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
	35KC	A. BUILDING: _____ B. WING _____	08/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS CARE CENTER OF DEKALB	220 WILLOW AVENUE DE KALB, MS 39328

(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 000	Initial Comments The State Agency (SA) conducted a recertification survey from 07/30/19 to 08/01/19. 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 M655. The census at the time of entrance was 60, and the facility was certified for 60 beds.	M 000		
M 655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This Statute is not met as evidenced by: Based on observation, staff interview, and facility policy review, the facility failed to provide storage for Resident #16's oxygen (O2) nasal cannula to prevent the possible spread of infection and/or contamination one (1) of four (4) resident's receiving oxygen therapy. Findings include: Review of the facility's "Quality Assessment and Assurance Component" policy, not dated, revealed: To use disposable tubing, masks, and cannulas for patients receiving oxygen therapy. This equipment is to be discarded as this procedure dictates. 11. When not in use, store the mask/cannula in a plastic bag clearly labeled with the resident's name and date.	M 655	1. Corrective action was taken for Resident # 16 with special needs to ensure Comprehensive Care Plan was followed: Immediate action taken for Resident #16 presented with special needs found to be affected by reviewing the Comprehensive Care Plan, noting the Oxygen cannula should be stored in a bag to prevent possible infection (8/1/2019) Registered Nurse/Assistant Director of Nursing (RN/ADON) assessed resident for signs and symptoms of infection as evidenced by no elevated temperature, increased cough, congestion or shortness of breath and a CBC drawn 8/5/2019 shows white count within normal limits. All staff present were in-serviced immediately	9/11/19

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M 655	Continued From page 1 On 07/30/19 at 1:33 PM, an observation revealed Resident #16 lying in bed with his oxygen cannula on. No storage bag was noted in the room. When asked what he does with his tubing when he is not wearing it, Resident #16 stated he just wraps it around the machine. He stated he has not had a bag to put it in. On 07/31/19 at 3:30 PM, Resident #16 was observed asleep in bed. The resident was not wearing oxygen. The oxygen tubing was wrapped around the O2 concentrator, and not in a storage bag. On 07/31/19 at 4:30 PM, an observation with Registered Nurse (RN) #1 confirmed Resident #16's oxygen cannula was not in a bag. She confirmed the cannula should be in a bag to prevent contamination and possible infection. On 07/31/19 at 4:45 PM, an interview with the Director of Nursing (DON) revealed Resident #16's oxygen cannula should be stored in a bag to prevent possible infection.	M 655	(8/1/2019)by RN/ADON as to infection control and the need to keep masks/cannulas secured in zip-lock bag while not in use. Resident #16, able to make decisions for self, was also counseled 8/1/2019 by RN/ADON to use oxygen as needed and can apply and remove cannulas at will. Resident completed a return demonstration of placing cannulas and tubing in bag for storage 8/1/2019. 2. Facility will identify other residents having the potential to be affected by the same deficient practice: The facility determined that 60 of 60 residents have special needs and has the potential of being affected by this deficient practice. All staff in-serviced by Employee Staff Development and Infection Control Nurse (8/15/2019) to the importance of identifying the special needs of each resident and following the Person-Centered Comprehensive Care Plan. 3. Measures put into place or systemic changes made to ensure the deficient practice is resolved: A)Quality Assurance Performance Improvement Team met to discuss (8/9/19) the importance of identifying special needs of residents and following a Person Centered Comprehensive Care Plan; B)Minimum Data Set (MDS) Coordinator, Medical Records, Interdisciplinary Team to identify the special needs of every resident on their Person Centered	

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M 655	Continued From page 2	M 655	Comprehensive Care Plan, ensure that those needs and the care required is known by all staff (8/14/2019); C) Medical Records to ensure Special Needs of the Resident are included on the CNA Kiosk, Treatment Administration Record (TAR), and Medical Record for quick access. 4. Facility plans to monitor its performance to make sure that solutions are sustained by: A)Minimum Data Set (MDS) Coordinator and Medical Records and Interdisciplinary Team will monitor Person-Centered Comprehensive Care Plans weekly X 14 to ensure special needs are identified and met; B) Quality Assurance Performance Improvement Team will be apprised of changes to the Person-Centered Comprehensive Care Plan, will review findings make recommendations and changes as needed to ensure compliance (monthly x 3 beginning August 4, 2019); C) Nurse Consultant to randomly review Comprehensive Care Plan quarterly X 1 prior to November 1, 2019; D) Registered Nurse/Assistant Director of Nursing (RN/ADON) to Advise Resident Council of deficiency and resolution (9/26/2019).	