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
	48HM	A. BUILDING: _____ B. WING _____	09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE CENTER OF ABERDEEN	505 JACKSON ST ABERDEEN, MS 39730

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M 000	Initial Comments The State Agency (SA) conducted an annual re-certification survey at the facility from 08/29/22 to 09/01/22. During the survey, the SA determined that the facility was not in compliance for compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm at MS610 related to not performing oral care on a resident dependent for oral care and MS635 related to not elevating the head of the bed for a resident receiving continuous Percutaneous Endoscopic Gastrostomy tube feeding as ordered. The facility was licensed for 120 beds with a census of 91 at the time of the survey.	M 000		
M 610 SS=D	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by: Based on observation, staff interview, record review and facility policy review the facility failed to provide oral care for a resident dependent for ADL's as evidenced by dry, peeling and cracked lips for one (1) of 91 residents reviewed. Resident # 31	M 610	Resident #31 was immediately assessed by Director of Nursing (DON) on August 30, 2022. Oral care was provided immediately and lip moisturizer was applied to lips. Medical Director was notified on August 30, 2022 of residents lips and an order was obtained for Carmex	10/4/22

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M 610	Continued From page 1 Findings Include: Review of the facility policy titled, "Oral Hygiene" with a revision date of 10/17 revealed under "Purpose: to clean the mouth, teeth and gums and to keep the mouth moist". An observation on 08/29/22 at 10:50 AM revealed Resident # 31's lips were dry, cracked, and peeling. An observation on 08/29/22 at 01:51 PM revealed Resident # 31's lips were dry, cracked and peeling. An observation on 8/30/22 at 9:45 AM with Certified Nurse Assistant (CNA) # 1 and CNA # 2 revealed them giving Resident # 31 a bed bath with no oral care given. CNA # 1 and CNA #2 revealed the resident is NPO, so the nurses have to do the resident's oral care and they confirmed her lips were dry and peeling. An interview on 8/30/22 at 9:47 AM with CNA # 1 and CNA #2 revealed the resident is ordered to have Nothing by mouth (NPO) so the nurses have to do the resident's oral care and they confirmed her lips were dry and peeling and needed lip balm. An observation on 8/30/22 at 2:04 PM revealed Resident # 31's lips were peeling with a slit on the left bottom lip that appeared to have started bleeding. An observation and interview on 8/30/22 at 2:07 PM with the Director of Nurses (DON) confirmed the resident's lips were dry, peeling and had a small slit on the bottom left that had started to bleed. The DON revealed it is the responsibility of	M 610	every shift. DON then wrote an order for Charge Nurse (CN) to perform oral care in addition to lip moisturizer to lips every shift and As Needed (PRN) on resident #31. Resident #31 care plan was updated on August 30, 2022 by DON. All residents who are Nothing By Mouth (NPO) are at risk for this deficient practice. On August 30, 2022 all Licensed nurses were in-serviced on providing oral care on all NPO residents by DON and Staff Development Nurse. On August 30, 2022 facility initiated an emergency Quality Assurance (QA) meeting with Medical Director to review all NPO residents that have a potential to be affected by this deficient practice. Beginning August 30, 2022 DON or Licensed nurses will monitor all NPO residents to ensure that oral care needs are met by evaluating their oral cavity and the lips for dryness, peeling or cracks. All NPO residents had clarification of oral care orders written for CN to perform every shift and PRN. September 13, 2022 the Administrator or DON will report any concerns from the Plan of Correction to the Department Head Meetings weekly for four-weeks and then monthly for three-months and then quarterly until substantial compliance is achieved with F677. Beginning September 15, 2022 all Licensed nurses will be checked off on oral care for NPO residents by Staff Development nurse. The Quality Assurance Committee will begin meeting on October 3, 2022 monthly for	

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M 610	Continued From page 2	M 610		

the nurses to perform Resident # 31's oral care since she is ordered NPO.

An interview on 8/30/22 at 3:30 PM with the DON revealed there is no order regarding who is responsible for oral care on the resident. She confirmed there needed to be an order and it needed to be added to the Electronic Treatment Administration Record in order for it to trigger for the nurses to compete that task every shift, but it was a task that was part of general care and should be done.

