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
	09FD	A. BUILDING: _____ B. WING _____	12/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRACE EXTENDED CARE & REHABILITATION	1004 EAST MADISON STREET HOUSTON, MS 38851

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M 000	Initial Comments The State Agency (SA) conducted an annual re-certification survey at the facility from 12/12/22 to 12/14/22. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm and cited M610 and M625 The facility had a census of 62 at the time of the survey and held a license for 66 beds.	M 000		
M 610 SS=D	45.21.2 Activities of daily living 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: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by: Level II Based on observations, staff and resident interviews, record review and facility policy review the facility failed to provide showers and shaving to a resident that was dependent on staff for one (1) of 62 residents reviewed. Resident #24	M 610	Resident #24 was given a shower and shave per Activities of Daily Living (ADL) care plan on 12/13/22. Certified Nursing Assistant (CNA) #1 was educated immediately on 12/13/2022 per the Director of Nursing (DON). Facility has determined that all residents have the potential to be affected by this practice. Nurses and CNA's were educated on bathing schedule and grooming,	1/21/23

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M 610	Continued From page 1 Findings include: Record review of the facility policy titled "Shower/Tub Bath" with a revision date of October 2010 revealed under "Purpose...The purpose of this procedure is to promote cleanliness, provide comfort to the resident and to observe the condition of the residents' skin". This review revealed under "Documentation #5...If the resident refused the shower/tub bath, the reason(s) why and the intervention taken". An observation on 12/12/22 at 10:24 AM, revealed Resident #24 lying in bed with eyes closed, wearing a brief and a t-shirt with a strong smell of urine in the room. An observation on 12/12/22 at 4:40 PM, revealed Resident #24 sitting in his recliner with a smell of urine and facial hair stubble noted on his face. An observation on 12/13/22 at 10:55 AM, revealed Resident #24 had facial hair covering his cheeks, chin and above his lip that was approximately 1/8th of an inch long. An interview on 12/13/22 at 1:55 PM, with Certified Nurse Assistant (CNA) #1 revealed that Resident #24 occasionally refuses a bath but does want to be shaved. She revealed that when a resident refuses, then the CNA is supposed to let her supervising nurse know. She revealed that when a resident refuses a bath then the CNA should document the bath was refused. An interview on 12/13/22 at 2:10 PM with Registered Nurse (RN) #3 revealed it is the responsibility of the CNAs to notify the nurse when a resident refuses a bath. She revealed it	M 610	documentation of or refusal of bathing/ADL care on 12/14/22 per the DON. DON implemented an ADL checklist sheet on 12/14/2022. DON, Nurse Supervisor and Admission nurse will conduct resident interviews on scheduled shower days three residents per week for four weeks, two residents per week for four weeks and one resident per week for two weeks beginning 12/19/2022 with corrective actions with staff given as needed. Audit records will be reviewed by administrator and DON with immediate corrective actions with staff as needed. Findings will be brought to the QA/ Risk management committee for six months for determination for further interventions to assure consistent substantial compliance. First QA meeting was held on 12/29/2022	

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M 610	Continued From page 2	M 610		

has been an issue with the CNA's not notifying the nurse when the resident refuses a bath. She revealed that Resident #24 sometimes refuses, but we hate to document it as an actual refusal because sometimes he is just confused and then gets agitated with us.

An interview on 12/13/22 at 2:20 PM, with the Director of Nurses (DON) confirmed that according to Resident #24's bath documentation, the resident has only had one bath in the past two weeks. She revealed that one of Resident #24's CNAs revealed she was having trouble documenting but did not make anyone aware. She revealed the CNAs were supposed to notify their charge nurse when a resident refused a bath and then the nurse should make a documentation. She confirmed that Resident #24 had documentation for 12/6/22, 12/10/22 and 12/11/22 that "Activity Did Not Occur" under the bathing documentation. She confirmed that there was no corresponding progress note from the nurse that would confirm that the resident had refused a bath for those days. She revealed if something is not documented then it did not occur.

An interview on 12/13/22 at 2:30 PM, with the Administrator revealed the CNAs should be documenting the resident's baths and should not have trouble doing so, because we provide tablets for them to document on. She revealed that she understands if something is not documented then you cannot prove that it was done. She revealed that Resident #24 is getting a shower and a shave right now but confirmed it should have already occurred.

An interview on 12/14/22 at 9:38 AM, with Resident #24 revealed it is hard to get a shower

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in this place. He revealed the staff will come ask him if he is ready for a shower, he will lay out his clothes and then they will never come back. He revealed he does not like getting a shower regularly and thinks he usually gets one or two a week.

An interview on 12/14/22 at 9:45 AM, with CNA #1 confirmed she shaved Resident #24 and gave him a shower yesterday. She confirmed that the resident did need to be shaved because his hair grows fast, and she had shaved him last Thursday. She revealed she is not aware that the resident is supposed to get a shower three times per week and a shave with every shower, but confirmed she is able to see his care plans.

