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
	06OG	A. BUILDING: _____ B. WING _____	C 06/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK GROVE RETIREMENT HOME	209 OAK CIRCLE DUNCAN, MS 38740

(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 a Complaint Investigation CI MS #21624 related to misappropriation of property and pharmaceutical services from 5/31/23 through 6/01/23. During the survey, the SA determined the facility was not in compliance with the Minimum Standards of Operation for Institutions of Aged or Infirm related to pharmaceutical services and cited M695. At the time of survey the facility had a census of 57 residents and was licensed for 60 beds.	M 000		
M 705	45.24.2 Policies and procedures Policies and procedures. Each facility shall have policies and procedures to assure the following: 1. Accurate acquiring; 2. Receiving; 3. Dispensing; 4. Storage; and 5. Administration of all drugs and biologicals. This Statute is not met as evidenced by: Level II Based on observations, record review, staff interviews, and facility policy review the facility failed to maintain a sufficient system of receipt and disposition to accurately reconcile controlled drugs and failed to periodically reconcile controlled drugs for one (1) of two (2) medication carts observed. Findings include:	M 705	M 705 Policies and procedures 1)On 5/31/2023, Licensed nurses were in-serviced by the Director of Nursing on proper counting of all narcotics in the lock box before and at the end of their shift., licensed nurses who counted must sign the narcotic logs, in the event a nurse comes in after her cart was counted by another nurse; the new incoming nurse must recount her narcotic box prior to	6/16/23

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M 705	Continued From page 1 A record review of the facility policy titled, "Medication, Controlled Substances Policy and Procedure", with no date, revealed, Policy: "Medications included in the Drug Enforcement Administration (DEA) classification as controlled substances are subject to special ...record keeping in the facility, in accordance with federal and state laws and regulations... Procedure...4. Accurate accountability of the inventory of all controlled drugs is always maintained. a. Nurses are to perform a count of all controlled substances at the beginning and the end of every shift. b. Controlled substances log is to be maintained for all controlled substances..." A record review of the Controlled Drugs-Count Record dated April, 2023 for the South Hall Unit revealed that on 4/4/23, 4/5/23, 4/6/23, 4/7/23, 4/12/23, 4/18/23, 4/19/23, 4/24/23, 4/25/23, 4/26/23, 4/23/23, and 4/28/23 Licensed Practical Nurse (LPN) #4 (the north hall medication nurse) reconciled the narcotic count with the 11-7 nurse for LPN #2 (the south hall medication nurse). There is no documentation that LPN #2 reconciled the narcotic count with LPN #4 when she took over responsibility for the medication cart on those days. On four (4) occasions, 4/1/23, 4/12/23,4/14/23, and 4/29/23 narcotic medications were removed or added from the cart listing no resident or medication name, and five (5) occasions, 4/1/23, 4/14/23, 4/18/23, 4/20/23, and 4/24/23, narcotic medications were removed listing only the names of the residents or the name of the medication, but not both. A record review of the Controlled Drugs-Count Record dated May 2023 for South Hall Unit revealed that on 5/2/23, 5/3/23, 5/4/23, 5/5/23, 5/10/23, 5/11/23, 5/12/23, 5/15/23, 5/16/23,	M 705	taking the narcotic keys. On 5/31/2023, The Director of Nursing and Charge Nurse #4 counted the narcotic box including the Ativan in the refrigerator for accuracy. 2)On 5/31/2023, The Director of Nursing was in-service by the Administrator of random narcotic count observation with the nursing staff at the start and end of the shifts for accuracy. On 5/31/2023, Director of Nursing terminated nurse #2 and nurse #3 having committed the deficient practice. 3) All residents that are administered narcotics have the potential to be affected by this deficient practice. Measures put in place to ensure the alleged deficient practice does not reoccur. a) On 5/31/2023, Director of Nursing provided and in-service with all licensed nurses on proper narcotic count at the start and end of each shift, and anytime another nurse takes the keys from another nurse. b) On 5/31/2023, the Director of Nursing began monitoring narcotic count randomly with ongoing education with licensed nurse. c) On 6/1/2023, the Nursing staff was in serviced by the DON on the lock box within the refrigerator that must be counted at the start and end of the shift or any time a nurse takes the keys from another nurse. d) On 6/1/2023, the South wing key chain was supplied with the key for refrigerator	

