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
	30RC	A. BUILDING: _____ B. WING _____	02/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER CHASE VILLAGE	5090 GAUTIER VANCLEAVE ROAD GAUTIER, MS 39553

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M 000	Initial Comments The State Agency (SA) conducted a licensure survey from 2/26/19 through 2/28/19. During the survey the SA determined the facility was not in compliance with the Minimum Standards for the Age and Infirm. The SA cited M 225, M655 and M980.	M 000		
M 225	45.4.1 Nursing Facility Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements: 1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio. 2. Each facility shall have the following licensed personnel as a minimum: a. Seven (7) day coverage on the day shift by a registered nurse. b. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day shift and be responsible for all nursing services in the facility. c. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing services, who shall be a registered nurse. d. A registered nurse or licensed practical nurse	M 225		3/28/19

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

Electronically Signed | 03/26/19

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M 225	Continued From page 1 shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse. e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse. f. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse. 3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements. 4. There shall be at least two (2) employees in the facility at all times in the event of an emergency. This Statute is not met as evidenced by: Level II Based on record review, staff interview, and facility policy review, the facility failed to ensure adequate staffing was provided for three (3) of 14 days reviewed for staffing. Findings Record review of facility policy titled, "Staffing Policy", revealed the minimum requirements for	M 225	1. The Director of Nursing(DON) reviewed staffing based on the ratio of two and eight tenths(2.80)hours of direct care per resident per twenty four hours on a daily basis from 2/28/2019 through 3/6/2019 to ensure adequate staffing was being maintained and weekly thereafter. Usual staffing is set within River Chase Village on average being between a 3.2 and 3.6 staffing ratio although the 14 days reviewed we failed to provide adequate staffing on 3 of 14 days due to new staff	

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M 225	Continued From page 2 nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct care per resident per 24 hours. Staffing requirements are based upon resident census. Record review of the schedule and staffing grid, revealed the facility failed to provide sufficient nursing staff for three (3) of 14 days of the working schedule. The dates were; 2-16-19 (2.75), 2-17-19 (2.75), and 2-24-19 (2.76). Interview on 02/28/19 at 01:08 PM, with the Administrator and Director of Nursing (DON), after reviewing the staffing grid, revealed that the facility did not meet the staffing ratio of 2.80. The DON and the Administrator revealed they knew the staffing ratio should be at 2.80, but they did not realize they had not met it until today. The DON stated they were down four (4) Certified Nurses Aides (CNAs); they have some hired, but they haven't been working. The DON stated, "If you had come a month ago, we'd be ok." The Administrator stated she had a Registered Nurse in training and she will be out of training as of today.	M 225	being on orientation. 2. All residents have the potential to be affected by the facility failing to provide adequate staffing. 3. On 3/7/2019 all Nursing Staff was in-serviced regarding the importance of adequate staffing and explained the minimum requirements for adequate nursing staff and that it shall be based on the ratio of two and eight tenths(2.80) hours of direct care per resident per 24 hours. Discussed the importance of switching shifts and covering shifts when there is a call out. During weekly Registered Nursing Staff meetings the Director of Nursing(DON), Registered Nurses, Minimum Data Set Nurse and Administrator will review facility staffing ratio beginning 3/6/2019 to ensure adequate staffing will be provided to assure resident safety and to attain the highest practicable physical, mental and psychosocial well-being of each resident. The Director of Nursing(DON), Registered Nurses, Minimum Data Set Nurse and Administrator will review facility staffing ratio weekly to ensure adequate staffing is being provided. Any discrepancies will be addressed immediately. 4. The weekly Registered Nursing Meeting notes of adequate staffing will be discussed and reviewed by the Director of Nursing(DON) to the Quality Assessment and Assurance(QAA) Team. Quality Assessment and	

