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
	04AC	A. BUILDING: _____ B. WING _____	06/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATTALA COUNTY NURSING CENTER	326 HIGHWAY 12 WEST KOSCIUSKO, MS 39090

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M 000	Initial Comments The State Agency (SA) conducted a recertification survey from 06/03/19 to 06/06/19. During the survey the SA determined the facility was not in compliance with the Minimum Standards for The Institutions For The Aged And Infirm. The SA cited the state statute M620, M625, and M780. The census at the time of entrance was 96, and the facility was certified for 120 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. Level II Based on observation, staff interview, record review and facility policy review, the facility failed to provide services to prevent Urinary Tract Infections for one (1) of three (3) residents reviewed for catheter care for a sample of 20 residents (Resident #25). Resident #25's catheter tubing was not properly positioned below the level of the bladder. This could put the resident at risk for a Urinary Tract Infection. Findings include: Review of the facility's policy titled, "Perineal Care of a Resident with a Catheter", revised 10/2018, documented the staff were to ensure the catheter tubing was not kinked or coiled and was not	M 620	*Resident #25 was assessed on 6/6/19 by Minimum Data Set Nurse (MDS) with no adverse effects noted from this deficient occurrence. Certified Nursing Assistant (CNA) #7 and CNA #8 received training on 6/6/19 by the Staff Development Coordinator on proper catheter care and positioning. *All residents with a catheter, a total of five (5) residents, have the potential to be affected by this deficient practice. On 7/4/19, the four (4) other residents were assessed by the Director of Nursing and found no adverse effects from the performance of this deficient practice. *Nursing staff were in-serviced by the	7/5/19

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M 620	Continued From page 1 positioned above the level of the resident's bladder. Review of Resident #25's Face Sheet, dated 06/05/19, revealed he had diagnoses including Dementia and Benign Prostatic Hyperplasia with Lower Urinary Tract Symptoms, Obstructive and Reflux Uropathy, and Personal History of Urinary Tract Infections. Review of Resident #25's most recent Minimum Data Set Assessment, dated 03/11/19, revealed he had an indwelling catheter. Review of Resident #25's Comprehensive Care Plan, dated 08/10/16, revealed Resident #25 had an indwelling catheter, and was at risk for Urinary Tract Infections. The care plan did not address how the position of the catheter tubing must be maintained. Review of Resident #25's monthly Physician's Orders, dated June 2019, revealed an order for an indwelling catheter 16 French with 15-centimeter balloon coude (catheter tip with slight bend) for retention of urine. The orders also included to change the catheter monthly and as necessary for malfunction, occlusion or leakage. An observation, on 06/04/19 at 9:25 AM, revealed Resident #25 was lying in bed. Resident #25 had side rails on his bed. His catheter tubing was laying on top of the side rail, above the level of his bladder. An observation, on 06/05/19 at 8:38 AM, revealed Resident #25 was lying in bed, side rails were in the up position. The resident's catheter tubing was on the top railing of the side rail above the	M 620	Director of Nursing (DON) on 7/4/19 and again on 7/5/19 on the policy / procedure titled Perineal Care of a Resident with a Catheter. The in-service included positioning of catheter tubing.. The Quality Assurance Committee (QA), which includes the Administrator, DON, Medical Director and Department heads reviewed the policy, Perineal Care of a Resident with a Catheter on 7/5/19 with no recommended changes noted. *Beginning 7/5/19, performance will be monitored by the MDS Nurse, Staff Development Nurse or DON who will observe five (5) Catheter tube positioning s weekly for four (4) weeks and then five (5) monthly for two (2) months and findings recorded on the medical record audit form and maintained by the Director of Nursing. The Quality Assurance Committee will address concerns identified from the performance monitoring of Catheter tube positioning s and evaluate the monitoring completed by the MDS Nurse, Staff Development Nurse or DON monthly for three (3) months and make any recommendations or changes as needed to ensure ongoing compliance.	

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M 620	Continued From page 2 level of the resident's bladder. There was amber colored urine in the tubing, but not draining into the catheter bag. An observation, on 06/05/19 at 4:20 PM, revealed Resident #25 in bed with the side rails in the up position. His catheter tubing was on the top railing of the side rail, above the level of the resident's bladder. In an interview, on 06/05/19 at 4:21 PM, Certified Nursing Assistant (CNA) #7 stated when she helped put Resident #25 to bed that afternoon, she put the catheter tubing on top of the side rail. She confirmed the tubing was on top of the side rail. In an interview, on 06/05/19 at 4:25 PM, CNA #8 stated she helped put Resident #25 in bed, and confirmed the catheter tubing was over the top of the side rail. In an interview, on 06/06/19 at 8:26 AM, CNA #9 stated the catheter tubing should be placed under the side rail; the tubing should be positioned below the resident's bladder. In an interview, on 06/06/19 at 8:32 AM, CNA #10 stated the catheter tubing should be placed under the side rail. In an interview, on 06/06/19 at 8:38 AM, CNA #11 stated the catheter tubing should be threaded through the side rail. In an interview, on 06/06/19 at 9:37 AM, Licensed Practical Nurse (LPN) #12, who was responsible for Resident #25's care, stated the catheter tubing should be positioned under the side rail, so the urine can flow freely. She said the tubing	M 620		

