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
	38JC	A. BUILDING: _____ B. WING _____	04/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JAMES T CHAMPION	1455 NORTH LAKELAND DRIVE MERIDIAN, MS 39307

(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 an Annual State Licensure survey, along with a Annual Recertification survey, and Complaint Investigation (CI MS #15609) from 04/14/19 to 04/17/19. The State Agency (SA) determined during the Annual Recertification survey, the facility was not in compliance for State Licensure requirements. Deficiencies were cited at M705. The SA did not substantiate CI MS #15609 for abuse, and no citations were cited related to the complaint.	M 000		
M 705	45.24.2 Policies and procedures Policies and procedures. Each facility shall have policies and procedures to assure the following: 1. Accurate acquiring; 2. Receiving; 3. Dispensing; 4. Storage; and 5. Administration of all drugs and biologicals. This Statute is not met as evidenced by: Level II Based on observation, staff interview, and facility policy review, the facility failed to properly store drugs and biologicals as evidenced by expired medication in the medication room on the Magnolia Hall, for one (1) of two (2) medication rooms observed.	M 705	Disclaimer: Completion and response to Licensure Violation Report for James T. Champion Nursing Facility (JTCNF) in no way represents agreement of the statement of deficiencies herein stated. A. How corrective action(s) will be	5/17/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 05/20/19

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M 705	Continued From page 1 Findings include: Review of the facility's policy titled, "Floor Stock Medication", revised August 2015, revealed: Procedure: A. (2) It is the responsibility of the unit nurse to rotate floor stock and return any outdated floor stock medication. (3) It is the responsibility of the unit nurse to maintain proper storage of floor stock medications. G. Medication Room Inspection for Inpatient Services: The Pharmacy will perform random unit medication room inspections to ensure the following, but is not limited to: C. Expired medications have been returned to Pharmacy. On 4/17/19 at 8:40 AM, an observation of the Medication Room on the Magnolia Hall revealed three (3) bottles of Liquid Tylenol Pain and Fever medication with an expiration date of 8/18. An interview at that time with Licensed Practical Nurse (LPN) #1 revealed she stated she did not know the facility's policy for checking for expired medications. LPN #1 confirmed she had no liquid Tylenol available for resident use, that was in date. LPN #1 stated if she needed liquid Tylenol she would have to order it. On 4/17/19 at 8:53 AM, an interview with LPN #2 revealed the Medication Nurse was responsible for checking for expired medications. On 4/17/19 at 8:54 AM, an interview with the Nursing Supervisor revealed the Medication Nurse was responsible for checking for expired medications and notifying the Registered Nurse (RN) Supervisor if any are expired, for removal and disposal.	M 705	accomplished for those residents found to have been affected by the deficient practice. The expired Liquid Tylenol Pain and Fever Medication was discarded by the Nursing Supervisor on April 17, 2019. There were no residents found to have been affected by the deficient practice. The James T. Champion Quality Assurance Nurse checked 100% of floor stock medication in all medication rooms on April 17, 2019. There were no medications found to be expired. B. How the facility will identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken. There were no residents on Magnolia Hall with an order for Liquid Tylenol Pain and Fever Medication. C. What measures will be put into place, or systemic changes made to ensure that the deficient practice will not recur. On April 17, 2019,the Nursing Supervisor	

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M 705	Continued From page 2	M 705	began in-servicing all Registered Nurses and Licensed Practical Nurses on checking floor stock medication expiration dates when medications are received from the pharmacy and weekly. Any expired medications will be removed from the medication room and destroyed per facility policy. In-services were completed on April 24, 2019. D. Indicate how the facility plans to monitor its performance to make sure solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the Quality Assurance system. Beginning April 17,2019, James T. Champion Quality Assurance Nurse will begin checking 50% of floor stock medications for expiration dates monthly for three months and then 25% monthly thereafter. Any expired medications will be removed from the medication room and destroyed per facility policy. The Quality Assurance Nurse will report any deficiencies to the Quality Assurance Committee and the Quality Assurance Committee will make recommendations. Beginning May 2, 2019, the James T. Champion Pharmacy Consultant will check 100% of the floor stock medication	

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M 705	Continued From page 3	M 705	expiration dates monthly for three months and then 50% monthly thereafter. Any deficiencies will be reported to the Director of Nursing and/or Nursing Supervisor and the expired medication will be removed from the medication room and destroyed per facility policy. The Director of Nursing and or Nursing supervisor will report any deficiencies to the Quality Assurance Committee and the Quality Assurance Committee will make recommendations.	