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M 705	Continued From page 2 5/17/23, and 5/18/23, LPN #4 (the north hall medication nurse) reconciled the narcotic count for LPN #2 with the 11-7 nurse. There is no documentation that LPN #2 reconciled the narcotic count with LPN #4 when she took over responsibility for the medication cart on those days. Observation also revealed on four (4) occasions, 5/10/23, 5/15/23, 5/28/23, and 5/29/23 narcotic medications were removed or added from the cart listing no resident or medication name; and on one (1) occasion, 5/16/23, narcotic medications were removed listing only the names of the residents or the name of the medication, but not both. An interview with LPN #4 on 5/31/23 at 11:50 AM, she revealed she counted for the nurse assigned to the medication cart as she was running late, as she often does. LPN #4 stated she normally doesn't re-count the narcotics with LPN #2 when she is running late because she trusts her. LPN #4 confirmed she knows she was wrong and should always count the cart with the oncoming and off going nurse. An interview with LPN # 2 on 5/31/23 at 12:10 PM, revealed she did not count the cart with LPN #4 and confirmed LPN #4 often counts for her because of her child, she confirmed she knows she should count the medicines with LPN #4 but stated, "you know how you just trust some people." An observation of narcotic reconciliation for South Unit medication cart on 5/31/23 at 3:00 PM, with off-going nurse LPN #2 and on-coming LPN #3, revealed neither nurse was observed reconciling the count for Ativan injectable's located in the medication refrigerator.	M 705	lock by the Director of Nursing e) On 6/1/2023, the Director of Nursing was educated by the Regional Nurse on the utilization and documentation within the new bound narcotic book. f) On 6/1/2023, the Director of Nursing and Charge Nurse transferred all narcotics and information into the new narcotic booklets. g) On 6/1/2023, all licensed nurses were educated on the proper procedure and use of the new narcotic bound book, documentation of two licensed nurses signatures, date, time, name of the medicine, and quantity remaining that is provided to the Director of Nursing for wasting with monthly pharmacy consultant visits, the additional of a new narcotic, and the removal of a new narcotic whether the drug has been completed or discontinued. 4) On 5/31/2023, the Director of nursing in-service the licensed nursing staff to ensure the deficient practice does not reoccur. 5/31/2023 The Director of Nursing will monitor narcotic count and proper documentaiton within the narcotic book three times a week for the next 8 weeks and then randomly weekly for ongoing monitoring. On 5/31/2023 The Director of Nursing will discuss narcotic compliance with each daily morning meeting. 5/31/2023 The Administrator will make narcotic booklet monitoring weekly. Any negative findings will be reported immediately to the Administrator for recommendations and corrections/revisions. On 6/16/2023, The Administrator will report to the Quality Assurance monthly and Quarterly	

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M 705	Continued From page 3 An interview with LPN #3 on 5/31/23 at 3:30 PM, confirmed she did not count the Ativan with LPN #2. She revealed they never count it and revealed she always looks at it after the day shift leaves but confirms she knows she should count with the nurse. An interview with the Administrator on 6/1/23 at 8:42 AM, revealed she terminated LPN # 2 and LPN # 3 related to not counting the refrigerated Ativan when they counted narcotics at 3:00 PM on 5/31/23 with the State Agency (SA) present. During a phone interview with LPN #2 on 6/1/2023 at 11:30 AM, she verified that she did not count the Ativan with LPN #3 on 5/31/23. During an interview with Administrator on 6/1/23 at 12:16 PM, she stated that if narcotics are removed from the medication cart they should be logged and subtracted from the Controlled Drugs-Count Record as removed . During an interview with the Director of Nursing (DON) on 6/1/23 at 12:40 PM, she confirmed that the nurses should have counted the carts each shift and documented medications added or removed from the medication cart by documenting the resident's name and the medication. She verified failure to do so could result in missing narcotics.	M 705	meetings all findings for continual recommendations for changes and /or revisions as needed.	