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
	30SR	A. BUILDING: _____ B. WING _____	C 04/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNPLEX SUB-ACUTE CENTER	6520 SUNSCOPE DRIVE OCEAN SPRINGS, MS 39564

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M 000	Initial Comments The State Agency (SA) conducted a complaint survey at the facility for one (1) complaint, MS #21150 from 4/06/23 through 4/07/23. 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. The SA investigated MS #21150 for Physical Environment related to lack of facility cleanliness, misappropriation, abuse/neglect, nursing services and improper incontinent care and cited	M 000		
M1010	45.35.1 Housekeeping Facilities and Services Housekeeping Facilities and Services. 1. The physical plant shall be kept in good repair, neat, and attractive. The safety and comfort of the resident shall be the first consideration. 2. Janitor closets shall be provided with a mop-cleaning sink and be large enough in area to store house cleaning supplies and equipment. A separate janitor closet area and equipment should be provided for the food service area. This Statute is not met as evidenced by: Level II Based on observation, interviews, record review and facility policy review, the facility failed to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior for four (4) of nine (9) resident rooms and one (1) of five (5) common areas. Findings include:	M1010	The over the bed table was replaced, the resident entrance door, and the wall and floor was cleaned for Resident #3 on 4/6/2023, the wall near air condition unit patched for Resident #3 on 4/26/2023. The Maintenance Supervisor replaced the over the bed table for Resident #6 on 4/26/2023. Maintenance to Resident #10 wall was provided by Maintenance Supervisor on 4/26/2023. On 4/6/2023 the dining room wall, windowsills, and dining room floor near entrance was cleaned by	5/19/23

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M1010	Continued From page 1 Review of the facility's policy, "Housekeeping" dated April 13, 2021, revealed, " ...It is the policy of this facility that nursing services personnel perform routine housekeeping functions related to nursing care...1. Nursing services personnel are required to perform minor housekeeping services as a matter of routine nursing care. 2. The housekeeping department will perform routine and daily cleaning services ..." Resident #3 On 4/06/23 at 12:05 PM, an observation of Resident #3's room and interview with Resident #3 revealed the floor had the appearance of being dirty and stained. A four and a half (4 ½) foot wide by three and a half (3 ½) inches high section of the wall below the air conditioner was crumbling with the mesh component of the wall visible. The wall to the left of the air conditioner (when facing the window which was above the air conditioner unit) was scarred and stained by brownish streaks approximately the width of a writing pen that originated approximately four (4) feet above the floor and terminated at the floor. The silver, metal bases of the over the bed table for Resident #3 was covered with a rust-colored substance with abrasive consistency. The door to the room was open and the lower half of the outside of the door, visible from the hallway and the room, had brownish streaks on it; there were three (3) separate brownish streaks on the bottom half of the door, about the width of a writing pen, which branched out to nine (9) thinner streaks, about the width of pencil lead and went to the bottom of the door. Resident #3 was seated in his wheelchair which had a coating of gray substance with a dusty consistency, and which wiped off with a paper towel and tap water that covered the base of the wheelchair and the	M1010	Housekeeping Manager, and the torn stained tablecloth replaced. Spiderweb removed from the floor of Resident #1 baseboard, also inspection of all residential areas was completed on 4/6/2023 for insects. Orkin pest control contacted to complete pest inspection on 4/6/2023. All bedpans were discarded, and new labeled bedpans were bagged and stored appropriately on 4/6/2023. All residents have the potential to be affected by this deficient practice. The Administrator and Housekeeping Supervisor completed an in-service with the Housekeeping Department on 4/26/2023. The in-service covered the cleaning of base boards, residents rights pertaining to their right to a clean environment, and the facility Housekeeping Policy. The Director of Nursing completed in-service with Direct Nursing Staff on 4/26/2023. The in-service between the Director of Nursing and Director Nursing Staff covered Infection Control, Residents Rights, and wheelchair cleaning schedule. On 4/26/2023 new auto scrubber and auto buffer was ordered to maintain facility floors. All door base boards were cleaned on 4/26/2023 by Housekeeping Department. A rounds team comprised of the Administrator, Director of Nursing, Social Service Manager, Activities Supervisor, Admissions Coordinator, Maintenance Supervisor and Business Office Manager,	

