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
	21MM	A. BUILDING: _____ B. WING _____	C 02/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEAKESVILLE REHABILITATION AND NURSING CEN	1300 MELODY LANE LEAKESVILLE, MS 39451

(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 Complaint Investigation (CI), MS #20373, at the facility from 2/15/23 through 2/16/23. The complaint was related to facility Administration, equipment not maintained, services not performed per the plan of care/physician, sufficient supplies, and staff improperly qualified. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement and cited M615.	M 000		
M 615	45.21.3 Pressure sores Pressure sores. Residents with a pressure sore shall receive necessary treatment and service to promote healing and prevent the development of new pressure sores. Residents without pressure sores will not develop pressure sores unless the residents' clinical condition indicates they were unavoidable. This Statute is not met as evidenced by: Level II Based on interview, record review, and facility policy review, the facility failed to provide care and services consistent with professional standards of practice as evidenced by not completing weekly wound assessments to include wound measurements for one (1) of one (1) pressure injuries reviewed. Resident #1 Findings include: Review of the facility policy, "Prevention of Pressure Ulcers/Injuries", revised July 2017, revealed, " ...The purpose of this procedure is to provide information regarding identification of	M 615	Leakesville Rehabilitation and Nursing Center M615 Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance.	3/31/23

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M 615	Continued From page 1 pressure ulcer/injury risk factors and interventions for specific risk factors ..." A record review of a facility letter signed by the Director of Operations (DOO), dated 2/17/23, revealed, "Leakesville Rehabilitation and Nursing Center measures and records wounds weekly or as needed per the standards of care ..." A record review of the "Face Sheet" revealed the facility admitted Resident #1 on 7/21/21 and she had a current diagnosis of Pressure Ulcer of Right Heel, Unstageable. A record review of the facility's "Wound Healing Progress Report", for Resident #1, dated 2/16/23, revealed, "Type of Wound/Location" as "Pressure Ulcer Right Heel". The dates in which measurements were recorded were 12/14/22, 12/21/22, and 1/26/23. There were no recorded measurements for 12/28/22, 1/4/23, 1/11/23, or 1/23/23. There was only one (1) measurement documented for January 2023 (1/26/23) and there were no measurements documented for February 2023 prior to the State Agency (SA) entry on 2/15/23. On 2/15/23 at 1:33 PM, in an interview with Registered Nurse (RN) #1, she confirmed that she works at the facility on weekends as the RN Supervisor. She stated that she had not been completing weekly wound assessments or measuring the wounds and the previous Director of Nursing (DON) was aware that the wounds were not being assessed or measured. On 2/16/23 at 10:39 AM, in an interview with the Nurse Practitioner (NP), she confirmed that she expected the facility to assess the wounds weekly as per the standards of care, to be notified of any	M 615	1. Immediate action taken for the resident found to have been affected include: The Wound measurements were completed 2/15/23 and documented on the Wound Healing Progress Report report 2/15/23 by the Director of Nursing. The Registered Nurse Care Manager was educated by the Director of Nursing on 2/16/23 on wound measuring and on completing the Wound Healing Progress Report. 2. Identification of other residents having the potential to be affected was accomplished by: All residents receiving wound treatments have the potential to be affected. 3. Actions taken/systems put into place to reduce the risk of future occurrences include: The Wound Healing Progress Report will be audited weekly by the Director of Nursing beginning 2/16/23 for 6 weeks and ongoing. The audits of the Wound Healing Progress Report will be reviewed at the monthly QAPI meeting on 3/8/23 and ongoing. 4. How the corrective actions will be monitored to ensure the practice will not recur: The Registered Nurse supervisor or designee will monitor documentation of treatments weekly for 6 weeks starting 2/25/23, then ongoing. Discrepancies will be promptly reported to the Director of Nursing. Findings of the audit will be discussed at the QA meetings starting 3/8/23 x 3 months, ongoing. The Registered Nurse Care Manager will	

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M 615	Continued From page 2 changes, and updated weekly on her rounds. The NP stated that she thought the facility was assessing the wounds because there had not been any negative outcomes. On 2/16/23 at 12:09 PM, in an interview with the DOO, she stated that the facility had undergone staff changes. She also stated that RN #1 had been instructed to perform the weekly wound assessments and measurements. The DOO confirmed that it was her responsibility to oversee that the wounds were being assessed weekly. On 2/16/23 at 12:39 PM, in an interview with the current Interim DON, she confirmed that the weekly wound assessments were not completed weekly. She stated that it was the responsibility of the DON to track the wounds at the facility and to make sure they are assessed and measured to ascertain if the wounds are deteriorating.	M 615	measure the wounds weekly beginning 2/15/23 and document the wounds on the Wound Healing Progress Report weekly by 2/25/23; ongoing. This plan of correction will be monitored at the monthly QA meeting until such time consistent substantial compliance has been met. Completion date 3/31/23.	