45 PM, with the DON confirmed the facility failed to ensure the safety of the resident during a lift transfer due to improper training. She confirmed the resident could have sustained an injury due to the improper lift technique used.

A record review of an in-service titled, "CNA - Safely Moving Residents - Lifting and Transferring", dated 11/17/2021 and an in-service titled "Mechanical Lifts" dated 11/23/2021 revealed CNA #3 and CNA #5 Supervisor attended these. A record review of "CNA/Student Clinical Skills Check Off" revealed CNA #4 completed skill check off for "Transfer Using Vander Lift" on 12/14/2021.

A record review of Resident #22's Facesheet list of diagnoses include Nontraumatic Subarachnoid Hemorrhage, Cerebral Infarction, Hemiplegia and Hemiparesis following Nontraumatic Intracerebral Hemorrhage affecting right dominant side, Hypertension.

A record review of the most recent Minimum Data Set (MDS) Section C dated 1/13/22, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 12, indicating the resident was mildly impaired cognitively.

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
	02AC	A. BUILDING: _____ B. WING _____	03/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS CARE CENTER OF ALCORN COUNTY, INC-SNF	3701 JOANNE DRIVE CORINTH, MS 38834

(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