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
	30RC	A. BUILDING: _____ B. WING _____	06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER CHASE VILLAGE	5090 GAUTIER VANCLEAVE ROAD GAUTIER, MS 39553

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M 000	Initial Comments The State Agency (SA) conducted an Annual Recertification Survey at the facility from 6/19/23 to 6/22/23. 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 requirement and cited M650 and M970.	M 000		
M 650	45.21.10 Hydration Hydration. Each resident shall be provided sufficient fluid intake to maintain proper hydration and health. This Statute is not met as evidenced by: Level II Based on observation, record review, staff interviews, and facility policy reviews, the facility failed to provide hydration during a meal to a resident who was a choking risk, for one (1) of three (3) residents reviewed for nutrition Resident #28. Findings Include: Record review on facility letterhead dated 06/20/23 and signed by the Administrator stated, "Our home does not currently have policies regarding checking tray accuracy, preparing trays, and communication with the Registered Dietician (RD)." On 06/19/23 at 12:10 PM an observation was made of Resident #28 laying in her bed, eyes open, soft speech, able to shake head yes/no to questions appropriately that was asked of her. Certified Nursing Assistant (CNA) #3 entered the room and placed the residents meal tray on the	M 650	The following plan of correction is not intended to be an admission of guilt or used for any purpose other than the purpose stated herein. 1. Elder #28 was assessed for signs of dehydration by the Nurse Practitioner on 6/20/2023 with no evidence of dehydration noted and was assessed again on 6/26/2023 by the attending physician for signs of dehydration with no evidence of dehydration noted. 2. All other Elders may have the potential to be affected by the deficient practice. On 6/20/23, all other Elders were assessed for signs of dehydration by the Director of Nursing and Nurse Managers with no evidence of dehydration noted. 3. On 6/20/2023, each Nurse Manager was assigned by the Director of Nursing to check tray cards for accuracy at breakfast and lunch meals Monday through Friday for requested fluids per Elder. The Lead Certified Nurses Assistant was assigned	7/20/23

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M 650	Continued From page 1 bedside table and moved the bedside table over to the resident and began meal set up. Resident is observed served boiled carrots, beef stroganoff, bread stick, cake and a 5-6 ounce glass of thickened water. Review of resident's meal ticket revealed resident is on a mechanical soft diet with Ensure Plus to be served at meals. Ensure Plus was not observed on the resident's meal tray. Interview at this same time revealed that the CNA #3 confirmed that the resident is not served an Ensure Plus with her meal and stated, "Sometimes I look to see if it (meal ticket) matches what they get but usually it is the kitchens responsibility. The last time I remember seeing her get an Ensure with her meal was a couple of weeks ago." Observation and interview on 06/20/23 at 8:34 AM, with the resident observed that she had eggs and toast for breakfast and did not have anything for hydration on her food tray. Observation revealed that the resident's meal ticket was not on her meal tray. Interview with CNA #4 on 06/20/23 at 8:40 AM, revealed that she did not deliver her meal tray to her room and she isn't sure why she did not have anything for hydration on her meal tray but confirmed that the resident did not have anything for hydration on her meal tray. Interview on 06/20/23 at 8:45 AM, with two other CNAs #5 and #6 stated that they didn't deliver the meal tray to the resident either. Interview with the Dietary Manager (DM) on 06/20/23 at 8:50 AM, stated that "We don't have regular ensure, we only have ensure clear (non-dairy) and we have never had ensure plus to give to the resident's so I'm not sure why that is	M 650	to check tray cards for accuracy at dinner meal Monday through Sunday for requested fluids per Elder. The weekend Supervisor was assigned to check tray cards for accuracy at breakfast and lunch on weekends for requested fluids per Elder. On 6/20/2023 all nursing staff were in-serviced on ensuring that fluids are served at each meal as requested per the Elders. 4. The Dietary Manager and Director of Nursing will monitor 5 tray cards for accuracy for 4 weeks then monthly times 3 months beginning 6/23/2023. Results of Quality Assessment and Performance Improvement will be taken to Quality Assessment Assurance monthly times three months beginning 7/20/2023 ending 10/23/2023 for review and any systemic changes made as needed. The Quality Assessment and Assurance Committee meets as least quarterly or and more often as needed. The revisions will be developed and approved by the quality assessment and Assurance Committee to ensure the Plan of Correction is achieved and sustained. A quality Assurance meeting will be held 7/21/2023. The next Quality Assurance meeting is tentatively scheduled for 10/23/2023. The Quality Assurance Committee includes but is not limited to the Medical Director, Administrator, Director of Nursing, Infection Preventionist, and at least 2 members of the facility staff.	