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M 620	Continued From page 3 should not be placed or positioned over the side rail, as the tubing could cause trauma. In an interview, on 06/06/19 at 9:43 AM, LPN #13/ Staff Development Coordinator (SDC) stated the catheter tubing should be kept below the level of the bladder. She stated the staff should not put the tubing over the side rail. She also stated if the tubing is not placed correctly, it could cause bladder contractions and Urinary Tract Infections. The SDC further stated that if the side rail was lowered, the tubing could be pulled and cause trauma. In an interview, on 06/06/19 at 10:53 AM, the Director of Nurses stated the catheter tubing should be positioned under the side rail, below the level of the resident's bladder The facility failed to ensure Resident #25's catheter tubing was properly positioned to promote adequate drainage, and prevent the risk of Urinary Tract Infections or trauma.	M 620		
M 625	45.21.5 Range of motion Range of motion. Residents with limited range of motion shall receive treatment and services to increase range of motion or prevent further decline in range of motion. This Statute is not met as evidenced by: Level II Based on observation, staff interview, record review and facility policy review, the facility failed to ensure the application of a right hand splint was applied as recommended by Occupational	M 625	*Resident #70 was assessed on 6/6/19 by Minimum Data Set Nurse (MDS) with no adverse effects noted from this deficient occurrence. On 6/6/19, Resident #70 s splint was re-applied by the Certified Occupational Therapist Assistant.	7/5/19

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M 625	Continued From page 4 Therapy (OT), and ordered by the physician to maintain and prevent further Range Of Motion deficits to Resident #70's right hand contracture. This concern was identified for one (1) of 20 sampled residents. Findings include: A review of facility's policy titled, "Prostheses and/or Splint Policy", dated 11/94 and revised 11/2017, revealed all prostheses and splints will be cared for following Physicians orders and manufactures or therapist recommendations for the particular kind of device used according to the person-centered care plan and the resident's goals and preferences. It is the nursing departments responsibility to obtain the specific policy and procedure for the type of device used in that facility. This policy and procedure must then be adopted by the facility and added to the policy and procedure manual according to company policy. It is the Director of Nursing's (DON) responsibility to ascertain that all staff responsible for the care are properly in-serviced on these policies and procedures and documented in their service file. An observation, on 06/04/19 at 12:30 PM, revealed Resident #70 was sitting up in a wheelchair in the front lobby. Resident #70 was dressed, and there was a right hand contractor observed, and no hand splint device was in place. An observation of the resident, on 06/04/19 at 2:30 PM, revealed Resident #70 was dressed and well- groomed sitting up in her wheelchair in the front area watching television (TV) without a right-hand splint device in place for her hand	M 625	*Residents who have Physician Orders for splints have the potential to be affected by this deficient practice. A review of the facilities Physicians Orders on 6/11/19 indicates that nine (9) residents have orders for splints. *Nursing staff were in-serviced by the Director of Nursing (DON) on 7/4/19 and again on 7/5/19 on the policy / procedure titled Prosthesis and Splints. The in-service included ensuring placement of splints as ordered by the Physician and instructions for proper placement to be posted in the resident s room. The Quality Assurance Committee (QA), which includes the Administrator, DON, Medical Director and Department Heads reviewed the policy, Prosthesis and Splints on 7/5/19 with no recommended changes noted. *Beginning 7/5/19, performance will be monitored by the MDS Nurse, Staff Development Nurse or DON who will observe five (5) Splint Applications weekly for four (4) weeks and then five (5) monthly for two (2) months and findings recorded on the medical record audit form and maintained by the Director of Nursing. The Quality Assurance Committee will address concerns identified from the performance monitoring of splint applications and evaluate the monitoring completed by the MDS Nurse, Staff Development Nurse or DON monthly for three (3) months and make any recommendations or changes as needed to ensure ongoing compliance.	

