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
	25WP	A. BUILDING: _____ B. WING _____	04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT HILLS COM LIV CENTER	1600 RAYMOND RD JACKSON, MS 39204

(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 at the facility from 4/4/23 through 4/6/23. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm,state licensure requirements and cited M610 and M625.	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 interview, record review and facility policy review the facility failed to provide Activities of Daily Living (ADL's) for a resident that was dependent on staff as evidenced by long fingernails with a brown substance under the nails for two (2) of 70 residents reviewed for ADL's. Resident #20 & #27. Findings include: Record review of the facility policy titled, "Nails,	M 610	-The Assistant Director of Nursing (ADON) provided nail care for Resident # 20 and Resident # 27 on 4/6/23. -All residents that require assistance with activities of daily living (ADL) have the potential to be affected. -The ADON observed all residents for nail care on 4/6/23 with no negative findings noted. The Director of Nursing (DON) in-serviced all nursing staff on 4/19/23 regarding ADL care including nail care. -The ADON will make rounds weekly to observe all residents for nail care beginning 4/21/23 then monthly beginning on 5/19/23 and ending on 7/19/23,	5/17/23

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M 610	Continued From page 1 Care of (Finger and Toe)" dated 7/15/03, revealed ... "Purpose 1. To provide cleanliness 2. To prevent the spread of infection ..." Resident #20 On 4/4/23 at 8:33 AM, observation revealed Resident #20 had a brown substance underneath all her fingernails, that were also noted to be long with chipped fingernail polish. During an observation and interview on 4/5/23 at 8:33 AM, with Certified Nurse Assistant (CNA) #1, confirmed that Resident #20's fingernails had a brown substance under all her nails and stated, "Oh yes, they need cleaning." She revealed it is the CNA's responsibility to provide nail care for the residents and clean them with daily ADL's and baths. Record review of Resident #20's "Admission Record," revealed the facility admitted the resident to the facility on 5/19/20. Resident #20's medical diagnoses included Parkinson's Disease and Dementia. Record review of Resident #20's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 1/10/23, revealed in Section C a Brief Interview for Mental Status (BIMS) score of 04, which indicated the resident was severely cognitively impaired and in Section G, that the Activities of Daily Living (ADL) for bathing did not occur and with personal hygiene, the resident needed extensive assistance. Record review of Resident #20's MDS with an ARD of 10/12/22, revealed in Section G, that the resident was totally dependent for bathing. Resident #27	M 610	document findings and take corrective action as needed. The ADON will report findings from weekly nail care rounds then monthly nail care rounds to the Quality Assessment and Performance Improvement (QAPI) Committee at the monthly meetings beginning on 5/16/23 and ending on 7/25/23 for review, revision and/or resolution of the plan as needed.	

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M 610	Continued From page 2 On 4/4/23 at 10:15 AM, an observation revealed Resident #27 with a brown substance underneath her long-jagged fingernails. On 4/5/23 at 8:40 AM, during an observation and interview with CNA #2 confirmed that Resident #27 had three fingernails with a brown substance underneath and several long-jagged nails. She confirmed that the CNA's are responsible for both cleaning and trimming of this resident's nails with her baths and it should have been done. On 4/5/23 at 8:45 AM, in an interview with Licensed Practical Nurse (LPN) #7 confirmed that it is the responsibility of the CNAs to provide Resident #27's nail care. Record review of Resident #27's "Admission Record" revealed, the facility admitted the resident to the facility on 5/17/22. Resident' #27's diagnoses included Hemiplegia and Hemiparesis following Cerebral Infarction Affecting Right Dominant Side. Record review of Resident #27's Quarterly Minimum Data Set with an Assessment Reference Date of 1/12/23, revealed in Section C, a Brief Interview for Mental Status of 99, which indicates the resident is severely cognitively impaired and in Section G, that the resident is totally dependent. An interview on 4/5/23 at 10:00 AM, with the Director of Nurses (DON) confirmed that the CNA's and the nurses are responsible for nail care. She confirmed that CNA's can clean and trim or file any resident's nails, but if they are diabetic then the nurse would be responsible for trimming their nails. She revealed that the reason	M 610		