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M 650	Continued From page 2 even on her meal ticket." The DM confirmed that he wasn't aware that Ensure was on her meal ticket and he guessed he had just missed it when he audited the meal tickets for accuracy. DM then stated, "We wouldn't give Ensure anyway, that is something the nurse's would give to the residents." The DM printed off the resident's meal ticket and it revealed that the resident's meal was ordered to have Ensure Plus and it was not on her meal tray. Interview on 06/20/23 at 9:05 AM with Registered Nurse (RN) #1 confirmed that she does not give the resident her Ensure Plus and confirmed that it is not on her orders to give so she would not give her Ensure. Interview with the DON on 06/20/23 at 2:00 PM stated, "I think it's an error, I can't find where she was ever ordered to have Ensure." DON was informed that the resident did not have any hydration on her meal tray at breakfast and she stated, "I heard that she didn't have anything to drink but I can't find out who took her tray into her room this morning and I can assure you that this won't happen again." Interview and record review with Licensed Practical Nurse (LPN) #2 on 06/20/23 at 2:50 PM, looked through the thinned out medical record and discovered that the resident was admitted to the facility on 11/03/22 and was admitted with hospice services. The family wanted to change hospice providers and changed on 12/16/22 and also ordered to discontinue the Ensure Plus. Ensure plus was initially written as an order on 12/02/22 and then discontinued on 12/16/22 and the LPN confirmed that it was not taken off of the dietary orders.	M 650		

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M 650	Continued From page 3	M 650		

The DM confirmed in an interview on 06/20/23 at 8:50 AM, that he was not aware that it had been ordered nor was he aware if it had been discontinued and he didn't know why the resident did not get hydration on her meal tray. "The CNAs take the meal tickets and go to each room and they circle what the residents want for each meal and they bring it back to us in the kitchen and we assembly the trays."

Record review revealed that it was circled on the meal ticket dated 6/20/23 for scrambled egg, ground sausage, toast. Jelly and water were written in by hand on the meal ticket.

Interview with the DM on 06/21/23 at 11:40 AM stated that he did some investigating into what happened as to why the resident did not get a drink with her breakfast meal and he stated, "All I can say is we missed it. I just had a meeting with my staff this morning and I told them to make sure that not one single tray goes out of here without some kind of drink on it."

Record review of a "Nurse request visit," dated 06/20/23 electronically signed by Nurse Practitioner stated, "72 year old female patient presents for visit. It was reported that the (resident's name) did not receive fluids with her breakfast."

Record review revealed an order dated 12/02/22 "Mechanical Soft Diet Thicken Liquids."

Record review of the Face Sheet revealed that the resident was admitted to the facility on 11/03/22 with diagnoses of Metabolic encephalopathy, Type 2 diabetes, and Dysphagia.

