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
	45HH	A. BUILDING: _____ B. WING _____	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND HOME	638 HIGHLAND COLONY PARKWAY RIDGELAND, MS 39157

(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 recertification survey at the facility from 3/6/23 through 3/9/23. 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 requirements and cited M655. The facility held a license for 120 beds at the time of the survey, and the facility census was 97.	M 000		
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, resident and staff interview, record review and facility policy review the facility failed to properly store nebulizer mask and tubing in a storage bag for two (2) of nine (9) residents reviewed for respiratory care. Residents # 7 and #98. Findings include: A record review of the facility's policy titled "Nebulizer", revised 10/17, Revealed" Purpose: 1.) To administer bronchial medications and humidifying agents into the lungs. 2.) To assist in loosening secretions ...Cleaning Equipment: 4.)	M 655	* Resident #7 was assessed on 3/23/2023 by the Director or Nursing (DON) with no adverse findings noted. Resident #98 was assessed by the facility Assistant Director of Nursing (ADON) with no adverse findings noted on 3/23/2023. Resident #7□s nebulizer mask and tubing was replaced on 3/23/2023 by the facility Staff Development Coordinator (SDC). Resident #98 no longer uses a nebulizer mask or tubing as of 3/13/2023 per physicians order. *Residents receiving respiratory care have the potential to be affected.	4/28/23

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M 655	Continued From page 1 Store in a clean plastic bag ..." Resident #7 An observation on 3/06/23 at 10:12 AM, revealed nebulizer mask and tubing laying on the bedside table and was not in a storage bag. An observation and interview with Resident #7 on 3/7/23 at 11:00 AM, revealed the nebulizer mask was sitting on a box on bedside table. Resident #7 revealed she had her nebulizer in a bag before but not in a good while. An observation with Licensed Practical Nurse (LPN) #2 on 3/7/23 at 1:10 PM, she confirmed Resident #7's nebulizer mask was lying on the nebulizer machine and confirmed it should be in a storage bag when not in use. LPN #2 removed the nebulizer mask from the room. LPN # 2 also revealed possible complications of improper storage is respiratory infections. A record review of Resident#7's Physician Orders dated 11/30/22, revealed "IPRAT-ALBUTEROL 0.5-3(2.5)MG ML INHALATION VIA NEBULIZER DAILY IN THE MORNING AND AT BEDTIME SOB/WHEEZING" and an order dated 10/14/22 "IPRAT-ALBUTEROL 0.5-3(2.5)MG ML INHALATION VIA NEBULIZER EVERY 6 HOURS AS NEEDED SOB/WHEEZING." A record review of the March 2023 Electronic Medication Record(E-MAR), revealed Resident # 7 received scheduled IPRAT-ALBUTEROL 0.5-3(2.5)MG ml Inhalation Nebulizer daily in the morning and at bedtime for SOB/Wheezing from the 1st through the 7th of March 2023. Record review of Resident #7's Face Sheet	M 655	*Residents receiving respiratory care had their nebulizer mask and tubing inspected by the facility SDC on 3/24/2023 to ensure proper storage. Facility Nursing staff were in-serviced by the SDC on 3/23/2023 related to the facilities policy □Nebulizer.□ The facility Medical Director reviewed the policy, □Nebulizer□ with no recommended changes to the policy on 3/23/2023. The facility Quality Assessment and Assurance Committee met on 3/24/2023 to review the plan of correction for M tag 655. *Beginning 3/24/2023, the SDC will inspect nebulizer masks and tubing of residents receiving respiratory care 3 times weekly for 4 weeks and then weekly for 2 months. The SDC will report to the Quality Assessment and Assurance committee for 3 months. The first facility Quality Assessment and Assurance Committee meeting will be held on 4/28/2023.	

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M 655	Continued From page 2 revealed he was admitted on 6/09/22 with diagnoses of Cerebral Infarction, Heart Failure, and Chronic obstructive pulmonary disease. Record review of the Minimum Data Set (MDS) Section C with an Assessment Reference Date (ARD) of 3/08/23 revealed Resident # 7 had a Brief Interview for Mental Status (BIMS) score of 15, indicating she was cognitively intact. Resident #98 An observation on 03/06/23 at 10:30 AM, revealed a nebulizer mask was laying on the bedside table and not in a storage bag. An observation on 03/07/23 at 8:19 AM, revealed the nebulizer mask was laying inside the opening of the nebulizer machine and was not in a storage bag. An observation with LPN #2 on 03/07/23 at 1:00 PM, confirmed Resident # 98's nebulizer mask was laying on the nebulizer machine and it should be in a storage bag when not in use. LPN #2 removed the nebulizer mask from the room. LPN # 2 also revealed possible complications of improper storage is respiratory infections. A record review of the Physician Orders, revealed an order dated 10/14/22 "IPRAT-ALBUTEROL 0.5-3(2.5) MG ML INHALATION VIA NEBULIZER EVERY 4 HOURS AS NEEDED SOB/WHEEZING." A record review of the March 2023 E-MAR revealed Resident # 98 receives did not receive any nebulizer treatments from the 1st through the 7th of March 2023.	M 655		

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M 655	Continued From page 3 An interview with the Director of Nursing (DON) on 3/7/23 at 1:30 PM, revealed that oxygen and nebulizer masks and tubing should be stored in a storage bag when not in use for infection control concerns and confirmed possible complications of improper storage is Respiratory infection. An interview with the Corporate Quality Improvement Nurse on 03/07/23 at 1:35 PM, revealed oxygen and nebulizer tubing and masks should be stored in a storage bag and a possible complication of improper storage is infections and accidents. An interview with LPN #1 on 03/08/23 at 11:00 AM, revealed the oxygen and nebulizer tubing should be changed out weekly, labeled and dated and stored in a storage bag. An interview with the Administrator on 03/08/23 11:55 AM, she revealed she is not medical, but a possible concern of improper nebulizer storage and tubing change is infections. An interview with the Infection Control Nurse (ICN) on 03/09/23 08:10 AM, revealed nebulizer tubing and masks should be stored in a bag when not in use and if it was not stored in a bag staff are not following the policy. The ICN confirmed possible concerns from not storing the nebulizers appropriately is bacterial infections. Record review of Resident #98's Face Sheet revealed he was admitted on 3/21/22 with diagnoses of Cerebral Infarction, Hyperlipidemia, and Hypertensive Crisis. Record review of the Minimum Data Set (MDS) Section C with an Assessment Reference Date (ARD) of 1/8/23 revealed Resident # 98 had a	M 655		

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M 655	Continued From page 4 Brief Interview for Mental Status (BIMS) score of 6, indicating he was severely cognitively impaired.	M 655		