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
	60QC	A. BUILDING: _____ B. WING _____	04/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUITMAN COUNTY HEALTH & REHAB LLC	350 GETWELL DRIVE MARKS, MS 38646

(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 4/2/19 to 4/4/19. 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 M640. The census at the time of entrance was 47, and the facility was certified for 60 beds.	M 000		
M 640	45.21.8 Accidents Accidents. The facility shall ensure that the residents ' environment remains as free of accident hazards as possible, and adequate supervision shall be provided to prevent accidents. If an unexplained accident occurs, this injury must be investigated and reported to appropriate state agencies. This Statute is not met as evidenced by: Level II Based on observation, interview, and record review, the facility failed to properly assess the use of lap belts as a potential accident hazard for two (2) of 18 residents reviewed, Residents #33 and #42. Findings include: Review of the facility's "Hazardous Areas, Devices and Equipment" policy, revised 07/2017, indicated, "...Any element of the resident environment that has the potential to cause injury and that is accessible to a vulnerable resident is considered hazardous...Data from Accident and Incident Reports will be used as part of the hazard's assessment and analysis, including	M 640	1) On 04-18-2019, the Minimum Data Set Coordinator completed the "Fall Assessment" on resident #33 and #42. Both Residents reviewed for lap belt use being potential contributing factor of fall. Residents # 33 and # 42 lap belts were not found to be a contributing factor. On 04-8-19, the Minimum Date Set Coordinator completed a "Physical Restraint Elimination Assessment" on Residents #33 and #42. Residents #33 and #42 current lap belts ordered were determined to be the least restrictive option at this time with the benefits out weighing the risk. 2)On 04-08-2019, the Minimum Data Set Coordinator assessed 100% of residents for restraint use being a contributing factor	5/17/19

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M 640	Continued From page 1 trends in accident types, areas in the facility, associations with particular staff or shifts and equipment used...". The facility's "Falls and Fall Risk, Managing" policy, with a revision date of December, 2007, indicated, "...Based on previous evaluations and current data, the staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling... If falling recurs despite initial interventions, staff will implement additional or different interventions, or indicate why the current approach remains relevant...". Review of the facility's policy for Restraints, revised April 2017, revealed restraints shall be used in such a way as not to cause physical injury to the resident and to insure the least possible discomfort to the resident. A resident placed in a restraint will be observed every 30 minutes by nursing personnel and an account of the resident's condition shall be recorded in the resident's medical record. Restrained individuals shall be reviewed regularly, (at least quarterly) to determine whether they are candidates for restraint reduction, less restrictive methods of restraints, or total restraint elimination. The facility did not assess the use of lap belts as a possible contributing factor for falls experienced by Resident #33 and Resident #42, nor did the facility consistently refer the residents to therapy for screening as directed by facility policy following a fall. Resident #33 Review of the clinical record revealed the physician ordered the use of a self-releasing seat	M 640	of falls. Four (4) of the forty-three (43) residents have the potential to be affected by this deficient practice. On 04-08-2019, the Minimum Data Set Coordinator completed a "Fall Assessment" to include review of restraints as contributing factors for falls. No restraint use noted as a contributing factor for falls per Minimum Data Set Coordinator on 04-08-2019. 3) On 04-08-2019, the Nurse Consultant conducted a 1:1 in-service with the Minimum Data Set Coordinator on assessment of residents with falls to include restraint as a potential contributing factor. On 05-15-2019, the Minimum Data Set Coordinator initiated an in-service for all nursing staff on completing the fall assessment and restraint assessment with all falls. On 5/10/19, the Quality Assurance Committee reviewed the policy and procedures for "Hazardous Areas, Devices and Equipment" and "Falls and fall risk managing, with no recommended changes to the policy at this time. In attendance at the meeting were the Administrator, Acting Director of Nursing, Minimum Data Set Coordinator, Infection Control Nurse, Human Resources Director, Maintenance Supervisor, and Medical Director. 4) The Minimum Data Set Coordinator will monitor all resident with falls each week X 12 weeks during the "High Risk Fall" meeting for completion of the Fall Assessment to ensure restraints are assessed as a potential contributing factor of the fall. Results will be logged on a "Fall\Restraint Evaluation Log" beginning 05-16-2019 "High Risk Fall" meeting. Any issue noted will be corrected immediately	

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M 640	Continued From page 2 belt for Resident #33 on 08/16/16. A "Fall Assessment", dated 03/21/18, identified Resident #33 as a high fall risk. Specifically, this document noted the resident had a history of falls and a diagnosis of Dementia. The assessment indicated the resident would lean forward, was confused and had poor comprehension. A "Fall Assessment" was completed on 06/09/18 and 09/05/18, and noted the same information. Review of the "Departmental Notes", dated 11/13/18, revealed Resident #33 was found seated in her wheelchair with her seat belt on and located behind another resident who was in a wheelchair. The entry noted Resident #33 was found with her wheelchair flipped forward and was caught by the back of the other resident's wheelchair. The seat belt had to be released by staff after this incident. There were no injuries sustained by Resident #33. A "Resident Incident Report", dated 11/13/18, noted the above information. There was no information in this document that indicated the facility assessed whether the self-releasing belt was a potential accident hazard, or if the lap belt remained the best option for the resident. The report did document this was an unwitnessed event. The quarterly "Minimum Data Set (MDS)", with an Assessment Reference Date (ARD) of 02/20/19, noted Resident #33 was unable to complete the Brief Interview for Mental Status (BIMS) evaluation due to the resident being rarely/never understood. The resident was assessed by staff to be moderately cognitively impaired. Resident #33 required the assistance of two staff members for bed mobility and transfers. The resident used	M 640	and The Quality Assurance Nurse report quarterly to the Quality Assurance Committee, to determine if changes need to be made.	