An interview on 8/31/22 at 9:00 AM with Licensed Practical Nurse (LPN) # 1 confirmed Resident # 31's lips were peeling and had to be uncomfortable for the resident. LPN # 1 revealed that oral care with a glycerin swab would probably feel good to the resident since she was NPO.

An interview on 8/31/22 at 4:00 PM with the DON confirmed that the resident's lips being in the condition they were of peeling with dry patches of skin had to be uncomfortable for the resident and oral care needed to be performed every shift.

Review of the facility in-services revealed the facility had an in-service regarding oral care that was attended by CNA's, LPNs, and Registered Nurses (RN) on staff on the following dates:
8/28/21
1/15/22
5/25/22

Record review revealed that Resident # 31 was admitted to the facility on 2/3/17 with medical diagnoses that included: pneumonitis due to inhalation of food and vomit, encounter for attention to gastrostomy, dysphagia, GERD without esophagitis.

three-months and quarterly until substantial compliance is achieved with F677. If any problems or concerns are identified with the current corrective action plan the Quality Assurance Committee will meet immediately and resolve or revise the corrective action plan as needed.

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M 610	Continued From page 3 Record review of Resident # 31's physicians orders revealed the following order: Order dated 12/3/19-Nothing by Mouth (NPO). Record review of Resident # 31's care plans revealed the following care plans: Care plan dated 02/03/2017 I have the potential for aspiration related to swallowing disorder with NPO status and history of aspiration-resident has a Percutaneous Endoscopic Gastrostomy with a goal of; I will have no undetected signs or symptoms of aspiration through next review 10/12/22 with interventions that included oral care per Charge Nurse (CN) every shift and As Needed (PRN) Care plan dated 02/03/2017 Resident # 31 is dependent for Activities of Daily Living (ADL) related to history of CVA with hemiplegia, poor safety awareness, decreased cognitive functioning, immobility and unable to make self-understood with a goal of Resident # 31 will have all needs met through next review 10/08/22 and interventions that included provide personal hygiene (CNA) Record review of Resident # 31's completed care revealed the resident had oral care on the following dates/times: 8/29/22 @ 6 AM 8/28/22 @ 6 AM 8/27/22 @ 2 pm 8/26/22 @ 2 PM 8/26/22 @ 6 am 8/23/22 @ 2 PM 8/23/22 @ 6 AM 8/22/22@ 2 PM 8/22/22 @ 6 AM 8/21/22 @ 2 PM	M 610		

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M 610	Continued From page 4 8/17/22 @ 6 AM which indicates the resident did not get oral care for 5 days out of the last 13 days and 5 of the days she received oral care only one time per day. Record review of Resident # 31's Minimum Data Set (MDS) with and Assessment Reference Date (ARD) of 7/7/22 revealed a Brief Interview of Mental Status (BIMS) of 99, which indicates the resident is severely cognitively impaired.	M 610		
M 635 SS=D	45.21.7 Gastric feeding Gastric feeding. Residents who are eating alone or with assistance are not fed by a gastric tube unless their clinical condition indicates that the use of a gastric feeding tube is unavoidable. The residents who are fed by a gastric tube receive the treatment and services to prevent complications or to restore if possible, normal eating skills. This Statute is not met as evidenced by: Based on observation, staff interview, record review and facility policy review the facility failed to prevent the likelihood of aspiration in a resident receiving continuous Percutaneous Endoscopic Gastrostomy (PEG) as evidenced by the head of the bed (HOB) being below 30 degrees for one (1) of six (6) PEG tube feeding residents reviewed. Resident # 31 Findings Include: Record review of the facility policy titled, "Tube Feedings" with a revision date of 12/15 revealed under "# 3. Procedures for administering tube feedings are in place and address: a. Positioning	M 635	Resident #31 was immediately assessed by Director of Nursing (DON) on August 30, 2022 to ensure that the head of the bed was elevated to thirty degrees. Registered Nurse #1 assessed resident with no signs or symptoms of aspiration noted on August 30, 2022. Medical Director was notified on August 30, 2022 that Resident #31 head of the bed was down while Gastrostomy (PEG) tube feeding was running. New order for chest-x ray was obtained on August 30, 2022. September 1, 2022 x-ray was reviewed per Medical Director with no acute findings. On August 30, 2022 the	10/4/22

