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
	01TH	A. BUILDING: _____ B. WING _____	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NATCHEZ REHABILITATION AND HEALTHCARE CEN	344 ARLINGTON AVENUE NATCHEZ, MS 39120

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification along with complaint, MS CI#20780, from 4/19/22 to 4/21/22. During the survey, the SA determined that the facility was not in compliance with the SA Minimum Standards for Institutions for The Aged or Infirm. The SA did not substantiate MS CI#20780 related to misappropriation. The SA cited deficiencies M610, M625 and M655. The facility was licensed for 58 beds and had a census of 52 at the time of the survey.	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 observation, interview, record review, and facility policy review, the facility failed to provide mouth care for a dependent resident for one (1) of 15 sampled residents. Findings Include: Review of the facility's policy titled, "Activities of	M 610	Preparation and submission of this plan of correction by Natchez Rehabilitation and Healthcare Center does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and submitted solely pursuant to the requirements under state and federal laws.	7/1/23

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M 610	Continued From page 1 Daily Living (ADL), Supporting", revised March 2018, revealed, "Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene." Observation on 05/21/23 at 02:49 PM revealed Resident #35 had mouth odor present. Teeth and mouth were not clean as evidenced by the resident's mouth had build up of white sticky substance. Observation also revealed approximate 0.5 inch of hair growth on chin. Interview with Resident #35 on 05/21/23 at 02:49 PM revealed she was interviewable by nodding and shaking head to yes and no questions. The resident nodded yes that she would like her mouth cleaned. On 05/22/23 at 09:50 AM, observation revealed Resident's mouth remained coated with white sticky substance and hairs remained on chin. Resident nodded when asked if she would like her mouth clean. Resident shook her head when asked if she likes to leave hairs on chin. On 05/22/23 at 01:57 PM, observation revealed resident's chin had been shaved. Interview, on 05/22/23 at 01:57 PM, with the Director of Nurses, DON, and Charge Nurse revealed resident's chin had been shaved this morning and mouth care had been provided. The charge nurse nodded that the care had been provided. The DON stated mouth care must be done frequently because the resident drools and requires and towel to prevent the soaking of the resident's clothing. Observation revealed towel present to protect clothing.	M 610	1. On 5/22/23, shaving and oral care were provided to Resident #35 by Certified Nursing Assistant assigned to her care. On 5/23/23, the Director of Nursing revised Resident #35's care plan to increase oral care from every shift to every 4 hours. 2. 32 residents had the potential to be effected by this deficient practice. From 5/25/23 through 5/26/23 the Director of Nursing and Mimimum Data Set Nurse audited current residents' care plans and care cards to ensure oral care needs were reflected. Care plans that did not reflect current oral care needs were immediately corrected. On 5/22/23, physical observations were made by the Director of Nursing and RN Charge Nurse on the other 31 dependent residents for grooming and oral care needs. No other issues were noted. 3. On 5/23/23, the Director of Nursing in-serviced nursing staff on ensuring residents will be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living. 4. Beginning 6/7/23 Registered Nurse Supervisors will monitor oral care being performed on two (2) residents per day per unit daily for one (1) week, weekly for one (1) month. Any deficient practices will be reported to the Director of Nursing immediately and addressed accordingly. A report will be submitted to the Quality Assurance Performance Improvement Committee by the Director of Nursing for review and recommendation on June 27,	

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M 610	Continued From page 2	M 610	2023 and then monthly thereafter for three (3) months. The Director of Nursing is responsible for monitoring and compliance.	
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 observation, interview, and record review, the facility failed to provide positioning hand rolls for a dependent resident with contractures for one (1) of 15 residents sampled. Findings Include: Observation on 05/21/23 at 02:54 PM revealed contractures of bilateral upper extremities. The resident's fingers and hand were bent in toward the wrist. Nails were short and not pushing into the hand of the resident. No open areas noted. No hand rolls in hands. Resident nods when asked if she would like to use a hand roll for the contractures in bilateral upper extremities (BUE). Observation with Resident #35, Director of Nurses, and Charge Nurse on 05/22/23 at 01:57 PM revealed Resident was observed with contractures bilaterally. The DON and Charge nurse stated the resident does not want roles placed in hands for positioning. When the resident was asked about hand rolls she nodded yes, she would like hand roles. The DON stated	M 625	1. On 5/23/23, hand rolls were placed in Resident #35's bilateral hands by the Certified Occupational Therapist Assistant. 2. 15 residents had the potential of being effected by this deficient practice. 3. On 5/23/23, the Director of Nursing began in-services with clinical staff on applying positioning devices and checking skin integrity. 4. Beginning 6/7/23 the Director of Nursing and Rehab Director will maintain a contracture managment worksheet to be reviewed in clinical standards each week to ensure residents with splints/contractures have been properly evaluated and screened with a corresponding care plan put in place. Any deficient practices will be reported to Director of Nursing and immediately and addressed accordingly. Observations will be conducted weekly for four (4) weeks, then monthly for two (2) months. The Director of Rehab will submit a report to Quality Assurance Performance Committee for review and recommendations on June 27, 2023 and	7/1/23