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M1010	Continued From page 2 wheel lock mechanism and was visible on the spokes of the wheelchair wheels. Resident #3 stated he was not aware of who was responsible for cleaning the wheelchairs and that the condition of the over-the-bed table "bothered" him. On 4/06/23 at 12:15 PM, an interview with the Administrator revealed he had been aware of the damaged wall beneath the air conditioner in Resident 3's room for one month. He stated he had contacted a contractor for a quote to fix the damaged wall but was not sure when it would be fixed. He stated he felt it needed to be repaired as quickly as possible. He stated that he was not aware of the condition of the over-the-bed table of Resident #3 but that it needed to be replaced because the base was "rusty". He said that the 7:00 PM to 7:00 AM shift Certified Nurse Aides (CNAs) were responsible for cleaning the residents' wheelchairs. He described Resident #3's wheelchair as "dusty" and confirmed that it needed to be cleaned. He reported that the floors appeared unclean because the facility did not have a working "floor machine". On 4/06/23 at 1:50 PM, observation revealed Housekeeper #1 emptying trash can in resident's room. She stated she dusted, swept, mopped and "got out the trash" and cleaned the bathroom for each room in an assigned block of rooms. She stated she had cleaned the room earlier on 4/06/23. She had no comment regarding the wall, floor, or the door. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/14/23 revealed Resident #3 had a Brief Interview for Mental Status (BIMS) score of 13, which indicated he was cognitively intact.	M1010	has been created to monitor residential areas for cleanliness. The rounds team will complete and document inspection of residential areas daily x three (3) weeks starting on 4/27/2023 ending 5/18/2023 then weekly x three (3) weeks starting 5/22/2023 ending 6/05/2023, document findings and take corrective action as needed. The rounds team will report findings of inspections to the Quality Assurance Performance Improvement Committee at the monthly meeting starting on 5/18/2023 ending on 7/18/2023, for review, revision, and resolution of plan as needed.	

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M1010	Continued From page 3 Resident #6 On 4/06/23 at 1:15 PM, in an interview with Resident #6 and observation in the resident's room and adjoining bathroom revealed an unlabeled, uncovered, mustard yellow bedpan with seven (7) separate areas on the seat, sides and bottom of a dried dark brown substance laying on the floor next to the toilet in the resident's bathroom. During the interview, Resident #6 confirmed that she used a bedpan. Resident #6 complained about the condition of the over bed table with a silver, metal base covered by a rust-colored abrasive substance and a missing saucer sized area of the laminate on the top of the table. Record review of the Quarterly MDS with an ARD 3/08/23 revealed Resident #6 had a BIMS score of 14, which indicated she was cognitively intact. Resident #10 On 4/06/23 at 1:50 PM, observations and an interview with Resident #10 in the resident's room revealed a three and a half (3 ½) foot long section of wall beneath the air conditioner unit below the window where the base board was laying over on the floor and revealed crumbling wall there was caulking which the resident reported they had applied because they stated they were afraid of "bugs and snakes and frogs getting in". The resident stated they swept the floor of their room because they were dissatisfied with the housekeeping provided by the facility staff. The resident could not recall how long the baseboard had been down or the wall had holes in in or the wall had been in a state of crumbling.	M1010		

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M1010	Continued From page 4 Record review of the Quarterly MDS with an ARD 3/17/23 revealed Resident #10 had a BIMS score of 14, which indicated he was cognitively intact. Resident #1 On 4/06/23 at 5:00 PM, observations and an interview with the Administrator in the room of Resident #1 revealed spiderwebs, spider egg sacks, the size of the cotton tip of a cotton swab and an approximately one-inch-long dehydrated dead frog noted in corner of Resident #1's room. The Administrator simply stated "I will get someone in there to clean that up right away. It looks like we need to call the pest control company." He confirmed the presence of the dead frog and spider egg sacs the corner, approximately four (4) feet from the head of the bed of Resident #1 indicated that the floor had not been cleaned in recent days. In the bathroom for Resident #1, which connected to Resident #9's room there were three wet, unlabeled, sour-smelling bath basins on the floor next to the toilet stacked together. The Administrator confirmed the basins were wet and smelled sour and should not be stacked together wet, unlabeled, or sitting on the floor. He threw them into the trash and indicated there was no way to know which resident they belonged to out of the three residents who shared the bathroom. On 4/07/23 at 10:54 AM, in a telephone interview with the Resident Representative (RR) for Resident #1 revealed that the residents deserved a clean environment and that he was not impressed with the facility housekeeping or cleanliness. He stated that he had not complained because "sometimes it would get a little better, and then the next visit it would be lacking again, back and forth".	M1010		

