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
	37LH	A. BUILDING: _____ B. WING _____	05/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAMAR HEALTHCARE & REHABILITATION CENTER	6428 US HIGHWAY 11 LUMBERTON, MS 39455

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M 000	Initial Comments The State Survey Agency (SSA) conducted a recertification survey from 05/16/2022 to 05/19/2022. During the survey the SSA determined the facility was not in compliance with the Minimum Standards for The Institutions for The Aged and Infirm. During the survey, the SSA cited M640, M645, and M735. The census at the time of the survey was 57, and the facility was licensed for 120 beds.	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: Based on observation, staff and family interview, record review, and facility policy review, the facility failed to provide adequate supervision to prevent falls for one (1) of four (4) residents investigated for falls resulting in six falls in the previous seven months for Resident #15. Findings Include: Review of the facility's, "Fall-Clinical Protocol" revised March 2018 revealed "The staff and practitioner will review each resident's risk factors for falling and document in the medical record. The physician will identify medical conditions affecting fall risk. The staff will evaluate, and document falls that occur while the individual is in the facility; for example, when where they	M 640	1. An every 15 minute safety visualization log has been implemented on 6/8/2022 for resident #15 by Unit Manager registered nurse. Falls will be monitored each week by Director of Nursing for trending to see if every 15 minute safety visualization monitoring intervention is successful until 7/8/2022. A Quality Assurance Meeting will be scheduled on 6/24/2022. 2. All residents have the potential to be affected. 3. Unit A nursing staff will visualize where resident #15 is located in the facility every 15 minutes and complete safety visualization log located at Unit A nursing	6/30/22

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		06/10/22

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M 640	Continued From page 1 happen, any observations of the event etc. The falls should be identified as witnessed or unwitnessed events. Based on the preceding assessment, the staff, and physician will identify pertinent interventions to try to prevent subsequent falls and to address the risk clinically significant consequences of falling. The staff, with the physician's guidance, will follow up on any fall with associated injury until the resident is stable and document the individual's response to interventions intended to reduce falling or the consequences. If interventions have been successful in fall prevention, the staff will continue with current approaches and will discuss periodically with the physician whether these measures are still needed for example if the problem that required the intervention has resolved by addressing the underlining cause. If the individual continues to fall, the staff and physician will re-evaluate the situation and reconsider possible reasons for the resident's falling (instead of, or in addition to those that have already been identified) and reconsider the current interventions. Review of the facility's, "Safety and Supervision of Resident" policy revised July 2017. Revealed our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accident are facility-wide priorities. The care team shall target interventions to reduce individual risks related to hazards in the environment, including adequate supervision and assistive devices. Review of Resident #15's facility incident reports for falls for the previous seven months revealed Resident #15 had experienced six (6) falls in that time period. The falls occurred on 10/27/21, 10/28/21, 11/12/21, 04/04/22, 04/18/22 and	M 640	station starting on 6/8/2022 for as long as resident #15 resides in facility. In-service was done by Staff Development Nurse on 6/8/2022 regarding every 15 minute safety visualization checks for resident #15. 4. Director of Nursing will perform audits of safety logs weekly for completion starting on 6/8/2022. Falls logs will be monitored weekly by Director of Nursing for trending starting on 6/8/2022. Any exceptions will be addressed immediately and reported to facility monthly Quality Assurance and Performance Improvement Meeting starting on 6/24/2022 for 90 days for further review and recommendations.	

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M 640	Continued From page 2 05/8/22. All 6 falls were unwitnessed by staff. The resident was able to indicate he had fallen when found by staff. No significant injuries were sustained in any of the fall events. During an interview on 05/16/22 at 12:25 PM with Resident #15's sister, she stated she was concerned that the facility allowed her brother to fall several times. The resident's sister stated she thought the resident was falling a lot because of a lack of supervision in the facility. The sister said the resident's gait was unsteady and he seemed to fall a lot in the facility's courtyard. She stated she was notified of the resident's most recent fall that occurred on 05/08/2022 by Licensed Practical Nurse LPN #1 a day after he fell (on 05/09/2022). She stated later in the day on 05/09/2022 she received a call from the facility Social Worker who told her there had been an interdisciplinary team meeting to discuss Resident #15's behavior of wandering and it was determined the resident needed to be transferred to a facility with an Alzheimer's unit. Resident #15's sister state she asked the social worker why the facility could not just lock the door to the courtyard to prevent the resident from going out unattended. The social worker said the facility could not lock the courtyard door. The resident's sister stated she was told the facility could not monitor the resident one on one. She stated the Social Worker told her the interdisciplinary team felt the resident needed to be in a locked unit. A review of Resident #15's care plan revealed a problem with an onset of 07/21/2021 of "Multiple falls related to impaired mobility and impaired cognition". There was a goal of "Have decreasing number of falls" with a target date of 08/01/2022.	M 640		

