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 |
|---|---|---|---|
| | 06BC | A. BUILDING: _____ B. WING _____ | 10/12/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BOLIVAR MEDICAL CENTER LTC | 901 E SUNFLOWER RD CLEVELAND, MS 38732 |

| (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 |
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| M 000 | Initial Comments<br><br>The State Agency (SA) conducted an annual re-certification survey at the facility from 10/10/22 to 10/12/22. The SA determined that the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Inform with a deficiency cited at M610.<br>At the time of the survey the facility census was 22 and the faciltiy is licensed for 35 beds. | M 000 | | |
| M 610 SS=D | 45.21.2 Activities of daily living<br><br>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:<br><br>1. Bath, dressing and grooming;<br><br>2. Transfer and ambulate;<br><br>3. Good nutrition, personal and oral hygiene; and<br><br>4. Toileting.<br><br>This Statute is not met as evidenced by:<br>Based on observations, staff and resident interviews, and record review, the facility failed to provide nail care for 1 of 22 residents reviewed for Activities of Daily Living)ADL care. Resident #18<br><br>Findings include:<br><br>The facility does not have a policy related to nail care.<br><br>An observation and interview, on 10/10/22 at | M 610 | 1. Corrective Action: Resident #18 received nail care by the Director of Nursing (DON), on 10/11/22. Resident refused beard trimming on 10/11/22 and this was noted by DON. Care plan for resident #18 was reviewed with resident by DON regarding his nailcare and beard trimming preferences. Resident stated that he would like to have beard trimmed and hair trimmed by the beautician.<br><br>2. Other residents having the potential to | 11/10/22 |

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| M 610 | Continued From page 1<br><br>11:03 AM of Resident # 18 revealed he had long and jaggad fingernails with a brown substance underneath them on his right hand.<br><br>An observation of Resident # 18 on 10/11/22 at 9:25 AM revealed the resident had long jagged fingernails.<br><br>During an interview and observation on 10/11/22 at 3:40 PM Certified Nursing Assistant # 1(CNA) confirmed that Resident # 18 had long jagged fingernails with a brown substance under them and needed to be trimmed. CNA #1 revealed that she does not trim fingernails, is responsible for reporting to the nurse when the nails need to be trimmed, and she had not reported to anyone that the resident needed his nails trimmed.<br><br>During an interview and observation on 10/11/22 at 3:47 PM the Director of Nursing (DON) revealed Resident #18 nails were long before she trimmed them yesterday (after the Surveyor made her observation).<br><br>Record review of Resident #18's Face Sheet revealed he was admitted to the facility on 6/18/2012 with diagnosis which included, Cerebral Infarction due to Thrombosis of Unspecified Cerebral Artery, Hemiplegia, Unspecified affecting Left Nondominant Side.<br><br>Record review of Resident # 18's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/30/22 revealed in section G that Resident #18 required extensive assistance with Hygiene and section C revaled a Brief Interview for Mental Status (BIMs) of 15, indicating full cognitive ability. | M 610 | be affected by the same deficient practice: All other twenty-one (21) residents in the facility have the potential to be affected by the deficient practice.<br><br>3. Systematic Changes made to ensure that the deficient practice will not recur:<br>a) On 10/12/22, Nail audit was conducted by DON. Every resident received an ADL assessment which included nail assessment in which nails were assessed for cleanliness, length, and smoothness. This audit revealed that no other resident was affected by the deficient practice noted by surveyor on Resident #18.<br><br>b) On 10/13/22, daily briefing was held by DON with nurses and Certified Nursing Assistants (CNA) in which all staff was educated that each individual care plan for each resident must be followed and completed each shift. All Activities of Daily Living (ADL) must be performed and documented, any resident refusing ADL care should be reported immediately to the Nurse or DON. This briefing will be communicated to all shifts during shift start brief.<br><br>c) On 10/19/22, DON issued memo to all licensed nursing staff to detail the new process of weekly skin assessments. All residents are scheduled weekly for full body skin sweeps which will now include nailcare assessment. Nails will be assessed for cleanliness, length, and smoothness. Detailed progress notes will be completed by licensed personnel in weekly progress note This will be | |

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| M 610 | Continued From page 2 | M 610 | documented with a detailed progress note weekly starting on 10/24/22<br><br>d) Staff Education: In-Service provided to all nursing department staff on 10/24/22. All nursing staff educated on Resident Care Plan and the implementation of the care plan. All nursing staff also educated on the new process for assessing nails weekly during skin sweep and performing nail care weekly. Director of Nursing educated staff on proper nail care routine including how to clean the nails, trim, and file. Staff also educated to document refusal of any ADL as well as report to the charge nurse. Nursing staff has been educated on notifying Minimum Data Set (MDS) nurse of any ADL changes. Education for all un-licensed personnel to report any nailcare needs to licensed personnel.<br><br>4. Plans to monitor facility performance to make sure that solutions are sustained:<br>a) 10/12/22: Nailcare Audit performed by DON. This Audit will be performed by Registered Nurse (RN) or DON one time weekly for the next four (4) weeks. After one month, audits will continue one (1) time monthly for 12 months as a part of the facilitys Quality Assurance and Performance Improvement (QAPI). Initial findings will be reported to the facility QAPI Committee on November 9, 2022, and will continue to be reported to QAPI quarterly for one (1) year. | |