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
	38PS	A. BUILDING: _____ B. WING _____	03/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POPLAR SPRINGS NURSING CTR, LLC	6615 P0PLAR SPRINGS DR MERIDIAN, MS 39305

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M 000	Initial Comments The State Agency (SA) conducted an annual re-certification survey at the facility from 03/13/23 through 03/16/23. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirement and cited M500 and M655. The census at the time of the survey was 81 and the facility is licensed for 91.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his	M 500		4/19/23

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M 500	Continued From page 1	M 500		

medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action;

4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record;

5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;

6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the

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M 500	Continued From page 2	M 500		

facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;

7. is free from mental and physical abuse;
8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint;
9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract;

10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;

11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;

12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail

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M 500	Continued From page 3 unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Based on observations, staff interviews, record review, and facility policy review, the facility failed to provide a privacy cover for a urinary catheter drainage bag for (1) of 20 sampled residents. Resident #80	M 500	1. On 03/14/23 at 04:30pm the Director of Nursing was notified that the facility had no fig leaf drainage bags in storage. At that time, the DON placed an order for 30 fig leaf drainage bags to be delivered to the facility. Registered Nurse Supervisor	

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M 500	Continued From page 4 Findings include: Review of the facility's policy titled, "Maintaining Privacy and Dignity for Residents with Foley Catheter Drainage Bags" with a revision date of 02/16 revealed, " ...Procedure ...The Drainage bag will be maintained in a storage pouch to hide the contents and prevent embarrassment to the resident ..." An observation on 3/14/23 at 3:05 PM revealed Resident #80 lying in bed, with a catheter drainage bag on the side of the bed facing the resident's room door. There was no privacy cover for the urinary catheter drainage bag. During an observation and interview on 3/14/23 at 3:15 PM, with Registered Nurse (RN) #1-Infection Preventionist, she confirmed that Resident #80's catheter drainage bag did not have a privacy cover. She explained that the resident's catheter bag needed to be covered for privacy and dignity. An interview on 3/15//23 at 11:25 AM, with the Director of Nursing (DON), she confirmed that a resident's urine catheter bag would need to be covered for the privacy and dignity of the resident. Record review of the "Admission Record" revealed Resident #80 was admitted by the facility on 01/19/23 with medical diagnoses that included Benign Prostatic Hyperplasia with Lower Urinary Tract Symptoms. Record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/01/23 revealed Resident #80 had a Brief Interview for Mental Status (BIMS) score of 08, which indicated his cognition was moderately impaired.	M 500	was provided a blue plastic urinary drainage bag holder to cover the drainage bag of resident #80 until fig leaf bags could be delivered. On 03/15/23 resident #80 was assessed by Registered Nurse Supervisor to ensure drainage bag remained intact until fig leaf drainage bags were delivered. On 03/16/23 resident #80 was assessed by Registered Nurse Supervisor to ensure drainage bag remained intact until fig leaf drainage bags were delivered. On 03/17/23 the urinary drainage bag for resident #80 was changed to a fig leaf drainage system by Registered Nurse Supervisor to provide for privacy. 2. Any resident receiving indwelling catheterization while in the facility will be provided a fig leaf drainage system to prevent further breach of dignity. 3. Beginning on 03/15/23 The Director of Nursing and/or Infection Prevention Nurse began in-services with licensed and certified nursing staff on facility policies for Maintaining Privacy and Dignity for Residents with Foley Catheter Drainage Bags. 4. The Infection Preventionist and/or the Director of Nursing will observe validation of 2 residents for proper maintenance of privacy and dignity twice a week times 3 months beginning 3/16/23. This plan of correction Will be brought to the Quality Assurance meeting on 04/19/23 by the Director of Nursing. The Administrator or Director of Nursing will continue to report findings monthly to the Quality Assurance	

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M 500	Continued From page 5 Record review of the "Order Summary Report" revealed Resident #80 had a Physician's Order, dated 2/22/23, for a Foley (Indwelling) catheter.	M 500	Committee times 3 months to ensure consistent substantial compliance has been met.	
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: Based on observation, staff, resident and resident representative interview, record review and facility policy review the facility failed to provide storage bags for oxygen cannulas and nebulizer masks for three (3) of 23 residents receiving respiratory treatment. Resident's #11, #61 and #74 Findings include: Review of the facility's policy, "Nebulizer and Oxygen Tubing Storage Policy", dated April 2007, revealed, " ...It is the policy of this facility to decrease the risk of potential and/or direct exposure to infectious diseases, air contaminants, and bacterial exposure. We will provide our residents with the proper storage and cleaning of respiratory equipment ... The facility will replace all respiratory tubing's weekly. These tubings will be dated and stored in a dated plastic bag when not in use ..." Resident #11	M 655	1. On 03/14/23 at 04:30pm the Registered Nursing Supervisor checked all resident rooms with an order for nebulizers and/or Oxygen treatments to ensure all equipment is cleaned and stored according to protocol. 2. Any resident receiving Nebulizer and Oxygen therapy have the potential to be affected. 3. Beginning on 03/15/23 The Director of Nursing and/or Infection Prevention Nurse began in-services with all Certified and Licensed Nursing Staff on facility policies for Nebulizer and Oxygen Tubing Storage Policy. 4. Beginning on 3/16/23 the Infection Preventionist and/or the Director of Nursing will observe validation for proper storage of Nebulizer and Oxygen tubing	4/19/23