Record review of the most recent Minimum Data

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M 650	Continued From page 4 Set with an Assessment Reference Date (ARD) of 03/20/23 with a Brief Interview for Mental Status Score (BIMS) of 10 indicated that the resident had mild cognitive impairment.	M 650		
M 970	45.33.4 Control of insects, rodents, etc. Control of insects, rodents, etc. The facility shall be kept free of ants, flies, roaches, rodents, and other insects and vermin. Proper methods for their eradication and control shall be utilized. This Statute is not met as evidenced by: Level II Based on observation, staff interview, resident interview, and record review, the facility failed to ensure an effective pest control program was maintained as evidenced by multiple flies observed throughout the facility for three (3) of four (4) days of survey. Findings include: Record review of a document on facility letterhead dated 6/21/23 and signed by the Administrator revealed the facility does not have a pest control policy on "flies". On 06/19/23 at 11:51 AM, an observation and interview with Resident #8 sitting at a table in the dining room with two (2) other residents revealed 4 flies flying around the table and landing on the resident's food. Resident #8 revealed she had not eaten her soup because "she is letting the flies have it". Resident #8 confirmed the flies had been bad lately and she thinks it is because people leave the door open to the patio so the residents could come in and out and that's when	M 970	The following plan of correction is not intended to be an admission of guilt or used for any purpose other than the purpose stated herein. 1. On 6/16/2023 the Maintenance Director placed fly lamps, disposable fly traps, UV light indoor fly traps with additional traps purchased and installed on 6/19/2023 and 6/20/2023. On 6/19/2023 additional housekeeping staff were added by the Administrator to assist with monitoring and eradicating flies in the facility including the dining room and resident rooms. On 6/19/2023 the Administrator notified Activities Director to ensure that door to courtyard remain closed when not used for entering/exiting. On 6/21/2023 Service agreement with pest control company for all-inclusive pest service including inspections, monthly treatments, and as needed services. 2. All other residents may have had the potential to have been affected by the deficient practice. 3. On 6/19/2023 ongoing monitoring of the facility for pest including flies began by	7/20/23

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M 970	Continued From page 5 the flies come in. On 06/20/23 at 9:10 AM, an interview with the Administrator revealed he was aware of the issue with the flies and felt like it was because the door is left open to the courtyard. The Administrator revealed the flies landing on the resident's food could potentially cause them to not eat. On 06/20/23 at 11:45 AM, an interview with in the dining room Resident #39 revealed the flies are better right now but they were terrible this morning. They were all over our food. On 06/21/23 at 11:00 AM, an observation of 2 flies in the therapy room during the resident council meeting. On 06/21/23 at 11:25 AM, an interview with Certified Nursing Assistant (CNA) #1 revealed she believed the flies are coming in from the door being left open. CNA #1 revealed it has been so hard to try and keep the flies off of the food, they are everywhere. On 06/21/23 at 11:50 AM, an interview with CNA #2 revealed the residents have been complaining about the flies on their food and she would not want to eat any food that flies had been on. On 06/21/23 at 12:00 PM, an interview with an unsampled resident, while she was sitting in the dining room at a table, revealed the flies have been a real problem. She stated they have been around so much that she named them Tom, Dick, and Harry. During the interview observed 2 gnats flying and landing on the dining table. On 06/21/23 at 12:15 PM, an interview with Resident #18 revealed she ate lunch in the front	M 970	Maintenance Director and Housekeeping staff. On 6/28/2023 an in-service with Maintenance Director and Housekeeping staff was conducted by the Administrator regarding maintaining an effective pest control program. On 6/29/2023 pest control performed inspection, installed 2 fly lights in Kitchen and 1 fly light in the Service Hall, treated the perimeter of facility, kitchen, all resident rooms, offices, baseboards, and all cracks and crevices for flies and 24 other targeted pests. 4. A pest control log was implemented to communicate pest related concerns including flies to Maintenance Director and pest control company beginning on 6/29/2023 monthly times 3 months and monthly thereafter . Results of Quality Assessment and Performance Improvement will be taken to Quality Assessment Assurance monthly times three months beginning 7/20/2023 ending 10/23/2023 for review and any systemic changes made as needed. The Quality Assessment and Assurance Committee meets as least quarterly or and more often as needed. The revisions will be developed and approved by the quality assessment and Assurance Committee to ensure the Plan of Correction is achieved and sustained. A quality Assurance meeting will be held 7/21/2023. The next Quality Assurance meeting is tentatively scheduled for 10/23/2023. The Quality Assurance Committee includes but is not limited to the Medical Director, Administrator, Director of Nursing, Infection Preventionist, and at least 2 members of the facility staff.	

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M 970	Continued From page 6 lobby yesterday with visitors and 2 flies were all over them, she would just pick the part of the food off and put it to the side when a fly landed on it.	M 970		