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
	43SC	A. BUILDING: _____ B. WING _____	12/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER CROSS HEALTH & REHAB	503 SILVER CROSS DRIVE BROOKHAVEN, MS 39601

(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 State Licensure survey from 12/18/18 through 12/20/18. During the survey the SA determined the facility did not meet the licensure requirements for the State Minimum Standards for the Aged and Infirm. The SA cited M610. At the time of survey the facility had a census of 56 and was licensed for 60 beds.	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, staff and resident interview, record review, and facility policy review, the facility failed to ensure personal grooming was completed for two (2) of eight (8) sampled residents that required assistance with Activities of Daily Living (ADLs). Resident #3 and Resident #11. Findings include:	M 610	* On 12/19/18 Resident #11 was provided assistance with grooming and removal of facial hair per assigned 7am-3pm certified nurse assistant. Resident #11 discharged home from facility on 12/23/18 after completion of rehab services. On 12/19/18 Resident #3 was provided assistance with grooming and removal of facial hair per assigned 7am-3pm certified nurse assistant. On 1/2/19 nursing care plan was updated per Risk Manager Registered Nurse for certified nursing assistant to assist resident with trimming	1/21/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43SC	A. BUILDING: _____ B. WING _____	12/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER CROSS HEALTH & REHAB	503 SILVER CROSS DRIVE BROOKHAVEN, MS 39601

(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 610	Continued From page 1 A review of the facility's policy titled, "Restorative Program and Activities of Daily Living", and a revision date of 11/26/17, revealed a resident who was unable to carry out activities of daily living (ADLs) would receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. ADLs included bathing, dressing and grooming. Resident #3 An observation, on 12/18/18 at 10:04 AM, revealed Resident #3 was in her room, seated in a Broda chair. Resident #3 was confused, making grunting sounds, and did not respond when spoken to. The resident had dried mucous hanging from her right nostril, and noticeable thick gray hair on her upper lip and chin. An observation, on 12/18/18 at 12:05 PM, revealed Resident #3 was in the dining room being fed by a Certified Nursing Assistant (CAN). Resident #3 still had the thick gray hair on her upper lip and chin. A review of Resident #3's Quarterly Minimum Data Set (MDS), with and Assessment Reference Date (ARD) of 10/02/2018, revealed Resident #3 needed extensive assistance for hygiene tasks including shaving, and needed one person physical assistance to complete hygiene tasks, and was totally dependent on staff for bathing. The facility assessed the resident's cognitive skills for daily decision making to be severely impaired, never/rarely making decisions. An interview, on 12/19/18 at 10:17 AM, with Licensed Practical Nurse (LPN) #1 revealed the facility had designated shower staff who were	M 610	facial hair three times weekly and as needed. On 1/7/19 Kiosk care plan for resident #3 was updated by medical records licensed practical nurse for certified nursing assistants to monitor for facial hair daily and assist with removal of facial hair three times weekly and as needed. * All residents requiring assistance with activities of daily living have the potential to be affected by this deficient practice * On 01/02/19 a 100% audit was completed by Staff Development Registered Nurse, Quality Assurance nurse, and Risk Manager Registered Nurse regarding resident's facial hair by direct observation. All findings were reviewed by Director of Nursing and addressed according to resident preferences. *On 01/03/19-01/09/19 all certified nurse assistants and nurses were inserviced by Staff Development Registered Nurse regarding grooming and removal of facial hair *Starting 1/2/19 direct observation audits of facial hair will be done by risk manager registered nurse, quality assurance registered nurse, and staff development registered nurse Monday through Friday for two weeks then weekly for four weeks, then monthly thereafter until substantial compliance is achieved to ensure solutions are sustained. *Starting 1/2/19 care plans will be	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43SC	A. BUILDING: _____ B. WING _____	12/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER CROSS HEALTH & REHAB	503 SILVER CROSS DRIVE BROOKHAVEN, MS 39601