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M 625	Continued From page 5 contracture. An observation, on 06/05/19 at 9:13 AM, revealed the resident was sitting up in her wheelchair, dressed and groomed, in the front area watching TV without the right-hand splint device in place. An observation, on 06/05/19 at 12:15 PM, revealed the resident was in the dining room being fed lunch, and the resident was not wearing the hand splint device. An observation, on 06/05/19 at 2:30 PM, revealed the resident was in her room in bed, and the hand splint device was not in place. Further observation revealed the hand splint device was no where in sight in the resident's room. An observation, on 06/05/19 at 3:03 PM, with the Director of Nursing (DON), while in Resident #70's room revealed the DON placed the hand splint device on resident's right contracted hand. Occupational Therapist #1 (OT) entered the room at this time, and informed the DON the splint was applied incorrectly; the splint was applied backwards. OT #1 proceeded to show the DON how to correctly apply the splint on Resident #70. An observation, on 06/06/19 at 8:20 AM, revealed the resident was dressed and well groomed, sitting in the front lobby area wearing a dark blue soft splint on her contracted right hand. An observation, on 06/06/19 at 2:24 PM, revealed the resident was sitting in the front lobby area, and the right-hand splint device was no longer in place. A review of the resident's "Face Sheet" revealed Resident #70 was admitted, on 05/05/2017, with	M 625		

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M 625	Continued From page 6 diagnoses which included Hemiplegia following a Cerebral Vascular Disease affecting Dominant right side, Aphasia, Dysphagia, Lack of Coordination, Flaccid, Hemiplegia and Apraxia following Cerebrovascular Disease. Review of the Quarterly Minimum Data Set (MDS) Assessment, dated 04/23/19, revealed Resident #70 had a Brief Interview Mental Status (BIMS) score of 8, indicating the resident had moderately impaired cognition. The assessment identified the resident as having Range of Motion (ROM) limitation impairment to the upper and lower extremities, and the resident received Occupational Therapy three (3) days a week, with a start date of 04/12/19 to 05/16/19, and during this assessment period the resident did not utilize any orthotic/prosthetic devices. Review of Physician's Orders, for Resident #70, revealed the resident had an order, dated 0/23/19, to change the right hand splint wear time to 7AM to 3PM with every two (2) hour skin checks. Review of Resident #70's electronic Administration Record revealed the staff nurses were charting from June 1st to June 5th that the resident had a splint device in place on her right hand, and that two-hour checks were completed. During the survey June 3 to June 6 2019, the resident was observed once with the splint device on. Review of the Nurses' Progress Notes, dated 05/27/19 at 2:12 PM, revealed a new order noted per Therapy for a splint. On 05/27/19 at 5:06 PM Resident #70 tolerated the right-hand splint. An interview conducted, on 06/05/19 at	M 625		

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M 625	Continued From page 7 approximately 2:40 PM, with Certified Nursing Assistant (CNA) #2 confirmed she has not seen a splint device on Resident #70 during the survey. An interview, on 06/05/19 at 2:45 PM, with CNA #3 confirmed she has not seen the hand splint device on Resident #70, and she found the splint device under the resident's bed. Licensed Practical Nurse (LPN) #4, who was present during the interview with CNA #3, stated the splint device found under the bed did not belong to Resident #70. An interview, on 06/05/19 at 2:55 PM, with LPN #4, confirmed Resident #70 should have her splint device on from 7 AM to 3PM, and she did not have it on. LPN #4 revealed sometimes the resident takes the splint off and we don't put it back on. An interview conducted, on 06/05/19 at approximately 3:10 PM, with the Director of Nursing (DON), revealed she could not recall Resident #70 having the splint device in place this week. The DON confirmed she can't remember the last time the resident had the splint device on, and "I am not sure who is responsible for placing the splint device on the resident." The DON stated it is my expectation that when an order is written, staff follow the orders for every and all residents. An additional interview conducted, on 06/06/19 at approximately 8:40 AM, with LPN #4 confirmed she thought Resident #70 had a different splint. LPN #4 stated she charted daily that she had it on; I really was not sure if she did. The splint is a new thing with her, so we did not inform the physician that she was not wearing the splint. We wanted to see if she would wear it. At times I get	M 625		

