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
	14RO	A. BUILDING: _____ B. WING _____	04/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARKSDALE NURSING CENTER	1120 RITCHIE AVE CLARKSDALE, MS 38614

(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 700	45.24.1 General General. The facility shall provide routine drugs, emergency drugs and biologicals to its residents or obtain them by agreement. This Statute is not met as evidenced by: Level 11 Based on record review, interview, and policy review, the facility failed to acquire pain medication in a timely manner, as well as well as ensure documentation of "as-needed" (PRN) medication included justification and response to the effectiveness of the medication for one (1) of three (3) sampled residents, Resident #48, whose clinical records were reviewed for pain management. Findings include: Review of the facility's "Drug Administration and Documentation" policy, revised 11/2017, documented: "Chart each resident's medications on the MAR [Medication Administration Record] immediately after it is administered, PRN [as needed] medications will be documented on the MAR and the reason for giving as well as the result/response for each dose given will be noted in the clinical record." The facility's, "Pain Screen and Management", policy and procedure, revised 09/2018, documented: "When the resident is medicated with prescribed medication or treated as ordered, documentation of medication or treatment is done on the Medication Administration Record (MAR). Documentation, using the pain scale, of a new type of pain, a pain medication and/or treatment change, is done every shift until the pain is	M 700	Tag-0700- General 1) Resident #48 received his pain medication Percocet on April 16, 2019. The physician was notified on April 16, 2019 that the medication was given late. 2) All residents receiving pain medication have the potential to be affected by this alleged deficient practice. 3) The Licensed Practical Nurse who failed to follow the pharmacy after hours procedure was in-serviced on April 16, 2019, by the Director of Nurses on how to obtain prescriptions after hours and on weekends. Licensed Nurses were in-serviced on Pain Management and after hour pharmacy procedures on April 25 & 26, 2019 and May 2 & 23, 2019 by the Director of Nurses and the Staff Development Licensed Nurse. The medication administration record for all residents receiving pain medication has been audited five times a week beginning April 23, 2019. These will be audited five times a week until all issues have been resolved, then weekly for one month and monthly for three months. The Director of Nurses will bring any problems to the Quality Assurance Committee. 4) The Director of Nurses will report to the Quality Assurance Committee quarterly.	5/31/19

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M 700	Continued From page 1 managed effectively. Documentation includes location of pain, medication given and its effect using the pain scale plus any concerns about side effects." Record review revealed Resident #48 was admitted by the facility, on 01/10/19, with a diagnosis including but limited to pain. The resident's "Minimum Data Set (MDS)," with an Assessment Reference Date (ARD) of 01/17/19 and 04/06/19, documented the resident had a "Brief Interview for Mental Status (BIMS) (a cognitive evaluation) score of 15 out of 15, which indicated he was cognitively intact. The MDS also documented Resident #48 had pain in right hip and pain in unspecified upper arm and had frequent pain at a level of eight (8) of 10. The resident was coded as had received opioid medication on seven of seven (7 of &) days prior to the ARD. Review of the care plan, dated 01/10/19, documented Resident #48 had a problem related to his potential for pain and scheduled pain medication. Interventions for the problem included the charge nurse would "observe onset, location, severity, and duration of pain", and the charge nurse would observe the effectiveness of the medication. 1. Further review revealed a "Nurse's Note," dated 04/13/19 at 2:59 PM, documented Resident #48 had complained he was in "too much pain, [medications] not helping." The note documented the physician was called and ordered the resident be sent to the emergency room. During an interview with Resident #48, on 04/16/19 at 8:11 AM, he stated he had gone to	M 700	The Quality Assurance Committee will monitor quarterly and make revisions and/or corrections when needed until substantial compliance is achieved.	

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M 700	Continued From page 2 the emergency room for severe pain on 04/13/19, and was given a prescription for Percocet which had not been filled yet. Interview with Licensed Practical Nurse (LPN) #1, on 04/16/19 at 9:24 AM, revealed LPN #1 stated there was a prescription for Percocet 5 milligram (mg) by mouth every six hours prn pain, which Resident #48 had been given at the emergency room on 04/13/19, that had not been filled. She stated the pharmacy was trying to get the prescription to the facility at that time. On 04/16/19 at 9:50 AM, the above findings regarding the unfilled prescription were reviewed with the Director of Nursing (DON). She stated the facility's policy and procedure for acquiring medications was to call the pharmacy provider in Jackson, Mississippi and give them the verbal order. She stated the facility has an emergency pharmacy in town that can also be utilized. The DON stated the resident should not be waiting for the prescription to be filled. She stated the emergency pharmacy in Clarksdale closed at noon on Saturdays and the facility had no way to get pain medication except to send the resident to the emergency room. She stated the facility did not have a way to acquire medications after hours and on weekends. She acknowledged Resident #48's prescription for Percocet received 04/13/19 at 6:14 PM, from the emergency room physician, had not been filled as of this interview. The DON stated the prescription should have been filled on 04/15/19 when the pharmacy was open. On 04/16/19 at 11:20 AM, the facility's Medical Director stated, "I certainly would expect the facility to get a [prescription] filled more promptly. On 04/16/19 at 2:19 PM, Resident #48's	M 700		