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M 640	Continued From page 3 a trunk restraint daily while out of bed. A care plan, dated as initiated 02/26/19, identified Resident #33 required assistance with activities of daily living. One of the approaches identified was to check the self-releasing seat belt every two hours and to release and exercise the resident. Another care plan issue, dated as initiated 02/26/19, noted Resident #33 was at risk for falls. An approach identified a self-releasing seat belt would be attached to the wheelchair due to decreased safety awareness. Another approach identified Resident #33 should be screened per PT (Physical Therapy) and OT (Occupational Therapy) after falls and PRN (as needed). There was no evidence to show that this seat belt device was assessed as a potential accident hazard. On 04/02/19 at 10:31 AM, Resident #33 was observed in a wheelchair with a self-releasing lap belt secured about her waist. An interview was attempted with Resident #33. The resident could not be understood at this time. In an interview, on 04/03/19 at 12:02 PM, the acting Director of Nursing (DON) stated therapy staff were to screen for the use of lap belts and make recommendations. Review of the "Face Sheet" revealed Resident #33 was admitted to the facility, on 08/03/16, with diagnoses of unspecified Dementia with behavioral disturbance and muscle weakness. Resident #42 Review of the Physician Orders, dated 06/26/17, revealed an alarmed self-releasing seat belt for Resident #42 was ordered due to a decrease in	M 640		

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M 640	Continued From page 4 safety awareness and Alzheimer's disease. The "Departmental Notes", dated 02/10/19, noted Resident #42's alarm from her self-releasing lap belt was heard. The staff member found the resident at the foot of her bed on the floor. She sustained no injuries. A referral was made, on 02/10/19, to therapy to evaluate Resident #42 from her recent fall. There was no mention of the self-releasing lap belt and whether this might be considered a risk for harm for the resident or not. The evaluation did not state if the lap belt was still considered the best option for safety for the resident or not. The quarterly MDS assessment, with an ARD of 02/27/19, noted Resident #42 was unable to complete the BIMS evaluation due to the resident being rarely/never understood. Staff assessed the resident was moderately cognitively impaired. The resident required limited assistance of two staff members for bed mobility and extensive assistance for transfers of two staff members. The resident used a trunk restraint daily while out of bed. A Care Plan, dated as initiated on 03/05/19, identified Resident #42 was considered high risk for falls. Identified approaches included the resident was to have an alarmed self-releasing seat belt due to decreased safety awareness and Alzheimer's disease. There was no mention the resident had the behavior of attempting to stand by herself while in the wheelchair. Review of the "Departmental Notes", dated 03/16/19, revealed Resident #42 had an unwitnessed fall. Resident #42 was found on the ground, scooting towards her bed from the	M 640		

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M 640	Continued From page 5 bathroom, and her shirt was covered with urine. The resident sustained no injuries. There was no evidence the resident was referred to the therapy department for screening after her 03/16/19 fall. In an interview, on 04/03/19 at 12:51 PM, Licensed Practical Nurse (LPN) #66 stated Resident #42 would attempt to stand up on her own from her wheelchair. LPN #66 confirmed the resident used a self-releasing lap belt. In an interview on, 04/03/19 at 1:59 PM, Certified Nursing Assistant (CNA) #22 confirmed Resident #42 would attempt to stand when sitting in her wheelchair even with her lap belt attached. CNA #22 stated she reminds the resident to sit back down. In an interview, on 04/03/19 at 2:54 PM, the MDS Coordinator stated Resident #42 was at high risk for falls. She said the resident had a history of releasing the lap belt and standing unassisted. A telephone interview was conducted with the Director of Rehabilitation (DR) on 04/04/19 at 9:15 AM. The DR said Resident #42 was safer with a lap belt on than without. The DR confirmed the resident was considered high risk for falls. The DR said if a resident had a fall, therapy would assess them to see if they need therapy or not. The DR was unable to explain why this had not occurred for Resident #42. Review of the "Face Sheet" revealed Resident #42 was admitted to the facility, on 11/11/16, with diagnoses of repeated falls and Alzheimer's disease.	M 640		

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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 record review and interviews, the facility failed to properly perform fire drills as per NFPA 19 .7.1.2. This deficiency affected all residents in the facility on the day of survey. Findings include: On April 3, 2019 at 10:20 AM, the facility could not provide documentation of a fire drill performed during the following shifts in the past year: 1. 1st shift in the 3rd quarter of 2018 2. 3rd shift of the 4th quarter of 2018 3. 2nd or 3rd shift of the 1st quarter of 2019 The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on April 3, 2019.	M1245	No Residents were affected by this deficiency. All Residents have the potential to by affected by this deficiency POC The maintenance supervisor was relieved of job duties and a new maintenance supervisor has been hired by the facility. New supervisor was in-services on by the Administrator and Safety Officer regarding the proper procedures and timing of fire drills, as well as insuring that all drills are signed by on duty personnel, and properly dated. All fire drills are now up to date. The maintenance supervisor will report to QA committee on status of fire drills on a quarterly basis.	5/17/19

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		05/17/19