(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 610	Continued From page 2 responsible for bathing/showering residents. LPN # 1 stated sometimes regular Certified Nursing Assistants (CNAs) would assist with bathing if a resident wanted/needed a bath not on the schedule. LPN #1 stated whoever bathed the resident would be responsible for completing the hygiene tasks for the dependent residents. LPN #1 stated completed tasks were recorded in the kiosk by the CNAs. An interview with CNA #1, on 12/19/18 at 10:14 AM, who was on the shower staff team, revealed shower staff completed baths/showers on Monday, Wednesday and Friday for residents in rooms one (1) -17 and on Tuesday, Thursday, and Saturday for residents in rooms 17-34. CNA #1 stated she and one other CNA were on the shower staff team. CNA #1 stated when bathing/showering residents they would shave female residents when they observed hair growing on their face, and it would be documented in the kiosk the resident was shaved. An interview, on 12/19/18 at 10:18 AM, with CNA #2 revealed they (shower staff) were responsible for taking care of hygiene tasks while bathing the residents. CAN #2 stated they would shave facial hair on female residents during the bath/shower. CNA #2 stated that for residents who couldn't speak they would just do it for them. An observation, on 12/19/18 at 10:20 AM, revealed Resident #3 her room with CNA #1, CNA #2, and LPN #1 present. CNA #1, #2, and LPN #1 confirmed the presence of hair above the resident's lip, and hair on her chin. The CNAs stated Resident #3 received hospice services, and hospice staff bathed the resident. Both CNAs and LPN #1 stated the hospice staff	M 610	monitored regarding facial hair and grooming assistance by Risk Manager Registered Nurse and Director of Nursing to ensure care plans and kiosk care plan reflect resident's facial hair and shaving preferences are care planned accurately weekly for four weeks then monthly thereafter until substantial compliance is achieved * Any discrepancies will be brought to Director of Nursing and presented to Quality Assurance Committee for further review, recommendations and any disciplinary action to be taken	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43SC	A. BUILDING: _____ B. WING _____	12/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER CROSS HEALTH & REHAB	503 SILVER CROSS DRIVE BROOKHAVEN, MS 39601

(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 610	Continued From page 3	M 610		

should have shaved the resident when she received a bath. LPN #1 stated it was the responsibility of all nursing staff to notice if the resident needed to be shaved, and the resident should be shaved if the hospice staff did not do the task. The CNAs nor LPN #1 had noticed the hair on Resident #3's face today prior to this observation. LPN #1 stated the dates the resident had been shaved should be recorded on Activities of Daily Living (ADLs) in the Kiosk.

A review of the Personal Hygiene Roster revealed hygiene tasks performed for Resident #3. The roster documented the most recent date the resident had been shaved was 12/15/18.

An interview, on 12/19/18 at 12:30 PM, with Resident #3's son revealed his mother had facial hair for years that grew like a man's. He stated when his mother was home, and "she had her mind" she shaved daily. He stated that most of the time staff kept her shaved, but he had seen facial hair on her several times when visiting. He stated he didn't think it was a big deal because his mother really didn't know what's going on, but if she was aware she would want it shaved.

An interview, on 12/20/18 at 9:45 AM, with the Director of Nursing (DON), revealed it was expected that facility staff, including nurses and CNAs, assess residents daily for personal hygiene needs. The DON stated staff should perform hygiene tasks even if it was not the resident's shower day, and even if the resident was receiving hospice services. The DON stated it was the responsibility of the facility staff to ensure hygiene tasks were completed.