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M 700	Continued From page 3 attending physician was interviewed by phone. In regard to the resident's Percocet prescription not being filled, the Physician stated, "I would expect a prescription to be filled the next day." On 04/16/19 at 2:39 PM, the Registered Pharmacist (RPh) from the facility's pharmacy provider in Jackson, MS, stated he was aware of the situation with Resident #48's Percocet prescription. He stated the nurse had faxed the prescription to the pharmacy after hours and had not called the pharmacy provider to inform them a prescription had been sent. The RPh stated no one works at the pharmacy on Sunday so the prescription was not found until Monday morning. He stated, had the nurse called the pharmacy regarding the prescription, a backup pharmacy in Clarksdale would have been called to supply enough medication to last until the full prescription amount could be sent out from Jackson. On 04/16/19 at 3:27 PM, Registered Nurse (RN) #3, was asked for the policy and procedure for acquisition after hours and on weekends. She stated there was no written policy and procedure. She stated nursing staff knew to call the pharmacy to obtain medication after hours and on weekends. She acknowledged the nurse who worked the evening of 04/13/19 did not know the procedure, and she had been in-serviced that day. On 04/16/19 at approximately 3:45 PM, the Administrator provided a statement, signed by herself, on facility letterhead which documented: "April 16, 2019. To Whom It May Concern, Our facility does not have a written policy for the acquisition of any medications after hours."	M 700		

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M 700	Continued From page 4 2. Review of the "Physician Order", dated 02/06/19, documented the resident was to be administered Oxycodone 5 mg by mouth every six hours as needed for pain. A "Physician Order," dated 04/08/19, documented the resident was to be administered Oxycodone 5 mg by mouth every 12 hours as needed for pain. Review of the "Medication Record", dated 02/2018, revealed three of the 54 doses had been documented as administered, as well as the reason and the effectiveness of the medication. The "Medication Record," dated 03/2019, revealed none of the 92 doses administered had a documented reason as well as the effectiveness of the medication. The "Medication Record," dated 04/2019, revealed none of the 45 doses administered had a documented reason as well as the effectiveness of the medication There was no documentation which indicated the resident's pain had been assessed prior to the administration of the oxycodone, as well as there was no documentation which indicated the effectiveness of the pain medication after administration. On 04/19/19 at 8:42 AM, the DON confirmed there was no documentation on the "Medication Record" which indicated the resident had been monitored/screened for pain every shift. The DON stated the nursing staff had not followed the facility's "Drug Administration and Documentation" policy and procedure for the administration of PRN pain medication. She stated the nursing staff had not documented the reason for the administration of the oxycodone,	M 700		

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M 700	Continued From page 5 nor had they documented the effectiveness of the medication on the back of the "Medication Record." The DON further stated the facility's "Pain Screen and Management" policy and procedure had not been followed for the documentation of pain/pain medication.	M 700		

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M1245	45.41.1 Date of Construction & Life Safety... Date of Construction and Life Safety Code Compliance. 1. Buildings constructed after the effective date of these regulations shall comply with the edition of the Life Safety Code (NFPA 101) effective on the date of construction. 2. Buildings constructed prior to the effective date of these regulations shall comply with Chapter 13 of the Life Safety Code (NFPA 101), 1985 edition. This Statute is not met as evidenced by: Based on observation and testing the fire alarm system, the facility failed to provide automatic sprinkler system supervisory signals in accordance by NFPA 101 Chapter 9.7.2.1, NFPA 72 Chapter 17.12.2. The deficient practice affected seven (7) of seven (7) smoke compartments and all 69 residents in facility on the day of survey. Findings include: During testing on April 16, 2019 at 10:25 AM, observation revealed the initiate of the fire sprinkler system (via inspector test valve) did not activate the fire alarm system. The fire sprinkler system was incapable of activating the fire alarm system within the minimum requirement of 90 seconds. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on April 16, 2019.	M1245	Tag 1245-45.41.1 Date of Construction & Life Safety (MS Long Term Care Regs) 1) The water flow switch was replaced by Giles Fire Protection Company on April 16, 2019. They tested the fire sprinkler system (via inspector test valve) and it activated the fire alarm system in thirty-five (35) seconds. 2) All residents on the day of survey had the potential to be affected by the same deficient practice. 3) Giles Fire Protection Company came on April 16, 2019 and replaced the water flow valve to the fire sprinkler system. They tested the system after replacing the valve and the system activated the fire alarm system in 35 seconds. Maintenance checked the fire sprinkler system the same day and daily from April 17, 2019 to April 23, 2019 with activation of the fire alarm system sounding from thirty-two(32) to thirty-five (35) seconds. He will check the sprinkler system weekly for two	4/17/19

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M1245	Continued From page 1	M1245	months, bi-weekly for two months and then quarterly. Any problems will be reported immediately to Giles Fire Protection Company and the Administrator. Any findings will be reported to the Quality Assurance Committee. 4) The Maintenance Director and/or Administrator will report to the Quality Assurance Committee quarterly or as needed. The Quality Assurance Committee will monitor quarterly and make any corrections when needed.	