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M 635	Continued From page 5 the resident and # 4 A resident who is fed by nasogastric, jejunostomy or gastrostomy tubes will receive appropriate treatment and services to prevent aspiration pneumonia". An observation on 08/30/22 at 09:02 AM revealed that Resident # 31's head of the bed was below 30 degrees elevation. An observation and interview on 8/30/22 at 9:05 AM with Licensed Practical Nurse (LPN) # 1 confirmed the resident's head of the bed was too low, needed to be raised and kept at 45 degrees due to her continuous tube feeding. An observation on 8/30/22 at 1:50 PM revealed Resident # 31's head of bed below 30 degrees elevation. An observation and interview on 8/30/22 at 1:52 PM with Certified Nurse Assistant (CNA) #3 confirmed the resident's head of her bed was too low and needed to be higher due to her continuous tube feeding. An interview on 8/30/22 at 2:03 PM with LPN # 1 and the Director of Nurses (DON) confirmed that Resident # 31's head of the bed needs to be around 45 degrees elevated at all times and the staff have been made aware of that. An interview on 8/31/22 at 4:10 PM with the DON confirmed that the Resident # 31 being left with her HOB at less than 30 degrees could have caused the resident to aspirate. Record review revealed Resident # 31 was admitted to the facility on 2/3/17 with medical diagnoses that included Dysphagia, flaccid hemiplegia affecting right dominant side,	M 635	DON assessed all residents with Gastrostomy Tubes to ensure that their head of the bed was at thirty degrees and no deficient practice was identified. All residents with Gastrostomy Tubes have the potential to be affected by this deficient practice. On August 30, 2022 an in-service was initiated with all Licensed nurses and Certified Nursing Assistants on positioning of Gastrostomy (PEG) tube patients. On August 30, 2022 facility initiated an emergency Quality Assurance (QA) meeting with Medical Director to review all residents with a Gastrostomy Tube and positioning while in the bed that have a potential to be affected by this deficient practice. Beginning September 13, 2022 the Administrator or DON will report any concerns from the Plan of Correction to the Department Head Meetings weekly for four-weeks and then monthly for three-months and then quarterly until substantial compliance is achieved with F693. On August 30, 2022 DON or Licensed nurses started monitoring all residents with Gastrostomy Tubes positioning to ensure the head of the bed is elevated to thirty degrees daily for three weeks and then three times weekly for three weeks and then weekly indefinitely. The Quality Assurance Committee will begin meeting on October 3, 2022 monthly for three-months and quarterly until substantial compliance is achieved with F693. If any problems or concerns are	

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M 635	Continued From page 6 Gastro-esophageal reflux disease, cerebral infarction, and encounter for attention to gastrostomy. Record review of the Resident # 31's physician's orders revealed the following orders: Order dated 4/4/22- Tube Feeding Tasks: Elevate HOB 30 degrees or order; Visual check of tube and tube site Tube placement checked prior to administering meds/feedings. Check residual; notify MD if > 100ml. Record review of Resident # 31's care plans revealed the following care plans: Care plan dated 02/03/2017 I have the potential for aspiration related to swallowing disorder with NPO status and history of aspiration-resident has a Percutaneous Endoscopic Gastrostomy with a goal of; I will have no undetected signs or symptoms of aspiration through next review 10/12/22 with interventions that included keep HOB elevated to prevent aspiration to be completed by all staff (AST) Record review of Resident # 31's Minimum Data Set (MDS) with and Assessment Reference Date (ARD) of 7/7/22 revealed a Brief Interview of Mental Status (BIMS) of 99, which indicates the resident is severely cognitively impaired and Section K revealed the resident was receiving tube feeding via PEG.	M 635	identified with the current corrective action plan the Quality Assurance Committee will meet immediately and resolve or revise the corrective action plan as needed.	