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M 625	Continued From page 8 in a hurry and forget to check and see if the resident has the splint on. When the order was placed we did not know what type of splint to use. The facility failed to consistently and correctly apply the physician ordered hand splint to prevent further decline of Resident #70's right hand contracture.	M 625		
M 780	45.27.2 Activity Program Activity Program. Provisions shall be made for suitable recreational and entertainment activities for resident according to their needs and interests. These activities are an important adjunct to daily living and are to encourage restoration to self-care and resumption of normal activities. Variety in planning shall include some outdoor activities in suitable weather. Level II Based on observation, record review, staff interview, and review of the facility policy, the facility failed to provide activities as planned to meet Resident #80's interests and preferences, for one (1) of two (2) residents reviewed for activities from a sample of 20 residents. Findings include: Review of the facility provided policy for, "Activity Programs and Activity Programs Scheduling", dated November 2017, revealed the facility will provide for an ongoing program of age-appropriate activities designed to meet, in accordance with the comprehensive assessment, the interest and the physical, mental, and psychosocial needs of each resident. The	M 780	*Resident #80 was assessed on 7/4/19 by the Director of Nursing (DON) with no adverse effects noted from this deficient occurrence. Resident #80 s activity screening was completed on 7/5/19 by the Activities Coordinator. *Residents who receive in room activities have the potential to be affected by this deficient occurrence. A review of the facilities census indicates that fourteen (14) residents currently receive in room activities. *The Activities Coordinator was in-serviced on 7/3/19 by the facility Administrator on the policy related to Activity Programs and Activity Programs Scheduling. The Quality Assurance Committee (QA), which includes the	7/5/19

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M 780	Continued From page 9 definition of activities refers to any activity, other than Activities of Daily Living and prescribed treatment that a resident pursues, in order to enhance a sense of self-worth and attain the highest practicable level of physical, mental, and psychosocial well-being. Facility staff, volunteers, visitors, and family members may provide activities. One to one programming will be provided to those residents who are unable to participate in group functions, or unable to initiate activity pursuits on their own. All activity participation, both group, independent, and one to ones will be recorded in the resident's medical record. Review of Resident #80's clinical record documented the diagnoses: Major Depressive Disorder, Chest Pain, Altered Mental Status, Muscle Weakness, Difficulty in Walking, Anxiety Disorder, Dementia with Behavioral Disturbance, and Chronic Pain. Review of Resident #80's Significant Change Minimum Data Set (MDS), dated 04/29/19, revealed the Brief Interview for Mental Status score was 3, indicating severe cognitive impairment and the resident did not display any behaviors. Further review of the MDS revealed the resident required extensive assistance with bed mobility, walking, and locomotion. The resident's activity preferences included "it was very important to listen to music she liked; be around animals such as pets; and do her favorite activities, it was somewhat important to do things with groups of people and participate in religious services or practices; and not very important to have books newspapers, and magazines to read; keep up with the news; go outside to get fresh air." Review of the Care Area Triggers, for this MDS revealed activities did not trigger for this	M 780	Administrator, DON, Medical Director and Department heads reviewed the policy, Activity Programs and Activity Programs Scheduling on 7/5/19 with no recommended changes noted. *Beginning 7/5/19, performance will be monitored by the Administrator or Administrative Assistant, who will observe five (5) Activity screenings weekly for four (4) weeks and then five (5) monthly for two (2) months and findings recorded on the medical record audit form and maintained by the Administrator. These same 5 residents will be observed receiving in room activities weekly for four (4) weeks, monthly for two (2) months by the Administrator to ensure compliance is achieved. The Quality Assurance Committee will address concerns identified from the performance monitoring of Activity screenings and evaluate the monitoring completed by the Administrator or Administrative Assistant for three (3) months and make any recommendations or changes as needed to ensure ongoing compliance.	

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M 780	Continued From page 10 resident. Review of the "Social Assessment", dated 04/29/19, revealed the resident had a fall, on 04/21/19, resulting in her fracturing her elbow/arm, and her arm was placed in a hinged elbow brace. The resident was requiring more assistance. The resident enjoyed her realistic animals (stuffed animals) in her room, had good family support, and Social Services would visit with the resident for social interactions and to see how she was doing. Review of the Care Plan, updated on 04/29/19, revealed the activity goal was for the resident to be assisted to at least two (2) group activities weekly, and if the resident was not able to attend she will have room visits three (3) times a week. The interventions included post calendar in room; the resident is very forgetful, assist her to attend and participate as needed; encourage socialization and participation in groups; respect her rights to refuse activity participation, and let her know that you will take her out of the activity when she is ready; walk and talk with her to and from activities; invite her to church, bingo, and group discussion; invite her to parties, and entertainment events; and invite her family/friends to attend selected activities with resident. Review of Resident #80's, "Activity Screening", dated 05/27/19, revealed the resident had interests of music, TV/radio, reading, enjoyed being outdoors, wished to attend group activities, required persuasion to attend activities, needed assistance to go to activities and to participate in the activities. The "Activity Screening" further revealed the resident was provided with in-room activities, enjoyed sitting in her room listening to the radio, rubbing on her companion pet cat,	M 780		

