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
	30SR	A. BUILDING: _____ B. WING _____	06/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNPLEX SUB-ACUTE CENTER	6520 SUNSCOPE DRIVE OCEAN SPRINGS, MS 39564

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey and a Complaint Investigation CI MS#19081, at the facility from 6/27/2022 to 6/30/2022. The SA did not substantiate CI MS# 19081 for Abuse, Resident Rights and poor Quality of Care. The facility was found to be not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements and M615 and M815 was cited.	M 000		
M 615	45.21.3 Pressure sores Pressure sores. Residents with a pressure sore shall receive necessary treatment and service to promote healing and prevent the development of new pressure sores. Residents without pressure sores will not develop pressure sores unless the residents' clinical condition indicates they were unavoidable. This Statute is not met as evidenced by: Based on observation, interviews, record review a facility policy review reveal the facility failed to provide treatment consistent with professional standards of practice to an existing pressure injury after re-admission to the facility for one (1) of three (3) residents reviewed for pressure ulcers. Resident #4 Review of the facility's policy, "Admission and Readmission" dated March 15, 2007, revealed, "With each admission and readmission the Admission Nursing Assessment should be done ...The assessments included should be completed on all admission, readmissions ...1. Admission Nursing Assessment to be completed with each admission and readmission..."	M 615	Treatment orders were obtained by the Minimum Data Set Nurse for Resident# 4 on 6/29/2022. All residents have the potential to be affected by practice this deficient practice. The Director of nursing, Minimum Data Set Nurse, and Registered Nurse Manager completed a 100% body audit on all residents on 6/29/2022 to ensure all wounds have treatment orders with no negative findings. The Administrator in-serviced all Licensed Nurses on obtaining treatment orders on 7/20/2022. The Director of Nursing will complete audit	8/12/22

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M 615	Continued From page 1 Findings Include: During an interview on 6/27/22 at 12:56 PM with Resident #4 Mother revealed the resident returned to the facility from the local hospital on 6/20/22. The mother said the resident's pressure wound to the buttocks reopened while he was in the hospital, and she has not seen the wound since he left the hospital. Record review of Resident #4's "Progress Notes" with the "Type" listed as "Admission Summary" dated 6/20/22 at 17:16 (5:16 PM), revealed, "Patient admitted from (Proper Name of Local Hospital) ...stage III (Stage 3) sacral wound with wet to dry dressing CDI (Clean, Dry, Intact) ..." On 6/29/22 at 10:18 AM, during an observation of wound care and interview with LPN #3 and Registered Nurse (RN) #2, RN #2 said the sacral wound was a stage 4 pressure ulcer, presenting as a stage 3. LPN #4 confirmed the facility was not aware of the sacral wound and they did not have treatment orders in place from the time Resident #4 was readmitted to the facility on 6/20/22 until she had called the physician to obtain orders on 6/29/22 when the SA asked to observe wound care. LPN #3 stated she was not the wound nurse when Resident #4 returned from the hospital, and she was not aware at that time that he had any wounds. Record review of Resident #4's Treatment Administration Record (TAR) for the month of June 2022, revealed, "Dakins (1/4 Strength) Solution 0.125% (Sodium Hypochlorite) Apply to sacral wound topically one time a day every Mon (Monday, Wed (Wednesday), Fri (Friday) for stage 3 pressure wound cleanse with dakins/normal saline, pat dry, pack with collagen,	M 615	to ensure treatment orders are in place for all wounds two (2) times weekly for four (4) weeks starting on 7/18/2022 ending on 8/15/2022 and then once (1) monthly x two (2) months starting 09/1/2022 ending 11/01/2022 document findings and take corrective action as needed. The Director of Nursing will report audit findings times four (4) months with Quality Assurance Performance Improvement Committee beginning 8/4/2022 ending 11/1/2022 for review, revision, and/or resolution of the plan.	

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apply xeroform, and over with dry dressing" with a start date of 6/29/22. The nurse documented the treatment was administered on 6/29/22. There were no other treatments documented on the TAR prior to the documentation on 6/29/22, which was nine (9) days after Resident #4 was readmitted to the facility.
During an interview on 6/29/22 at 1:00 PM with LPN #3 confirmed she was the nurse on duty on 6/20/22. She took the report from the hospital that indicated Resident #4 had a stage 3 pressure ulcer to the sacrum and she charted it in the progress notes. LPN #3 said Resident #4 returned to the facility after 5:00 PM, and it was time for her to perform Accuchecks and assist the residents with dinner. LPN #3 confirmed she did not complete a head-to-toe assessment and did not observe or measure the resident's wounds. She reported off to the next shift that Resident #4 was a hospital return and she thought the oncoming nurse would complete the body audit and admission. She did not follow up to make sure the admission was completed when she returned for her next scheduled shift.

On 6/29/22 at 2:00 PM, during an interview with LPN #1, she confirmed she was the oncoming nurse on 6/20/22 for the evening shift on the day Resident #4 returned from the hospital. She did not finish the admission and she did not know Resident #4 had wounds because she did not complete a head-to-toe assessment. She thought LPN #2 or LPN #3 would finish the assessment the next day.