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M 225	Continued From page 3	M 225	Assurance(QAA) Team to meet monthly for three consecutive months to determine if further action is needed and to make any recommendations then quarterly thereafter.	
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: Level II Based on observation, facility policy review, record review, and staff interview, the facility failed to ensure oxygen and nebulizer masks were bagged and stored to prevent to possible spread of infection for one (1) of 12 resident respiratory mask observations, Resident #21. Findings include: Review of facility policy titled, "Infection Prevention and Control Program Policy", dated February 2018 revealed, that the policy is to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable disease and infections. The program will include, but not limited to precautions to be followed to prevent spread of infections.	M 655	1. On 3/25/2019, the Program Nurse of the Office of Mental Health Programs with the Division of Medicaid entered an electronic change in the referral criteria to the electronic case of Resident #12 to change the answer from "No" to "Yes, Person has a diagnosis of a major mental illness" noted in section IX-Part B- Level II Referral Criteria for diagnosis of Bipolar Disorder. Rationale from Ascend's Level II assessment was that a "Pre-Admission Screening(PAS) Appliication was submitted on 6/28/2018 for Resident #12 who has a diagnosis of Bipolar Disorder, and Dementia. A prior Level II was completed 10/2015 noting: Axis 1 Bipolar Disorder NOS, Vascular Dementia uncomplicated. He has cognitive impairment, and memory impairment with mild/moderate disorientation/confusion. Based on the information submitted and	3/28/19

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M 655	Continued From page 4 An observation on 02/26/19 at 09:29 AM, revealed Resident #21's Nebulizer mask lying on the table and not in a bag. Oxygen tubing with the nasal cannula was observed lying in the resident's open drawer; not in a bag. An interview on 02/28/19 at 08:59 AM, with Registered Nurse (RN) #1/Infection Control Nurse, revealed, "We don't put the nebulizer masks and oxygen tubing in bags. I guess that is a problem. The nebulizer and the oxygen tubing not being in a bag would be an infection risk for the resident". An interview on 02/28/19 at 09:38 AM, with the Director of Nursing (DON) and the Administrator, regarding nebulizer masks and oxygen tubing not being bagged, revealed they both agreed, "It is an infection control issue for them to be lying out and not in bags". Record review of the physician orders, for Resident #21, revealed medication orders for Ipratropium-Albuterol 0.5-3 (2.5) milligram (mg) three (3)/milliliters (ml) take one (1) vial via Nebulization twice daily (BID), Albuterol Sulfate 0.63 mg/3 ml solution- take one (1) ampule by nebulization every six (6) hours as needed (PRN) wheezing, and Oxygen at two (2) liters per minute via nasal cannula PRN for Chronic Obstructive Pulmonary Disease (COPD). Record review of electronic Treatment Administration Record, for Resident #21, revealed the resident received oxygen at two (2) liters per minute by nasal cannula on February 27, 2019, and Iprat-Albut 0.5-3/2.5 mg/3 ml one (1) vial by nebulization two (2) times daily at 8:00 AM and 9:00 PM.	M 655	reviewed, on 7/3/2019 Resident #12 approved a negative screen due to primary Dementia." 2. Any resident of River Chase Village has the potential to be affected by failing to ensure the accurate completion of the Pre-Admission Screening(PAS)Application for Long Term Care. A chart review was initiated by the Social Service Worker #1 on 3/8/2019 with planned completion date for 3/28/2019 to identify any resident having the potential to be affected. Findings will be noted on the Pre-Admission Screening Resident Review(PASRR) Audit Tool. 3. On 2/28/2019 the Administrator in-serviced the Social Worker #1, Minimum Data Set Nurse, and the Director of Nursing on ensuring the completion of the Pre-Admission Screening(PAS) Application prior to admission as well as a resident having a significant change that would require a new screening. On 2/28/2019 a process was established by the Administrator in which the Pre-Admission Screening(PAS)Application will be reviewed by the Social Worker #1 and the Director of Nursing(DON) to ensure its accurate completion before admission to River Chase Village. Any incomplete PAS will be corrected by the Screener and/or the Physician prior to admission. On 3/8/2019 a Pre-Admission Screening Resident Review(PASRR) Audit was initiated by the Social Worker #1 with expected completion date of 3/28/2019 to identify all residents have an accurate and	

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M 655	Continued From page 5	M 655	complete Pre-Admission Screening(PAS) Application for Long Term Care. The PASSRR Audit will be completed on all new admissions monthly for three consecutive months and quarterly thereafter by Social Worker#1. 4. The Findings of the PASSRR Audit are to be reviewed and presented by Social Worker#1 to the Quality Assessment and Assurance (QAA) Team. Quality Assessment and Assurance(QAA) Team to meet monthly for three consecutive months to determine if further action is needed and to make any recommendations, then meet quarterly thereafter.	
M 980	45.33.6 Garbage Disposal Garbage Disposal. 1. Garbage must be kept in water-tight suitable containers with tight fitting covers. Garbage containers must be emptied at frequent intervals and cleaned before using again. 2. Proper disposition of infectious materials shall be observed. This Statute is not met as evidenced by: Level II Based on observations, staff interview, and facility policy review, the facility failed to ensure garbage was contained and disposed of properly, as evidenced by garbage overflowing on top of the dumpster, on two (2) of two (2) observations.	M 980	1. On 2/28/2019 the dumpster was emptied by the contracted garbage disposal company for proper disposal of garbage with lids closed shut. 2. All residents have the potential to be affected by the dumpster having exposed garbage and lids not being properly	3/28/19