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M 640	Continued From page 3 An observation on 05/16/22 at 1:31 PM revealed Resident #15 walking outside of the side door to the courtyard. The resident was going to the gazebo unsupervised; no staff was around. The resident's gait was unsteady. Resident #15 ambulated back inside the facility with no staff supervision. The resident was outside for about 15 minutes. An observation on 05/16/22 at 1:45 PM of the courtyard revealed the gazebo had a concrete floor. An observation on 05/16/22 at 04:24 PM of Resident #15 revealed he ambulated outside to the courtyard, then ambulated to the gazebo. The resident then turned around and came back into the facility without assistance. The resident's gate was unsteady. There were no staff observed to cue or assist the resident. During an interview on 05/17/22 at 03:34 PM with LPN #1, she confirmed Resident #15 had fallen several times. LPN #1 said the resident wandered the facility walking and propelling his wheelchair. LPN #1 stated Resident #15 was impulsive and hard to redirect. LPN#1 stated the resident goes in and out of the courtyard all day and during the afternoon without assistance. LPN #1 said she's the only nurse on that end of the building and cannot always keep an eye on him. LPN #1 stated on 04/18/22 at 5:00 PM she was notified by a Certified Nurse Assistant the resident on the ground at the gazebo. LPN #1 further stated the CNA was looking out the window and saw the resident on the ground. LPN #1 said no one knew how long the resident was out there on the ground. LPN #1 said on 05/8/22 the resident was again found on the ground in the courtyard under the gazebo. The resident's rolling	M 640		

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M 640	Continued From page 4	M 640		

walker was found in the grass across from the sidewalk. LPN #1 confirmed she didn't know how long the resident was there and because it was uncertain if the resident hit his head neurological checks were started immediately to assess the resident for any possible head injury.

In an interview on 05/18/22 at 03:46 PM with the interim Director of Nursing (DON), she confirmed the resident had fallen multiple times. The DON said the resident was impulsive and wandered all over the building. The DON stated she didn't have enough staff to provide one on one supervision for Resident #15.

During an interview on 05/19/22 at 1:00 PM with the Administrator, she acknowledged Resident #15 had multiple falls. The Administrator said the facility doesn't lock the door to the courtyard because the resident enjoys going outside. The Administrator stated staff are in the offices of the facility and there are windows all around the building. She stated staff could look out the window and see the courtyard. The Administrator confirmed the office staff is not there after 5:00 PM and on the weekends and stated she is unsure of how falls could be prevented.

A review of the facility's face sheet for Resident #15 revealed the resident was admitted by the facility on 7/06/21, with diagnoses including Diabetes Mellitus and Hypothyroidism. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/12/22 revealed Resident#15 had a brief interview of Mental Status (BIMS) of 06 which indicated Resident #15 was cognitively impaired.

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M 645	Continued From page 5	M 645		
M 645	45.21.9 Nutrition Nutrition. Residents shall maintain acceptable parameters of nutritional status, such as body weight and protein levels, unless residents ' clinical condition indicates that this is unavoidable. All residents shall receive diets as orders by their physician or nurse practitioner/physician assistant. Residents identified with significant nutritional problems shall receive appropriate medical nutrition therapy based on current professional standards. This Statute is not met as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to implement monitoring of meal consumption amounts for residents with weight loss for two (2) of three (3) residents reviewed for nutrition. Resident #34 and Resident #52 Findings include: Record review of the facility's policy "Food and Nutrition Services" with a revision date of October 2017 revealed, " ...Policy Interpretation and Implementation ... 8. Nursing personnel, with the assistance of the food and nutrition services staff, will evaluate (and document as indicated) food and fluid intake of residents with, or at risk for, significant nutritional problems ..." Resident #34 A record review of Resident #34's "Face Sheet" revealed the facility admitted him on 04/02/19 with diagnoses including Encounter for Surgical Aftercare for Surgery on the Teeth or Oral Cavity, Osteoarthritis, Chronic Obstructive Pulmonary Disease, and Congestive Heart Failure. A record review of Resident #34's Quarterly	M 645	1. Registered Dietician will assess resident #34 and #52 for further recommendation. Assessment by dietician done on 6/14/2022. Findings will be discussed at 6/24/2022 Quality Assurance and Performance Improvement Meeting. Director of Nursing will monitor for 90 days. 2. All residents have the potential to be affected. 3. In-service by Staff Development nurse done on 6/8/2022 with all nursing staff regarding charting of by mouth intake and meal intake each shift. Licensed Practical nurses will monitor certified nursing assistant documentation of by mouth intake and meals for each resident each shift. 4. Director of Nursing will perform audits of documentation completion weekly for 90 days starting on 6/13/2022. Any exceptions will be noted and corrected immediately by nursing staff and reported	6/30/22