A review of Resident #3's Face Sheet revealed the resident was admitted by the facility on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43SC	A. BUILDING: _____ B. WING _____	12/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER CROSS HEALTH & REHAB	503 SILVER CROSS DRIVE BROOKHAVEN, MS 39601

(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 610	Continued From page 4 01/06/2005, and had diagnoses including Dementia and Diabetes. Resident #11 An observation, on 12/18/18 at 10:59 AM, revealed Resident #11 had noticeable curled thick patches of facial hair on the left and right bottom sides of her chin. The resident stated before she came to the facility she shaved it off, but since she's been sick she had not been able to shave it. The resident stated that no one had asked her recently if she wanted it shaved, and she had not told anybody to shave it. Resident #11 said she would like it shaved. The resident stated she got assistance to the shower. A review of Resident #11's Admission Minimum Data Set (MDS), with and Assessment Reference Date (ARD) of 09/21/2018, revealed Resident #11 needed extensive assistance for hygiene tasks including shaving, and needed one person physical assistance to complete hygiene tasks, and was totally dependent on staff for bathing. The assessment indicated the resident had a Brief Interview for Mental Status (BIMS) score of 15 of 15, indicating the resident was cognitively intact. During an interview, on 12/19/18 at 10:17 AM, Licensed Practical Nurse (LPN) #1 revealed the facility had designated shower staff who were responsible for bathing/showering residents, and sometimes regular Certified Nursing Assistants (CNAs) would assist with bathing if a resident wanted/needed a bath that was not on the schedule. LPN #1 stated whoever bathed the resident would be responsible for completing the hygiene tasks for the dependent residents. LPN #1 stated completed tasks were recorded in the	M 610		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43SC	A. BUILDING: _____ B. WING _____	12/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER CROSS HEALTH & REHAB	503 SILVER CROSS DRIVE BROOKHAVEN, MS 39601

(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 610	Continued From page 5 kiosk by the CNAs. An interview on 12/19/18 at 10:14 AM with CNA #1, who was on the shower staff team, revealed shower staff completed baths/showers on Monday, Wednesday and Friday for residents in rooms one (1) -17 and on Tuesday, Thursday, and Saturday for residents in rooms 17-34. CNA #1 stated she and one other CNA were on the shower staff team. CNA #1 stated when bathing/showering residents they would shave female residents when they see hair growing on their face and it would indicate in the kiosk the resident was shaved. An interview, on 12/19/18 at 10:18 AM, with CNA #2 revealed she would shave facial hair on female residents while bathing or showering them. CNA #2 stated she would ask the residents who could talk if they wanted her to shave them, and she would if they wanted her to. CNA #2 stated she had not showered Resident #11 in the past week, but thinks the resident may refuse to be shaved sometimes. CNA #2 stated this should be told to the nurse, and recorded in notes. An observation, on 12/19/18 at 10:25 AM, revealed Resident #11 was in the dining/activity area with LPN #1 present, LPN #1 confirmed the resident had patches of curled hair on each side of her chin. LPN#1 stated it appeared the resident had one side shaved more recently than the other, and perhaps the shaving was stopped prior to completion on one side, so it may be true the resident refused to be shaved sometimes. LPN #1 did not recall being told this, but stated it would be recorded in nurse's notes if a nurse was told.	M 610		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43SC	A. BUILDING: _____ B. WING _____	12/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER CROSS HEALTH & REHAB	503 SILVER CROSS DRIVE BROOKHAVEN, MS 39601

(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 610	Continued From page 6 A review of the Personal Hygiene Roster revealed the hygiene tasks performed for Resident #11. The roster documented the most recent date the resident had been shaved was 11/12/18. A review of the Nurse's Notes did not reveal any notes documented Resident #11 had refused care. An interview, on 12/20/18 at 9:45 AM, with the Director of Nursing (DON) revealed it was expected that facility staff, including nurses and CNAs, assess residents daily for personal hygiene needs. The DON stated that staff should perform hygiene tasks even if it was not the resident's shower day, and even if the resident was receiving hospice services, it was the responsibility of facility staff to ensure hygiene tasks were completed. An observation and interview, on 12/20/18 at 11:51 AM, with Resident #11 revealed the resident had a clean shaven face. The resident stated she was happy to have the hair off her chin. The resident denied ever refusing to have her facial hair shaved, stating "they didn't ask me". A review of Resident #11's Face Sheet revealed the resident was admitted by the facility on 09/14/2018, and had diagnoses including Hemiplegia affecting her dominate right side, and Generalized Muscle Weakness.	M 610		