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
	76GC	A. BUILDING: _____ B. WING _____	C 02/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY MANOR NURSING AND REHABILITATION	1935 NORTH THEOBOLD EXTENSION GREENVILLE, MS 38704

(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 re-certification survey with two (2) Complaint Investigations (CI) MS CI #20493 and MS CI #20654 at the facility from 2/6/23 through 2/9/23. During the survey, the SA determined the facility was not in compliance with the for Minimum Standards for Institutions for the Aged or Infirm, state regulations . The SA identified non-compliance and cited M610 for CI #20654. There were no deficiencies cited for CI MS #20493. The SA also cited M615. The census at the time of the survey was 52 and the facility is licensed for 60 beds.	M 000		
M 610	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 incontinent care for a resident who was dependent on staff as evidenced by incontinent care not being performed following a bowel movement for one	M 610	On 2/8/23 Treatment Nurse assessed resident #8 with no negative findings noted. On 2/8/23 Director of Nursing provided one on one education with Certified Nurse Aide #1 and Certified Nurse Aide #2 on providing ADL care to an incontinent resident.	3/10/23

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M 610	Continued From page 1 (1) of five (5) residents reviewed that were dependent for their Activities of Daily Living (ADLs) /toilet use. Resident #8 Findings include: Record review of the facility policy titled "Activities of Daily Living" with a revision date of 12/20 revealed under "Procedures ...#1 Activities of Daily Living (ADL's) are to be resident specific and reflect current resident status". An observation on 2/6/23 at 10:30 AM, revealed Resident #8 sitting on the side of the bed with no brief and her pants pulled down to her knees while Certified Nurse Assistant (CNA) #2 and CNA #1 were assisting the resident out of bed. This observation revealed when the resident stood up that she had a formed bowel movement stuck between her buttock cheeks that was approximately 4 inches long and ran under the brown and red stained 4x4 dressing on her sacrum. CNA #1 stated, "Oh she has had a bowel movement" and CNA #2 stated, "Just hurry up and put her diaper on so we can sit her down". The CNA's put a clean brief on the resident, pulled her pants up and assisted her to the wheelchair. An interview on 2/6/23 at 11:10 AM with CNA #1 revealed that Resident #8's bowel movement had not been cleaned yet. She revealed they were letting her eat her breakfast, before they cleaned her up. She revealed that Resident #8 had been sitting in her bowel movement since they got her up around 10:30 AM and that is not good. She stated, "I wouldn't want to have to sit in mine". An interview on 2/6/23 at 11:30 AM with CNA #2 confirmed that Resident #8 had a bowel	M 610	This has the potential to affect one of twenty three residents reviewed that were dependent for their Activities for Daily Living/toilet use. Beginning February 8, 2023, Director of Nursing and Staff Development nurse immediately initiated in-services with Registered nurses, licensed nurses and certified nurse aides on the policy titled Activities for Daily Living with revision date of 12/20 and to ensure that incontinent care is provided every two hrs and as needed; staff is to notify charge nurse immediately if resident declines to have incontinent care performed; charge nurse should document any refusals of care and to ensure staff has all supplies needed prior to entering room to provide care. In-services will be ongoing until all nurses and certified nurse aides in-serviced. The facility Quality Assurance Committee meeting was held on February 21, 2023, with the committee consisting of Administrator, Director of Nursing, Medical Director via phone, Nurse Case Manager, Assessment Nurse, Infection Preventionist, Therapy Director, Maintenance Supervisor and Charge Nurse with Activites for Daily Living discussed. No policy change was made to the Activities for Daily Living. Beginning February 13, 2023, The Director of Nursing will monitor by observation of incontinent care provided by staff to our dependent residents to ensure that incontinent care is performed following an incontinent episode on at least five residents one time a week times	

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movement stuck between her buttock cheeks when they got her up at around 10:30 AM. She confirmed they were letting the resident eat her breakfast before they cleaned her up. She confirmed that the resident had been sitting in her bowel movement since 10:30 and that was not good especially with her having a sore at the top of her buttocks.

An interview on 2/6/23 at 12:30 PM, with Registered Nurse (RN) #1-Treatment Nurse confirmed that Resident #8 has a facility acquired pressure ulcer on her sacrum, is incontinent of both bowel and bladder and has to have incontinent care performed by staff.

An interview on 2/6/23 at 3:10 PM, with Resident #8 confirmed that the staff have to provide incontinent care. She confirmed she has a sore on her bottom that bothers her.

An interview on 2/8/23 at 9:00 AM, with the Administrator confirmed that Resident #8 probably should have been cleaned when they got her up and saw that she had a bowel movement.

An interview on 2/8/23 at 11:00 AM, with CNA #1 revealed that during the observation on 2/6/23 at 10:30 AM when she and CNA #2 were getting Resident #8 out of the bed and discovered the bowel movement they realized they did not have wipes in the room and therefore they could not clean the resident. She revealed that they were too embarrassed to tell the State Agency that they did not have wipes in the room and decided to let her eat before they went back and cleaned her up. She admitted that they should have made sure they had the supplies they needed in the room before attempting to get the resident up and

four weeks then one time a month times three months or until compliance is met. The Quality Assurance Committee will address concerns identified from the reviews monthly for four months and make recommendations or changes as needed. The Quality Assurance Committee will meet March 9, 2023 and then monthly thereafter for four months to review monitoring of processes and policies to ensure compliance until resolved.

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clean her.

An interview on 2/8/23 at 1:50 PM, with the RN-Corporate Nurse confirmed that the resident should have had incontinent care regarding her bowel movement while the CNAs were in the room and should have had the supplies they needed before they entered the room to perform incontinent care. She revealed that the resident sitting in a bowel movement for 30-40 minute would not be good for the resident's wound.

An interview on 2/8/23 at 2:00 PM, with the Director of Nurses (DON) confirmed the CNAs should have had the supplies they needed when they went in the room to perform the incontinent care and that the resident sitting in a bowel movement could cause the residents' wound to get infected.

Record review of the "Completed Care Details" report dated 2/7/23 with a 30 day lookback revealed documentation that indicated Resident #8 had pericare completed 35 times in the last 14 days for an average of 2.5 times per day.

Record review of a care plan with a problem onset date of 6/6/2016 revealed, "(Formal name of Resident #8) needs assist with ADLs ... Goal & (and) Target Date: Formal Name of Resident #8) will be assisted with ADL's while promoting max level of independence through review date of 3/7/23 Approaches ...Incontinence care every two hours as needed ..."

Record review of Resident #8's Face Sheet revealed she was admitted to the facility on 03/20/15 with medical diagnoses that included Type 2 Diabetes Mellitus with diabetic neuropathy unspecified, Obesity and Nutritional deficiency

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M 610	Continued From page 4 and a current diagnosis of Pressure ulcer of sacral region, unspecified stage. Record review of Resident #8's Minimum Data Set with an Assessment Reference Date of 11/23/22 revealed in Section G that the resident needed extensive assistance with toilet use and in Section C a Brief Interview for Mental Status score of 12, which indicates that the resident is cognitively intact.	M 610		