Record review revealed Resident #24 was admitted to the facility on 04/01/19 with medical diagnoses that included Chronic Ischemic Heart Disease/unspecified, weakness and other abnormalities of gait and mobility.

Record review of the facilities "Shower/Sponge Off Schedule" revealed Resident #24 is scheduled for a shower on Monday, Wednesday, and Friday on the 7 AM-3 PM shift and a "sponge off" on Tuesday, Thursday and Saturday on the 7 AM-3 PM shift.

Record review of Resident #24's "Completed Care Details" for the last two weeks revealed the resident had one bath on 12/5/22 with documentation for 12/06/22, 12/10/22 and 12/11/22 that indicated the activity did not occur.

Record review of Resident #24's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/5/22 revealed in Section G that the resident needed physical help in part of bathing

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M 610	Continued From page 4 activity and in Section C a Brief Interview for Mental Status (BIMS) score of 11 which indicates the resident is moderately cognitively impaired.	M 610		
M 625 SS=D	45.21.5 Range of motion Range of motion. Residents with limited range of motion shall receive treatment and services to increase range of motion or prevent further decline in range of motion. This Statute is not met as evidenced by: Level II Based on observation, staff and resident representative interview, record review and facility policy review the facility failed to provide services to prevent a further decline in range of motion for one (1) of four (4) residents reviewed for limited range of motion. Resident #52 Findings include: A record review of the facility's policy titled "Resident Mobility and Range of Motion', revised July 2017 revealed under the "Policy Statement... .2) Residents with limited range of motion will receive treatment and services to increase and/or prevent a further decrease in ROM. .3) Residents with limited mobility will receive appropriate services, equipment and assistance to maintain or improve mobility unless reduction in mobility is unavoidable". A record review revealed the facility has no policy titled "Physician's Orders". An observation and interview with Resident # 52's sister on 12/12/22 at 11:05 AM, revealed her	M 625	Resident # 52 had hand roll splint applied to residents left hand per the treatment nurse on 12/13/2022. Director of Nursing (DON) observed resident for further contracture beginning 12/13/22 with no adverse outcomes noted. Facility audit determined that there were four residents with device orders that have the potential to be affected by this practice. Nursing staff were educated on administering treatments/device placement as per the physicians orders and documentation of placement or refusal per resident by the DON on 12/13/22. Treatment/Cart Nurse will check devices daily to ensure proper placement of ordered devices beginning 12/13/22. DON will audit treatment administration record (TAR) for completeness daily with device checks of three residents per week for four weeks, two residents per week for	1/21/23

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M 625	Continued From page 5 brother is supposed to have a hand roll in his left hand to prevent his contracture from getting worse. An observation revealed there was no hand roll in the residents left hand. An observation on 12/12/22 at 3:45 PM, revealed Resident # 52 with no hand roll to his left hand. An observation on 12/13/22 at 9:39 AM, revealed there was no left-hand roll to Resident # 52's hand. Record review of Resident #52's Physician's Order dated 11/7/22 revealed "Hand roll to left hand during waking hours to prevent further contracture." Record review of the Electronic Treatment Administration Record (E-TAR) for December 2022 revealed staff documented hand roll to left hand at 6 AM and 2 PM on 12/12/22 and 12/13/22. An observation and interview on 12/13/22 at 10:47 AM, with Registered Nurse (RN) #1 revealed that Resident #52 should be wearing a left-hand roll and confirmed it was not on. An observation revealed RN #1 removed the hand roll from the resident's drawer and placed it in Resident #52's left hand and confirmed that worsening of the contracture is a possible complication from not wearing the hand roll. An interview with the Director of Nursing (DON) on 12/13/22 at 10:58 AM, confirmed Resident #52 had an order for a left-hand roll and is being signed off on the Treatment Administration Record as wearing the hand roll and confirmed that worsening contractures are a possible problem if the device is not applied.	M 625	four weeks and one resident per week for two weeks. Audit records will be reviewed by the Administrator and DON with corrective actions as needed with staff. Findings will be brought to the monthly QA/Risk Management Committee for six months for determination of further interventions to assure consistent substantial compliance. First monthly QA date of 12/29/2022	

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M 625	Continued From page 6 An interview with the Administrator on 12/13/22 at 11:00 AM, revealed that worsening of the contracture and pressure injury was a possible problem from not wearing hand roll. Record review of Resident #52's Face Sheet revealed that the resident was admitted to the facility on 04/08/22 with diagnoses of Hemiplegia following cerebral infarction affecting left nondominant side. Record review of Resident #52's admission Minimum Data Set (MDS) with an Assessment Reference Date of 4/19/22, Section G, revealed Impairment on one side to upper and lower extremity. The MDS section C with an ARD of 10/10/22 revealed that Resident #52 had a Brief Interview of Mental Status (BIMS) score of 13 which indicated that he was cognitively intact.	M 625		