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
	75SL	A. BUILDING: _____ B. WING _____	09/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY LAWN HEALTH AND REHABILITATION	60 SHADY LAWN PLACE VICKSBURG, MS 39180

(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 survey at the facility from 09/09/19 to 09/12/19 During the survey the SA determined the facility was not in compliance with the Minimum Standards for the Aged or Infirm requirements for participation. The SA cited a deficiency at M735.	M 000		
M 735	45.25.1 Medical Records Management Medical Records Management. 1. A medical record shall be maintained in accordance with accepted professional standards and practices on all residents admitted to the facility. The medical records shall be completely and accurately documented, readily accessible, and systematically organized to facilitate retrieving and compiling information. 2. A sufficient number of personnel, competent to carry out the functions of the medical record service, shall be employed. 3. The facility shall safeguard medical record information against loss, destruction, or unauthorized use. 4. All medical records shall maintain the following information: identification data and consent form; assessments of the resident's needs by all disciplines involved in the care of the resident; medical history and admission physical exam; annual physical exams; physician or nurse practitioner/physician assistant orders; observation, report of treatment, clinical findings and progress notes; and discharge summary, including the final diagnosis. 5. All entries in the medical record shall be signed	M 735		10/18/19

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M 735	Continued From page 1 and dated by the person making the entry. Authentication may include signatures, written initials, or computer entry. A list of computer codes and written signatures must be readily available and maintained under adequate safeguards. 6. All clinical information pertaining to the residents stay shall be centralized in the resident's medical records. 7. Medical records of discharged residents shall be completed within sixty (60) days following discharge. 8. Medical records are to be retained for five (5) years from the date of discharge or, in the case of a minor, until the resident reaches the age of twenty-one (21), plus an additional three (3) years. 9. A resident index, including the resident's full name and birth date, shall be maintained. This Statute is not met as evidenced by: Level II Based on record review, staff interview and facility policy review, the facility failed to accurately complete the Minimum Data Set (MDS) for the correct discharge, and the administration of antipsychotic medications for two (2) of 21 resident Minimum Data Sets reviewed, Residents #79 and #49. Findings include: Review of the facility's policy revealed that the facility follows the Centers for Medicare Services Resident Assessment Instrument (RAI) Version	M 735	A. On 9/11/19, the Minimum Data Set (MDS) Coordinator immediately reviewed the Quarterly MDS assessment, dated 8/9/19, for Resident #79 and revised Section A2100 to reflect that the resident had been discharged home. Resident #49 s Quarterly MDS assessment, dated 8/9/19 was revised to reflect accurate coding of Section N (Medications) to indicate the resident did not receive antipsychotic medications during the seven day look back period. B. All residents have the potential to be affected by this deficient practice	

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M 735	Continued From page 2 3.0 Manual, "The RAI process has multiple regulatory requirements. Federal regulations at 42 CFR 483.20(b)(1)(xviii), (g), and (h) require that (1) the assessment accurately reflects the resident's status". Resident #79 Record review of a Physician's Order, dated 08/07/19, revealed Resident #79 was discharged home with (Name of Home Health) on 08/09/19. Record review of the Social Worker Discharge to Home-Durable Medical Equipment (DME)-Follow up Appointment Instructions, dated 08/09/19, revealed Resident #28 was discharged home with home health. Review of the Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/09/19, revealed the Discharge Status in Section A, Item A2100, was coded as discharged to an acute hospital. Record review of the Discharge Summary, dated 08/12/19, revealed the resident was discharged, on 08/09/19, home with family. The reason for discharge was "Condition Improved". On 09/11/19, at 2:32 PM, an interview with the Assistant Director of Nursing (ADON), revealed the MDS was coded wrong, that Resident #79 went home. On 09/11/19 2:35 PM, an interview with MDS Coordinator, revealed the Discharge MDS, with an ARD of 08/09/19, was coded wrong. She stated she checked the wrong box and it should have been coded discharge to home. The MDS Coordinator stated, "We are supposed to check	M 735	allegation of failure of accuracy of assessments. C. The Interdisciplinary Team Members initiated a 100% audit of MDS Assessments with emphasis on the coding of Section A2100 and Section N for the most recent assessment of all residents on 9/11/19. No negative findings were noted. An in-service education program was conducted by Director of Nursing with Interdisciplinary team addressing the importance of coding the MDS assessment accurately. The facility s Medicare/Resident Assessment Instrument policy was discussed. The MDS nurse(s) formulated a system practice to monitor accuracy of assessment prior to MDS submission, which includes monthly monitoring of Section A2100 and Section N to be completed by the Interdisciplinary Team. The MDS Team will print Medication Administration Records (MAR) and double check coding before submitting MDS assessments for transmission. D. Director of Nursing will conduct a random audit of five (5) residents MDS assessments for four (4) consecutive weeks. These residents and their MDS assessments will be audited to ensure accurate coding of Section A2100 and Section N. The Quality Assurance Performance Improvement committee will review monthly and make recommendations for negative findings as needed.	

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M 735	Continued From page 3 to be sure of the accuracy before we close it" and that the facility follows the Resident Assessment Instrument (RAI) manual policy. She stated she would do a correction for that assessment. Review of the Face Sheet for Resident #79 revealed the resident was admitted by the facility, on 5/29/19, with a primary diagnosis of Infective Endocarditis. Resident #49 Review of the Quarterly MDS, with an ARD of 8/9/2019, revealed the MDS was coded that the resident received seven (7) days of an antipsychotic medication during the seven day look back period. Review of the Medication Administration Record (MAR) for August 2019 revealed Resident #49 did not have any antipsychotic medications administered. Review of the Physician's Orders for August 2019 revealed no antipsychotic medications were ordered. Review of the Care Plan revealed no antipsychotic medications were identified as a concern/problem/need. An interview with Registered Nurse (RN) #1, on 09/11/2019 at 4:30 PM, revealed the information for how many days a resident receives a medication is taken from the Medication Administration Record (MAR). She could not locate on the MAR where the resident received a dose of an antipsychotic medication. RN #1 stated that it was an error in coding. RN #1 stated, "it's very important that they are coded correctly, due to that drives the Care Area Assessments (CAAs), care plans, and how we	M 735		

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M 735	Continued From page 4 take care of the residents."	M 735		