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
	39LC	A. BUILDING: _____ B. WING _____	05/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWRENCE CO NURSING CENTER	700 JEFFERSON STREET SOUTH/PO BOX 398 MONTICELLO, MS 39654

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M 000	Initial Comments The State Agency (SA) determined during an annual recertification survey, conducted from 5/13/19-5/16/19, the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm with deficiencies cited at M620 and M655. The census was 56 at the time of survey and the facility held a license for 60 beds.	M 000		
M 620	45.21.4 Urinary incontinence Urinary incontinence. Residents with urinary incontinence shall be assessed for need of bladder retraining program. An indwelling catheter will not be used unless the resident ' s clinical condition indicates that catheterization is necessary. These residents shall receive treatment and services to prevent urinary tract infections. Based on observation, staff interview, record review, and facility policy review, the facility failed to provide an anchoring device to prevent possible trauma to the bladder for one (1) of two (2) residents observed during catheter care, Resident #49; and failed to provide catheter care in a manner to help prevent possible spread of infection for (1) of two (2) residents observed during catheter care, Resident #2. Findings include: A review of the facility's policy titled "Perineal Care" with a latest revision date of 10/18, revealed while performing perineal care, secure catheter tubing to one (1) leg without causing traction of the urethra. Do not let the tubing cause traction on the urethra at any time. Re-secure the tubing to the resident's legs once it	M 620	It is the policy of this facility that residents receive appropriate treatment and services for urinary incontinence. Resident #2 and Resident #49 were assessed by the Director of Nursing (DON) to receive proper catheter care including proper application of the anchoring device on 5/16/19. An assessment of all residents with a catheter, three (3), performed 5/16/19 by DON indicated no adverse outcomes from the deficient occurrence. All residents with a catheter have the potential to be affected by such a deficient practice. On 5/16/19, DON assessed all residents with a catheter, a total of three (3) residents, and found no adverse	6/13/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/18/19

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M 620	Continued From page 1 has been cleaned. The policy also revealed to start at the meatus and wash the tubing in a circular motion away from the body about four (4) to five (5) inches. The policy also stated to wash the genital area, moving from front to back using a clean portion of the wash cloth with each wipe. Resident #49 On 5/15/19 at 4:36 PM, observation of catheter care revealed Resident #49 lying in bed with his eyes open and alert. Certified Nursing Assistants (CNAs) #1 and #2 performed catheter care. Resident #49 was noted not to have a catheter securing device in place. CNA #2 washed, rinsed and dried the resident's penis and groin areas. Both CNA #1 and CNA #2 then turned the resident onto his right side while the catheter drainage bag remained on the opposite side of the bed, and cleaned the resident's buttock areas, causing possible traction to the tubing. On 5/15/19 at 4:54 PM, an interview with LPN #1 revealed the CNAs should have taken the catheter drainage bag to the other side when they positioned the resident onto his right side to keep it from pulling. She stated the resident should have had a strap to his leg (anchoring device) to help prevent the tubing from pulling and causing trauma to the urethra. On 05/16/19 at 11:45 AM, an interview with the Director of Nursing (DON) revealed she definitely wished that CNA #1 and CNA #2 would have moved that bag (referring to the catheter drainage bag). She also stated the catheter strap should have been on the thigh to keep the catheter tubing from pulling and/or causing trauma. Resident #2	M 620	effects of such a deficient practice. CNA #1 and CNA #2 received 1:1 inservice training 5/15/19 by the Staff Development Coordinator (SDC) on proper catheter care including cleaning procedures and catheter tube/bag positioning to avoid traction. Nursing staff were inserviced by the SDC on 5/15/19 to follow proper procedures and technique when rendering catheter care and again on 6/13/19. Review inservices of peri-care and catheter care procedures will be conducted quarterly for nursing staff for one (1) year. Beginning 5/17/19, SDC or DON will observe two (2) residents receive catheter care per day, five (5) days per week for four (4) weeks then two (2) residents catheter care, one (1) time per week for two (2) months and then two (2) residents catheter care one (1) time per month for two (2) months to assure compliance with procedures and report compliance to the Quality Assessment and Assurance Committee monthly for three (3) months and the Administrator weekly for three (3) months. Administrator and QAA Committee will modify corrective actions based on reports to assure ongoing compliance.	

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M 620	Continued From page 2 An observation on 05/15/19 at 05:05 PM, revealed Certified Nursing Assistant (CNA) #1, assisted by CNA #2, provided catheter care to Resident #2. CNA #1 washed her hands and donned gloves. While performing catheter care, CNA #1 held the catheter tubing and wiped the tubing three (3) times towards the urinary meatus. An observation during the care revealed the wipes CNA #1 was using had brown stains on the edges when she wiped. CNA #1 confirmed Resident #2 had a bowel movement. CNA #1 then positioned the Resident on her right side and wiped over the buttocks and sacrum area from the back to the front towards the urinary meatus. CNA #1 and CNA #2 turned Resident #2 to her back and continued the perineal care, and CNA #1 never changed her gloves or washed her hands after cleaning the resident's incontinent bowel movement. CNA #1 then wiped the front perineal area with the soiled gloves and wiped the area around the catheter from back to front. In an interview on 5/15/19 at 5:30 PM, CNA #1 confirmed the wipes had brown stains when she wiped and said she believed the resident had a bowel movement. CNA #1 stated she always completed the catheter care first, then cleaned the bowel movement. CNA #1 said the soiled wipes could "spread germs" and cause the resident a urinary infection. CNA #1 confirmed she should have changed her gloves after touching soiled items. CNA #1 said she did have a skills check off at orientation and had worked at the facility about a month. In an interview on 5/15/19 at 5:40 PM, Licensed Practical Nurse (LPN) #1, Staff Education Nurse said facility policy was to provide catheter care by wiping front to back and cleaning the catheter by wiping from the urinary meatus away from body.	M 620		