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M 780	Continued From page 11 (stuff animals), and was assisted to out of room activities. Review of the "Activity Departmental Notes," "One on One (1:1) Roster," and the "Group Roster," revealed the resident received four (4) activities in January of , of which three (3) were one to ones (1:1) and one (1) was a group activity;, seven (7) activities in February 2019, of which one (1) was one to one (1:1) and six (6) were group activity; no activities in April 2019; two (2) activities in May 2019, of which one (1) was a one to one (1:1) and one (1) was a group activity; and two (2) activities, of which one (1) was a one to one (1:1) and one (1) was a group activity in June as of 6/5/19 at 4:05 PM. Review of the, "Social Service Notes", revealed the resident attended Social Group on 02/04/19, 03/19/19, 04/11/19, and 05/16/19. This was a separate activity from the Activity Department's activities. An observation, on 06/03/19 at 10:07 AM revealed the resident sat in a chair in her room with a hinged brace to her left elbow, and no activity offered, including no music or television. The resident's companion animals were on the end of her bed, out of reach of the resident. An observation, on 06/03/19 at 2:45 PM, revealed the door to the resident's room was closed. The resident was observed sitting in a chair in her room, and no activity offered, including no music or television and no staff in the room. An observation, on 06/05/19 at 8:54 AM, revealed the resident was in her room lying in bed, and no activity offered, including no music or television and no staff present. The resident's companion	M 780		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04AC	A. BUILDING: _____ B. WING _____	06/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATTALA COUNTY NURSING CENTER	326 HIGHWAY 12 WEST KOSCIUSKO, MS 39090

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M 780	Continued From page 12 animals were at the end of her bed out of reach of the resident. An observation, on 06/05/19 at 10:11 AM and 11:04 AM, revealed the resident was sitting in a chair in her room and no activity offered, including no music or television. The resident's companion animals were at the end of her bed, out of reach of the resident. An observation, on 06/05/19 at 1:17 PM revealed the door to the resident's room closed. The resident was sitting in a chair in her room and no activity offered, including no music or television and no staff present. The resident's companion animals were at the end of her bed, out of reach of the resident. An observation, on 06/06/19 at 8:58 AM, revealed the door to the resident's room was closed. The resident was laying in the bed with no activity offered, including no music or television and no staff present. The May Activity Calendar was on the bulletin board behind the head of the bed. An interview with the Activity Director (AD), on 06/04/19 at 4:08 PM and 06/06/19 at 12:40 PM, revealed Resident #80's family wanted the resident to remain in her room. The AD further stated she talked with the resident about her family and the pictures on her walls. The AD stated the resident likes listening to music and her companion cats, and activities to do her nails. She also stated she documented the resident's activities on the "Activity Departmental Notes," "One on One Roster (1:1)," and the "Group Roster." An interview with Registered Nurse (RN) #19, on 06/06/19 at 9:06 AM, revealed the Activity	M 780		

MSDH - Health Facilities Licensure and Certification

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M 780	Continued From page 13 Department provided the activities for the residents. The nursing staff's involvement in activities consisted of assisting the residents to the planned activities and Bingo as available. RN #19 also stated the resident had a cognitive decline, the staff used to take her to activities, but not anymore. An interview with Certified Nurse Aide (CNA) #14, on 06/06/19 at 9:35 AM, revealed the Activity Department provided the activities for the residents, and the nursing staff transported the residents to and from the activities as needed. When asked if the CNAs provided any activities for Resident #80, she stated we bathe her and put her in her chair. An interview with Licensed Practical Nurse (LPN) #16, on 06/06/19 at 9:41 AM, revealed the staff used to take Resident #80 to activities, but now if you took her out of her room she thought she was going home. LPN #16 further stated the nursing staff attempted to talk with the resident. An interview with the Director of Nursing (DON), on 06/06/19 at 11:05 AM, revealed the nursing staff provided activities for Resident #80 by talking with her when they went in the resident's room. The staff would talk to her about her companion animals. The staff could also take the resident out of the room for activities. The DON further stated on the weekends the facility had a staff person that came in to answer the phones and provide activities. During the evenings the facility provided an occasional activity. The DON further stated the Activity Department provided the activities and not the nursing department, except everyone helped with taking residents out to smoke.	M 780		

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M 780	Continued From page 14 An interview with Social Worker (SW) #15, on 06/06/19 at 12:25 PM, revealed she provided small group activities. The SW further stated Resident #80's family member usually came every day, but was on vacation this week. The SW stated she documented when the residents attended her small group activities. The facility failed to provide this cognitively impaired resident with activities that met her physical and mental needs and interests, such as her companion animals and music.	M 780		