On 6/30/2022 at 11:00 AM, during an interview with the Director of Nursing (DON), she confirmed the facility failed to provide wound care treatment to Resident #4's sacral wound for eight (8) days after his re-admission to the facility. She

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stated LPN #3 was responsible for admitting Resident #4 which should have included assessing the wounds and receiving wound care orders to ensure the treatments were on the TAR. The DON also said LPN #1 should have finished the admission because the resident returned late in the afternoon. The DON was not aware that Resident #4 had wounds when he returned from the hospital and she completed the Admission Evaluation and a PAR (Problem-Action-Results) progress note on 6/28/22 for Resident #4.

A record review of the facility's "Admission and Re-admission Evaluation V-2 (Version 2)" dated 6/20/22 at 17:12 (5:12 PM), revealed " ...D. Skin Integrity ...2. Document any skin concerns ...re-opened sacral area, r (right) heel unstageable, l (left) heel".

Record review of Resident #4's "Progress Notes" with the "Type" listed as "PAR", dated 6/28/22 at 14:40 (2:40 PM), revealed, "PAR RT (Related To) Wounds: Resident readmitted from hospital 6/20/22 with noted unstageable wound to R (Right) heel. Also has Stage 3 to sacrum which is reopened area. Also noted with unstageable to L (Left) heel ..."

During an interview on 6/30/22 at 11:30 AM, with the Administrator, he confirmed he did not know Resident #4 was readmitted to the facility with pressure wounds. The Administrator said he expected the nursing staff to follow the facility policy on admissions.

Record review of the "Admission Record" revealed the facility admitted Resident #4 on 3/17/2022 with diagnoses including Spina Bifida and Neuromuscular dysfunction of bladder.

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M 615	Continued From page 4 Record review of the Discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/08/22 revealed Resident #4 required a staff assessment for mental status, and he is severely impaired in cognitive skills for daily decision making.	M 615		
M 815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This Statute is not met as evidenced by: Based on observation, staff interviews, and facility policy review, the facility failed to store food in accordance with professional standards for food service safety related to food items not labeled or dated with a Use-By date, and food items not discarded after the expiration date, for one (1) of two (2) kitchen observations. Findings Include: Review of the facility's policy "Labeling and Dating for Safe Storage of Food" with an expiration date of 3/6/2020 revealed, "Objective: Participants will learn that labeling and dating are critical to promote food safety. The use of Use-By dates will be reviewed. All products should be dated upon receipt. All products should be dated when opened. Use Use-By dates on all food once opened and stored under refrigeration ...Expiration dates supercede storage guide ..." On 6/27/22 at 11:25 AM, the State Agency (SA) conducted an initial tour of the kitchen with	M 815	The Dietary Manager discarded all expired, undated, and improperly stored food items on 6/27/2022. All residents that receive a diet by mouth have the potential to be affected. The Dietary Manager completed an in-service for all dietary staff on 6/28/2022 regarding proper sanitation procedures, to include storage, labeling, dating and expired foods. The Dietary Manager will perform kitchen inspections x two (2) times weekly beginning on 7/19/2022, then weekly beginning on 8/15/2022, then monthly beginning on 9/1/2022 ending on 11/1/2022 to ensure all food items are dated, stored in a sanitary manner, and discarded upon expiration, document findings and take corrective action as necessary. The Dietary Manager will	8/12/22

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M 815	Continued From page 5 Dietary Manager #1 and observed the following: 1. In the Dry Storage room, there was a container of white bread with a label indicating a preparation date of 6/17/22 and a Use-By date of 6/24/22. 2. In the Dry Storage room, there was a container of wheat bread with a preparation date of 6/17/22 and a Use-By date of 6/24/22. 3. In the Dry Storage room, there was a container of Lemon Juice Reconstitute with an expiration date of 6/14/22. 4. In the Dry Storage room, there was a container of Sweetened Condensed Milk with an expiration date of 3/10/22. 5. In the Dry Storage room, there was a package of Ranch Dressing Mix House Recipe that was opened on the right edge of the package and was not sealed. There was no label indicating the date the package was opened. 6. In the Dry Storage room, there was a package of Ranch Dressing Mix House Recipe that was opened and sealed with a clip. There was no label indicating the date the package was opened. 7. In the Refrigerator, there was a zip lock bag that contained a head of lettuce. There was no label indicating the date the lettuce was stored and there was no Use-By date on the bag. 8. In the Refrigerator, there was a covered bowl of turkey sandwich meat. There was no label indicating the date the turkey was stored and there was no Use-By date on the bowl. 9. In the Refrigerator, there was a covered bowl of ham sandwich meat. There was no label indicating the date the ham was stored and there was no Use-By date on the bowl. On 6/27/22 at 11:52 AM, during an interview with the Dietary Manager (DM), she stated that she	M 815	report findings from weekly and monthly inspection to the Quality Assurance and Performance Improvement Committee at the monthly meetings beginning 8/4/2022 and ending 10/4/2022 for review, revision, or resolution of plan.	

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M 815	Continued From page 6 and the Assistant DM are responsible for discarding expired foods and ensuring food items are labeld with the opened date and Use-By date. On 6/28/22 at 10:00 AM, during an interview with the DM, she stated that expired food items could cause harm to the residents. She confirmed that food items should be checked daily for expired items and labeling. On 6/30/22 at 02:18 PM, during an interview, the Administrator stated that the residents are at risk for a possible illness if they consume expired food products. He stated that it is very important to check the dates on food and that he does not expect to find expired items in the kitchen. Record review of an "Associate In-Service Record", dated 12/14/21, revealed "Points Covered/Overview ...receiving and storage of food ..." revealed dietary staff received training on storage of food items.	M 815		