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M 610	Continued From page 3 a resident's nails need to be cleaned was to prevent an infection and trimming of the nails is to prevent any skin issues from occurring from the long nails.	M 610		
M 625	45.21.5 Range of motion Range of motion. Residents with limited range of motion shall receive treatment and services to increase range of motion or prevent further decline in range of motion. This Statute is not met as evidenced by: Level II Based on observations, staff interviews, and record review the facility failed to provide appropriate treatment and services to prevent the possible decrease in Range of Motion (ROM) for one (1) of 22 residents reviewed. Resident #39 Findings include: The facility Administrator (ADM) provided documentation on the facility's letterhead that revealed the facility did not have a policy related to splints and/or hand rolls. Two observations, on 04/04/23 at 09:45 AM and 11:45 AM, revealed Resident #39 lying in bed with his hands drawn. There were no hand rolls in place. Observations on 4/05/23 at 08:15 AM and 10:00 AM, revealed Resident #39 lying in bed, hands drawn, and there were no hand rolls in place. Record review of the "Order Summary Report" with "Active Orders As Of: 04/05/2023", revealed	M 625	-The care plan for Resident # 39 was revised on 4/6/23 to include rolled towels to bilateral hands by the Minimum Data Set (MDS) Nurse. The Registered Nurse (RN) Supervisor placed rolled towels in Resident # 39□s hands on 4/6/23. Resident #39 was assessed by the Director of Nursing (DON) and Occupational Therapist on 4/17/23 and no negative outcome in Range of Motion (ROM) was noted. -All residents with splinting devices ordered have the potential to be affected. -The Assistant Director of Nursing (ADON) observed all residents for splinting devices as ordered on 4/6/23 with no negative findings noted. The Director of Nursing (DON) reviewed all resident orders on 4/20/23 to ensure all splinting devices were care planned. The Director of Nursing (DON) in-serviced all nursing staff on 4/19/23 regarding splinting devices. -The ADON will make rounds weekly to observe splinting devices including hand rolls as ordered beginning 4/21/23 then monthly beginning on 5/19/23 and ending	5/17/23

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M 625	Continued From page 4 Resident #39 had a physicians order, dated 9/30/22, for, "Place rolled towels to bilateral hands daily ..." An interview with Licensed Practical Nurse (LPN) #1, on 4/05/23 at 10:07 AM, revealed that Resident #39 was supposed to have hand towels placed in his hands. She stated that he did not have them in place when she went to his room this morning (4/5/23). She stated the hand rolls should only be removed when Resident #39 needed his hands to be washed and dried. An interview and observation on 4/05/23 at 10:15 AM, with Registered Nurse (RN) #1, revealed Resident #39 lying was lying in bed without hand rolls. She confirmed that Resident #39 had a Physician's order for hand rolls daily and that the aides or the nurses could apply them. An observation and Interview with the Director of Nursing (DON), on 4/05/23 at 10:25 AM, confirmed that Resident #39 did not have any hand rolls in place. She confirmed that not having hand rolls in place could cause his hand contractures to worsen. Record review of the "Admission Record" revealed the facility admitted Resident #39 on 2/15/19 with diagnoses that included Dementia, Muscle Wasting and Atrophy, and Contracture. Record review of the BIMS (Brief Interview for Mental Status) Staff Interview dated 1/23/23, revealed Resident #39 had a memory problem and was moderately impaired regarding cognitive skills for daily decision making.	M 625	on 7/19/23, document findings and take corrective action as needed. The ADON will report findings from weekly rounds for observation of splinting devices then monthly rounds for observation of splinting devices to the Quality Assessment and Performance Improvement (QAPI) Committee at the monthly meetings beginning on 5/16/23 and ending on 7/25/23 for review, revision and/or resolution of the plan as needed.	