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M 980	Continued From page 6 Findings include: A review of the facility's policy titled, "Garbage Disposal Policy", undated, revealed garbage must be kept in water-tight suitable containers with tight fitting covers. Garbage containers must be emptied at frequent intervals. Garbage dumpster must be kept with lids closed with no exposed garbage. On 2/27/19 at 6:45 PM, an observation of the garbage dumpster revealed the dumpster had the lid pulled open with garbage overflowing on top of the dumpster and garbage on top of the pulled back lid. On 2/28/19 at 8:15 AM an observation of the garbage dumpster revealed the lid was open and garbage was overflowing on top of the dumpster and on the pulled back lid. On 2/28/19 at 8:30 AM, an interview with Maintenance Supervisor #1 revealed she was unsure how often the garbage was being picked up. While interviewing the maintenance supervisor, Registered Nurse #1 (RN) stated that the garbage is picked up once every week every seven (7) days. On 2/28/19 at 9:15 AM, an interview with the Administrative Assistant revealed the garbage is picked up biweekly. On 2/28/19 at 9:20 AM, the Administrative Assistant returned and stated the garbage is picked up at least once a week. On 2/28/19 at 9:30 AM, an interview with the Administer revealed the garbage is picked up about three (3) times per week. She stated she	M 980	closed. 3. The Maintenance Supervisor was in-serviced by the Administrator on 2/28/2019 regarding proper garbage disposal, frequency, lids being closed at all times, job duty revision and daily audit to ensure proper garbage disposal is being maintained. The Interdisciplinary Team was in-serviced by the Administrator on 2/27/2019 regarding proper garbage disposal, frequency and lids being closed at all times. All facility staff was in-serviced on 3/7/2019 by the Administrator regarding proper garbage disposal, frequency and lids being closed at all times. The contract between River Chase Village and the contract company for garbage disposal was updated by the Administrator on 3/7/2019 for an extra pick up day that puts River Chase Village at four total days a week for garbage disposal to prevent overflow of garbage. The Maintenance Supervisor will conduct a Daily Garbage Disposal Audit to ensure proper garbage disposal is being maintained. This audit was added to the Maintenance Supervisor's job duty as of 3/7/2019. Any identified discrepancies will be immediately brought to Administrator to notify contract company for garbage disposal of any disposal needs. 4. The findings of the Garbage Disposal Audit are to be reviewed and presented by the Maintenance Supervisor to the Quality Assessment and Assurance(QAA) Team. Quality Assessment and	

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M 980	Continued From page 7 does not know why the garbage is so full now.	M 980	Assurance(QAA) Team to meet monthly for three consecutive months to determine if further action is needed and to make any recommendations, then quarterly thereafter.	

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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, the facility failed to provide a properly maintained fire alarm system as required by NFPA 72 Table 14.3.1. This deficiency affected all 52 residents in the facility at the on day of survey. Findings include: On February 26, 2019 at 11:30 AM, the facility could not produce last year (2018) documentation for annual inspection fire alarm system. The last inspection of the fire alarm system was performed in 2017. The fire alarm system did function properly during the survey. The administrator was made aware of the issue during the exit conference.	M1245	1. The documentation for the 2018 annual inspection of the fire alarm system was performed on 12/26/2018. This documentation was overseen in the Life safety book provided by Maintenance Department at River Chase Village. 2. All Residents have the potential to be affected if the annual inspection of the fire alarm system is not performed. 3. On 2/28/2019 The Maintenance Director's updated and organized a 2019 binder for all requested documentation by LSC Surveyors. Beginning 2/28/2019 the Maintenance Director's will review and ensure all Life Safety procedures are up to date once a month. 4. Any findings during monthly review of Life Safety Code procedures binder will be presented by the Maintenance Director to the Quality Assessment and Assurance(QAA) Team. Quality Assessment and	2/28/19

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M1245	Continued From page 1	M1245	Assurance(QAA) Team to meet monthly for three consecutive months to determine if further action is needed and quarterly thereafter.	