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M 645	Continued From page 6 Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/23/22 revealed a Brief Interview for Mental Status (BIMS) score of 08, which indicated moderate cognitive impairment. The MDS also indicated Resident #34 had weight loss. On 05/16/22 at 11:59 AM, during an interview with Resident #34, he stated he believed he had lost weight because he had been sick, but now he is feeling better. A record review of Resident #34's "Weight Change History" revealed his weight was recorded on 11/06/2021 at 127.8 pounds (lbs.) and on 04/29/2022 at 122.8 lbs. He had a weight change of -3.91% (weight loss) from 11/06/2021 to 04/29/2022 (180 days). A record review of "Meals/Snacks" for Resident #34's meal consumption revealed on 05/01/2022 there was no documentation of percentage of meal consumption for the breakfast, lunch, or dinner meals. On 05/02/22 there was no documentation of percentage of meal consumption for the dinner meal. On 05/03/22 there was no documentation of percentage of meal consumption for the dinner meal. From 05/04/2022 through 05/06/2022, there was no documentation of percentage of meal consumption for the breakfast, lunch, or dinner meals. On 05/07/22 there was no documentation of percentage of meal consumption for the dinner meal. On 05/08/22, there was no documentation of percentage of meal consumption for the lunch or the dinner meals. From 05/09/2022 through 05/17/2022, there was no documentation of percentage of meal consumption for the breakfast, lunch, or dinner meals.	M 645	to facility monthly Quality Assurance and Performance Improvement Meeting starting on 6/24/2022 for further review and recommendations for 90 days.	

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M 645	Continued From page 7 Resident #52 A record review of Resident #52's "Face Sheet" revealed the facility initially admitted her on 03/09/18 and readmitted her on 02/14/22 with diagnoses including Pneumonia, Unspecified Atrial Fibrillation, Heart Failure, and Dysphagia. A record review of Resident #52's Significant Change MDS with an ARD of 03/26/2022 revealed a BIMS score 04, which indicated severe cognitive impairment. A Record review of Resident #52's "Weight Change History" revealed her weight was recorded on 11/02/2021 at 150.8 lbs; 04/29/2022 at 134.4 lbs. She had a weight change of -10.88% (weight loss) from 11/02/2021 to 04/29/2022 (180 days). A record review of "Meals/Snacks" for Resident #52's meal consumption revealed on 05/01/2022 there was no documentation of meal consumption for the breakfast, lunch, or dinner meals. On 05/02/22 there was no documentation of meal consumption for the dinner meal. On 05/03/22 there was no documentation of meal consumption for the dinner meal. From 05/04/2022 through 05/06/2022, there was no documentation of meal consumption for the breakfast, lunch, or dinner meals. On 05/07/22 there was no documentation of meal consumption for the dinner meal. On 05/08/22 there was no documentation for the lunch or dinner meals. On 05/09/2022 there was no documentation of the breakfast, lunch, or dinner meals. On 05/10/22 there was no documentation of meal consumption for the dinner meal. From 05/11/2022 through 05/17/2022, there was no documentation of meal consumption for the	M 645		

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M 645	Continued From page 8	M 645		

breakfast, lunch, or dinner meals.

On 05/18/22 at 11:05 AM, during an interview with Certified Nursing Assistant (CNA) #4, she stated when residents eat meals in the dining room CNAs that are assigned to the dining room are responsible for inputting the meal consumption amount into the computer for those residents.

On 05/18/22 at 11:25 AM, during an interview with Certified Nurse Aide (CNA) #1, she explained meal intakes are entered in the computer, but there were a lot of meal intakes "in the red", which meant there were no meal consumption amounts documented for the days highlighted in red on the computer.

On 05/18/22 at 2:10 PM, during an interview with the Director of Nursing (DON), she stated the documentation of meal intake amounts should be recorded on the "MEALS/SNACKS" record. She was unable to explain why there was missing documentation regarding meal intakes. She confirmed it was the CNAs responsibility to record the residents' meal consumption amount into the medical record and that currently there is no one who is checking behind the CNAs to ensure the documentation is completed.

At 2:30 PM on 05/18/22, during an interview with CNA #1, she confirmed it is the CNA's responsibility to document and chart the resident's meal intakes. She stated the facility had a lot of agency CNAs and getting them to chart had been a problem. She reported the facility used to write all meal consumption on a meal log, but now they are recorded in the Kiosk.

On 05/18/22 at 3:15 PM, during an interview with Licensed Practical Nurse (LPN) #3, she reported

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M 645	Continued From page 9 she does not review the CNA documentation regarding meal consumption for residents. At 4:20 PM on 05/18/22, during a phone interview with the Registered Dietician (RD), she stated she reviews the residents' meal consumption amounts during her assessments and could only review what was documented in the record. She confirmed she had not reported to anyone that there were residents at the facility whose meal consumption documentation was not completed.	M 645		