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M 620	Continued From page 3 LPN #1 said the care was not given correctly and CNA #1 would need more education. In an interview on 05/16/19 at 12:00 PM, the Director of Nursing (DON) said the correct procedure was to wipe front to back and away from the body when cleaning the catheter tubing. The facility did not provide orientation skills check list for either CNA #1 or CNA #2.	M 620		
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: Based on observation, staff interview, record review and facility policy review that facility failed to follow standards of practice related to the administration of an inhaled medication for one (1) of 28 medications observed during morning medication pass, Resident # 4. Findings include: A review of the Mississippi Board of Nursing Practice Act, dated July 1, 2017, revealed licensed practical nurses were to utilize standardized procedures in the observation and care of the ill, injured and infirm; in the maintenance of health; in action to safeguard life and health; and in the administration of	M 655	It is the policy of this facility to provide special needs required by residents to include administering medication in accordance with appropriate standards of practice. Resident #4 was assessed 5/16/19 by Director of Nursing (DON) and found to have not suffered any ill effects from the deficient occurrence. LPN #2 was inserviced 5/15/19 by the Staff Development Coordinator (SDC) on procedures for administering inhaled medications. All residents receiving inhaled medications	6/13/19

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M 655	Continued From page 4 medications and treatments prescribed by any licensed physician. A review of a facility policy titled, "Metered Dose Inhalers - Inhaled Medications", with a revised date of 10/17, revealed if more than one (1) inhalation of a single medication is ordered, wait one (1) minute, then repeat the administration. The policy also revealed to instruct the resident to rinse mouth following a steroid inhaler. Review of a facility policy "Administering Medications", revised 10/17, revealed medications were to be administered in accordance with best practice. An observation on 05/15/19 at 08:15 AM, revealed Licensed Practical Nurse (LPN) #2 administered a Steroid-type inhaler, Atrovent (17 microgram (mcg) handheld HFA). LPN #2 administered two (2) puffs orally to Resident #4, back to back, without any time between puffs. LPN #2 did not offer water to rinse Resident #4's mouth after administration of the inhaler. Resident #4 drank chocolate milk after use of the inhaler. An interview on 05/15/19 at 9:52 AM, with Registered Pharmacist (RP), revealed the correct procedure to administering two (2) puffs of an inhaler would be to wait several minutes between puffs and to inhale deeply. The RP also said after the inhaler dose, it was expected Resident #4 would rinse her mouth out with water to prevent irritation. RP said using chocolate milk was not appropriate to rinse Resident #4's mouth. RP confirmed she did skills checks monthly, randomly selecting nurses. In an interview on 05/15/19 at 10:02 AM, LPN #2	M 655	have the potential to be affected by such a deficient practice. DON reviewed all residents receiving inhaled medication, a total of five (5) residents, on 5/17/19 and found no adverse effects of a deficient practice and observed the nurse provide proper administration. Nursing staff were inserviced by the Staff Development Coordinator (SDC) on 5/15/19 to follow proper procedures and technique when administering inhaled medications by the Consultant Pharmacist on 6/12/19 and by the DON on 6/13/19. To monitor performance and assure compliance, the Registered Pharmacist Consultant will observe inhaled medications administration monthly for three (3) months beginning 6/12/19 and report findings to the Quality Assessment and Assurance Committee (QAA) who will monitor and modify actions to assure compliance.	

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M 655	Continued From page 5 confirmed she did not wait between puffs of the inhaler for Resident #4. LPN #2 confirmed the correct procedure was to rinse the mouth out with water after administering an inhaler. LPN #2 stated that Resident #4 would refuse water and wanted chocolate milk. In an interview on 05/15/19 at 10:35 AM, Resident #4 said she was never offered water after using an inhaler and wasn't aware that was something she needed to do. Resident #4 said she had never rinsed her mouth out with water and always had chocolate milk with her medications. In an interview on 05/16/19 at 11:45 AM, the Director of Nursing (DON) said she was unaware of waiting minutes between puffs of an inhaler, but the nurse should have followed standards of practice including rinsing the mouth with water after administration of an inhaler. The DON said they follow the regulations set by the Mississippi Board of Nursing for standards of practice with nursing staff. A review of the training for the LPN #1 revealed an in-service training dated 11/2018, that covered medication administration, signed by LPN #1.	M 655		