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M 655	Continued From page 6 On 03/13/23 at 04:12 PM, during an observation, Resident #11 had an Oxygen (O2) nasal cannula (NC) hanging on the bed's side rail and a nebulizer mask lying on the foot of the bed. The NC and the nebulizer mask were not stored in a storage bag. An interview on 03 /13/ 23 at 4:30 PM, with Resident #11 revealed that the staff sometimes in the past had bags for oxygen and nebulizers, but they have not had them in a very long time. Record review of the "Order Summary Report" for Resident #11 revealed a Physician's Order, dated 12/21/2022, to "Change neb (nebulizer) tubing weekly Wednesday ...new storage bag when changed ..." Record review of the "Admission Record" revealed the facility admitted Resident #11 on 7/28/2021 with diagnoses including Chronic Obstructive Pulmonary Disease and Type 2 Diabetes Mellitus. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/30/23 revealed Resident #11 had a Brief Interview for Mental Status (BIMS) score of 13 which indicated she was cognitively intact. Resident #61 An observation on 03/13/23 at 11:01 AM, revealed Resident #61's oxygen NC and nebulizer mask were not stored in a storage bag. The oxygen NC was draped on the concentrator and the nebulizer mask was laying on top of the nebulizer machine on the bedside table.	M 655	and masks on 10 residents once per week times 3 months. This plan of correction will be brought to the Quality Assurance meeting on 04/19/23 by the Director of Nursing. The Administrator or Director of Nursing will continue to report findings monthly to the Quality Assurance Committee times 3 months to ensure consistent substantial compliance has been met.	

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M 655	Continued From page 7 An observation on 3/14/23 at 2:45 PM, revealed Resident #61 was wearing oxygen, but there was no bag in the room for storage. The Resident Representative (RR) stated that when the resident removes her oxygen, she just puts it on the bed. Resident #61's nebulizer mask was lying on top of the nebulizer machine, not in a storage bag. The RR was in the room and stated that normally there is not a bag in the room, but there was this morning. She stated that her mom had a doctor appointment and got her treatment before she left for the appointment. Record review of the "Order Summary Report" for Resident #61 revealed a Physician's Order, dated 7/10/20, to "Change Neb/O2 tubing weekly on Wednesday ...new storage bag when changed ..." Record review of the "Admission Record" revealed the facility admitted Resident #61 on 10/04/22 with diagnoses that included Heart Failure and Chronic Obstructive Pulmonary Disease. Record review of the Quarterly MDS with an ARD of 12/26/2022 revealed Resident #61 had a BIMS score of 13 which indicated she was cognitively intact. Resident #74 An observation on 03/13/23 at 10:15 AM, revealed Resident #74's nebulizer mask was lying on top of a nebulizer machine on a bedside table. The nebulizer mask was not stored in a storage bag. Record review of the "Order Summary Report" for Resident #74 revealed a Physician's Order, dated 3/08/23, to "Change Neb/O2 tubing weekly on	M 655		

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M 655	Continued From page 8 Wednesday .... new storage bag when changed ..." Record review of the "Admission Record" revealed the facility admitted Resident #74 on 12/01/22 with diagnoses that included Chronic Obstructive Pulmonary Disease, Unspecified Asthma, and Generalized Anxiety Disorder. Record review of the Admission MDS with an ARD of 12/8/2022 revealed Resident #74 had a BIMS score of 07 which indicated she had moderate cognitive impairment. In an interview on 03/14/23 at 3:01 PM, with Licensed Practical Nurse (LPN) #3, she stated that the oxygen cannulas and nebulizer masks should be stored in a zip lock bag, dated, and labeled to prevent them from getting contaminated. An interview on 3/14/23 at 3:10 PM, with Registered Nurse (RN) #2, she confirmed the oxygen cannulas and nebulizer masks were not stored in a zip lock bag yesterday, but they should have been. She stated they put them in bags this morning. She explained that the charge nurse and the cart nurse are responsible for making sure the cannulas and masks are stored properly. The cannulas and masks should be stored in bags because something could get spilled on them, they could get dropped on the floor, or touched by people that could cause contamination. An interview on 3/14/23 at 3:15 PM, with the Director of Nursing (DON), revealed the oxygen cannulas and nebulizer mask should be bagged when not in use due to bacteria and contamination.	M 655		

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M 655	Continued From page 9 An interview on 03/16/23 at 09:39 AM, with the Administrator (ADM), confirmed the staff was not following the facility policy if they were not storing oxygen equipment in a plastic bag. An interview on 03/16/23 10:25 AM, with RN #1/Infection Preventionist, revealed the respiratory equipment not being in a bag is an infection control issue and storing it in a bags cuts down on the possibility of bacteria getting on them.	M 655		