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M 625	Continued From page 3 previously she did not like the type of roles in hands but that maybe a different type could be used. The resident nodded. The DON stated she was going to tell PT of the resident's wishes. On 05/23/23 at 09:43 AM, an interview with the occupational therapist (OT) revealed resident wore "hand roles" for a while but that she when she was readmitted from hospital the hand rolls were not restarted. He stated the resident used to wear the hand rolls from late evening through the night. He says she has not been wearing them lately. On 05/23/23 09:48 AM, an interview with Physical Therapist (PT), revealed the facility has a restorative program with the CNAs, The program has check offs for the CNAs to do and stated that Nursing is over the restorative program. The last restorative training provided by PT for the CNA staff was on 4/20/23 and this is completed annually. When asked if Resident #35 is gotten up out of bed, PT stated they are a awaiting a special wheelchair for her to be able to get up. The chair has been ordered with a Medical Supply. The facility was unable to provide an order request for the wheelchair. On 05/23/23 at 10:00 AM, an observation revealed the resident with hand role "carrot role" in right hand. No role was observed in left hand. Review of the resident's Minimum Data Set (MDS) with assessment reference date (ARD) of 3/17/23 revealed under Section G that resident was extensive assist and totally dependent on staff for positions and mobility. The resident Brief Interview for Mental Status (BIMS) score was 99.	M 625	monthly therefore for three (3) months. The Director of Nursing is responsible for monitoring and compliance.	

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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: Respiratory Care Based on observation, record review, and staff and resident interview, the facility failed to provide respiratory care consistent with professional standards of practice as evidence by a resident receiving oxygen therapy with no physician's order, monitoring or plan of care for one (1) of 15 sampled residents. Resident #42 Findings Include: An observation and interview on 05/22/23 at 03:20 PM revealed Resident #43 lying in bed with bilateral nasal cannula in nares, oxygen concentrator on administered at 2.5 Liters(L). Resident #43 noticed my observation of concentrator setting and commented the setting should be on 1.5L. A record review of Resident # 42's most recent quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 04/23/2023 revealed in Section O regarding O2 use, the resident was marked as not receiving O2 therapy. A record review of Resident #42's cumulative Physician's orders with an order review date of 04/15/2023 revealed the resident did not have an	M 655	1. On 5/23/23, Director of Nursing obtained physician order for Resident #42 stating oxygen at 2 liters per minute via nasal cannula at bedtime. Minimum Data Set nurse revised Resident #42's care plan to reflect her use of oxygen at bedtime. 2. 9 residents had the potential to be effected by this deficient practice. 3. On 5/23/23, Corporate Clinical Specialist conducted an Oxygen System Audit to ensure accuracy of all physician orders, care plans, and equipment for residents using oxygen. Any necessary corrections were made immediately.On 5/23/23, Director of Nursing conducted an in-service with all nursing staff on guidelines for safe oxygen administration. 4. Beginning on 6/7/23, the Medical Records Director will conduct an audit by observation of three (3) residents with orders for oxygen therapy, weekly for four (4) weeks, then monthly for two (2) months to validate all residents using oxygen have appropriate order, care plan, and equipment. The Medical Records Director will report findings to the Quality Assurance Performance Improvement	7/1/23

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M 655	Continued From page 5 physician's order for the use of O2 A record review of Resident #42's care plan revealed the resident did not have a care plan related to O2 therapy. An Interview on 05/22/23 at 02:20 PM with Resident # 42 revealed she had been using O2 mostly just at night to assist with breathing. Resident #42 stated she believes she has sleep apnea but has never had a sleep study. When asked about who puts the O2 on and sets the concentrator rate, Resident #42 stated she does it herself and uses every night to help her sleep. An Interview on 05/23/23 at 11:20 AM with LPN #1 revealed she was aware Resident utilizes O2 at night when she has shortness of breath and it helps her sleep. An Interview on 05/23/23 at 11:42 AM with Registered Nurse (RN) #2 and the Director of Nursing (DON) revealed they were unaware the resident was using O2. The DON stated the resident's order for O2 was discontinued. Neither were aware the resident continued to use the O2. Both agreed there were no orders for the use of O2 and the resident was not being monitored for use of O2. Interview on 05/23/23 at 11:55 PM with the MDS nurse confirmed the resident was not assessed as using O2 and no care plan was developed for the use of O2. A record review of Resident # 42's most recent quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 04/23/2023 revealed the resident had a brief interview for mental status (BIMS) score of 15 and the resident	M 655	Committee on 6/27/23 and monthly thereafter for three (3) months for review and further recommendations. The Director of Nursing is responsible for monitoring and compliance.	

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M 655	Continued From page 6 was admitted by the facility on 01/03/2023 with active diagnoses including Morbid (SEVERE) Obesity with Alveolar Hypoventilation and Peripheral Vascular Disease.	M 655		