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
	48AM	A. BUILDING: _____ B. WING _____	C 08/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF AMORY	1215 EARL FRYE DRIVE AMORY, MS 38821

(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 #21049 at the facility on 8/30/23 concerning residents being left wet and assessments. During the survey, the SA determined the facility was in compliance with the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm for assessments but was not in compliance related to residents being left wet and cited at M 610. At the time of the survey, the facility had a census of 112 and held a license for 152 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 visitor interview, and facility policy review the facility failed to provide timely incontinent care for two (2) of five (5) residents reviewed. Resident #3 and Resident #4. Findings include:	M 610	1. Resident #3 and #4 were immediately assessed by the Director of Nursing and Assistant Director of Nursing for incontinence or complications on August 20, 2023. Residents were provided peri care and barrier cream. No negative findings were observed. The resident care plans were reviewed and updated. Beginning on August 30, 2023, Certified Nurse Assistant Kardex's were reviewed	9/25/23

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M 610	Continued From page 1 Review of the facility policy, titled, "Incontinence", undated, revealed based on the resident's comprehensive assessment, all residents that are incontinent will receive appropriate treatment and services. Policy Explanation and Compliance Guidelines revealed the facility must ensure that residents who are continent of bladder and bowel upon admission receive appropriate treatment, services, and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. Residents that are incontinent of bladder or bowel will receive appropriate treatment to prevent infections and to restore continence to the extent possible. Resident #3 An observation, on 8/30/23 at 9:30 AM revealed Resident #3 in the day room in a wheelchair with other residents. An observation at 10:20 AM, 11:15 AM, and 11:30 AM revealed Resident #3 in the same spot. At 11:35 AM Resident #3 was taken to the dining room for lunch and brought back to the day room at 12:15 PM. At 12:30 PM she was taken to her room for care. An observation and interview, on 8/30/23 at 2:30 PM with Certified Nursing Assistant (CNA) #3, during her incontinent care check of Resident #3, she confirmed that the resident needed changing. The resident was turned and checked, and the brief was saturated with dark yellow urine over the area of the brief covering the buttocks. An interview, on 8/30/23 at 2:40 PM with CNA #1 stated that she had not changed the resident because she was in the dining room. She confirmed the residents should be checked and	M 610	to assure that every two hour incontinence care was addressed by the Director of Nursing and Assistant Director of Nursing. The Director of Nursing/Assistant Director of Nursing immediately completed assessments of all incontinent residents to determine if any other residents were soiled or wet. No additional residents were found. Certified Nurse Assistants #1 and #2 received 1:1 education from Assistant Director of Nursing on August 31, 2023, regarding providing incontinence care when wet, checking every two hours or sooner, and customer service. The Assistant Director of Nursing administered a competency evaluation on peri-care and education on abuse and neglect to these Certified Nurse Assistants on August 31, 2023 prior to them returning to the floor to care for patients. 2. All incontinent residents have the potential to be affected by this deficient practice. 3. Education was initiated on August 30, 2023 for nursing staff by the Assistant Director of Nursing regarding the standard of care to include rounding every two hours and providing incontinence care when residents are soiled or wet. All incontinent resident's care plans and Kardex will be reviewed and updated as needed to assure that incontinence is addressed by Director of Nursing and the Assistant Director of Nursing beginning on August 30, 2023. Education will be provided to staff related to abuse and neglect to include providing necessary care and services beginning on August 30,	

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M 610	Continued From page 2 changed every two (2) hours and confirmed that the resident had not been changed since she was gotten up this morning. Record review of the facility Admission Record for Resident #3 revealed an admission date of 12/27/2021 with diagnoses that included Unspecified Dementia, Hemiplegia and Hemiparesis following Cerebral Infarction affecting right dominate side, Unspecified Lack of Coordination, and Aphasia. Record review of Section C of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/4/23 revealed a Brief Interview for Mental Status (BIMS) score of 99, which indicated Resident #3 was unable to complete the interview. Resident #4 An observation at on 8/30/23 at 9:30 AM, revealed Resident #4 sitting in a wheelchair in the day room. An observation on 8/30/23 at 11:10 AM revealed Resident #4 in her room visiting with her "caretaker" who stated she comes to check on her every morning. An interview with the caretaker/visitor who pushed the resident back to the day room revealed that no one had changed the resident while she has been here visiting. An observation, at 11:30 AM revealed Resident #4 remained in the day /TV room until 11:42 AM when she was pushed into the dining room. On 8/30/23 at 12:30 PM, an observation and interview with CNA #2 revealed Resident #4 was returned to the day room by CNA #2. CNA #2	M 610	2023 by the Assistant Director of Nursing. All Certified Nurse Assistants will successfully complete a competency evaluation on peri care beginning on August 31, 2023 by the Assistant Director of Nursing, Resident's briefs will be checked for incontinence episodes by certified nurses assistants prior to meals. The Director of Nursing and or Assistant Director of Nursing will assure that a minimum of ten incontinent residents are monitored on a daily basis to assure the certified nurse assistants are rouonding and cchanging briefs as needed before meals beginning on August 30, 2023. 4. The Director of Nursing/Assistant Director of Nursing will audit incontinence residents five times per week x one month and one time x week x two months to assure the corrective action listed is effective beginning on August 31, 2023. Findings of audits will be addressed in Quality Assessment and Performance Improvement Commitee for a minimum of three months by the Director of Nursing Services or Assistant Director of Nursing Services for review and interventions as necessary beginning with September Quality Assurance Performance Improvement Meeting on September 21, 2023.	

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M 610	Continued From page 3	M 610		

confirmed she was assigned to the resident today.

An observation, on 8/30/23 at 12:40 PM, resident was taken to her room by CNA #4. Peri care was performed and the brief was saturated with dark yellow urine and a small amount of liquid stool. CNA #4 stated that her family likes her to lay down after lunch because she gets up early on the 11-7 shift.

An interview, with CNA #2 on 8/30/23 at 2:50 PM, revealed that she was doing showers at 10:00 AM and saw the "caregiver" for the resident visiting with her. She stated that they sometimes change the resident, but she did not check with them about that today. CNA #2 confirmed that it is her responsibility to make sure residents are checked and changed. She stated, "She dropped the ball today." She stated that not changing residents could cause rash or skin breakdown.

During an interview, on 8/30/23 at 3:15 PM, concerning residents not being changed, the Director of Nursing (DON) stated that she was appalled because that was not good quality of care and not a good standard of care. She stated that not changing residents could cause skin breakdown and her biggest concern was pressure sores. She revealed that residents have family and visitors come in and check on them and do their hair, but if they are our patient (resident), we (staff and CNA's) should be checking and changing the residents who are incontinent.

Record review of the facility Admission Record for Resident #4 revealed an admission date of 10/18/2022 with diagnoses that included Alzheimer's Disease and Unspecified Urinary

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M 610	Continued From page 4 Incontinence. Record review of Section C the MDS with an ARD of 7/10/23 revealed a BIMS score of two (2) which indicated Resident #4 had severe cognitive impairment.	M 610		