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M1010	Continued From page 5 Record review of the Significant Change MDS with an ARD of 3/07/23, revealed Resident #1 had a BIMS score of 11, which indicated her cognition was moderately impaired. Dining Room On 4/07/23 at 10:00 AM, observations and an interview with the Housekeeping Manager revealed the housekeepers were responsible for cleaning "blocks of rooms" or rooms on an assigned hall. She stated the housekeepers were responsible for emptying the trash, dusting surfaces, sweeping, and mopping the floors and cleaning the bathrooms. She stated that she and the housekeepers also cleaned the hallways and common areas including the dining room. She stated that she was responsible for supervision of housekeeping and facility cleanliness; she said she accomplished this by visual observations. She said she had not had any complaints about housekeeping. Observation revealed a streak-stained wall in the dining room at the coffee service table and a torn and stained tablecloth on the coffee service table. The wall between the door into the dishwashing room to the far-right of the dirty tray/dish return window had multiple brown streaks from approximately five (5) feet high down to the floor. The Housekeeping Manager stated it was the responsibility of the housekeeping staff to clean walls streaked with unidentified food or beverage splashes/splatter. She stated "That needs cleaning. We should have cleaned that. It's there because we aren't wiping down the wall as we should". Regarding thick black sticky substance on the floor at the entrance into the dining room, the housekeeping manager stated that she had located "scrappers" and made them available to	M1010		

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M1010	Continued From page 6	M1010		

the housekeeping staff and provided in-service training on the use of the "scrappers" and said that the housekeeping staff should have noticed the substance and cleaned it. The Housekeeping Supervisor confirmed that there were multiple dead fruit flies, one dead house fly and one dead horsefly in the windowsill of the dining room. She stated that the housekeepers were to dust the windowsills daily and stated that it appeared to her that they had not been dusted/cleaned "for several days". She confirmed that there should not be dead insects left in the windowsills of the dining room where residents ate meals. She confirmed that the housekeepers should check the corners and sweep and mop the entire room for each block of their assigned resident rooms. She confirmed there should not be spider webs, dust, grime, or dead insects on the floors, including in the corners, of the resident's rooms. She stated that housekeeping staff should clean each room and clean/remove those if present. The Housekeeping Manager said she provided in-service training to the housekeeping staff on 3/30/23 on the upkeep of floors and cleaning of windowsills.

On 4/06/23 at 2:00 PM, an interview with the Maintenance Supervisor, he confirmed he used a work order system for staff to report problems or areas of concern. He stated the facility had ordered supplies and materials for repairs in the facility and that paint for walls, molding, doors, etc. "had to be ordered by the corporate office" and said he had notified the corporate office that he needed paint but had not received any. He confirmed that he was awaiting communication with a contractor for repair of resident walls which were deteriorated and crumbling. He confirmed that he had been aware of the disintegration of the walls of some of the rooms for approximately

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M1010	Continued From page 7 a month (since 3/06/23) and reported that a contractor had visited the facility and looked at the damaged walls on 3/17/23. On 4/06/23 at 5:10 PM, an interview with CNA #3 revealed each resident's bath basin should be labeled with their name, cleaned, and dried following use and stored in a plastic bag in the resident's closet or bedside table. She confirmed there was no way to know which basin belonged to which of the three residents who shared the bathroom. She confirmed the CNAs were responsible for cleaning, drying, and storing the basins correctly following use. Record review of facility In-service training titled "Upkeep and Maintenance of Floors" dated 3/30/23 with attached sign-in sheet revealed housekeeping staff were instructed on "upkeep and maintenance of the floors throughout the facility...as well as the dusting of the windowsills".	M1010		