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
	NH08VC	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VAIDEN COMMUNITY LIVING CENTER	868 MULBERRY STREET VAIDEN, MS 39176

(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) determined during an annual recertification survey, conducted from 7/9/19 to 7/11/19, the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm with deficiencies cited at M645 and M970. At the time of survey, the census was 50 and the facility held a license for 60 beds.	M 000		
M 645	45.21.9 Nutrition Nutrition. Residents shall maintain acceptable parameters of nutritional status, such as body weight and protein levels, unless residents ' clinical condition indicates that this is unavoidable. All residents shall receive diets as orders by their physician or nurse practitioner/physician assistant. Residents identified with significant nutritional problems shall receive appropriate medical nutrition therapy based on current professional standards. This Statute is not met as evidenced by: Level II Based on observation, staff interview, record review, and facility policy review, the facility failed to implement the Registered Dietitian's (RD) recommendation for a dietary supplement consistent with the resident's assessed needs for one (1) of four (4) residents reviewed for nutrition, Resident #30. Findings include: A review of Resident #30's weight records	M 645	M645 Nutrition #1 Resident #30 was assessed for any physical effects related to no order for supplement noted with no negative findings noted on 7/12/19 by Director of Nursing (DON). #2 All residents who receive dietary recommendations has the potential to be affected by this practice. All recommendations made by the Registered Dietician (RD) for the past 30 days were reviewed by Director of Nursing (DON) on	8/2/19

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M 645	Continued From page 1 revealed on 4/10/2019, the resident weighed 147.4 pounds (lbs) and on 7/10/2019, the resident weighed 129.6 lbs. This was a 12.08 percent (%) loss in a three (3) month period. A review of the Registered Dietician's (RD) note, dated 6/28/2019, revealed the resident had experienced a 30 day weight loss of 5.7%, a three (3) month weight loss of 11%, and a six (6) month weight loss of 16.7%; and weight maintenance was desired. Resident #30's current diet was a No Added Salt (NAS), heart healthy, mechanical soft diet with a bedtime (HS) snack. The RD filled out a form titled, "Consultant Dietician Communication to Director of Nursing (DON) and Nursing Staff", dated 06/28/19, with a RD recommendation for Boost Plus (supplement) twice a day (BID) for poor appetite. A review of the resident's physician's orders revealed no order for Boost Plus BID. Observations of Resident #30 in the dining room for the breakfast meal on 07/10/19 at 08:35 AM, and on 07/11/19 at approximately 08:00 AM, revealed no Boost on her tray or served to her. An interview with Licensed Practical Nurse (LPN) #2 at 8:50 AM, on 7/11/2019, revealed she received dietary recommendations from the Registered Dietician (RD) via electronic mail (e-mail) each week. LPN #2 stated the Nurse Practitioner (NP) or Attending Physician (MD), if resident is on Hospice, would be notified immediately of any recommendations of the RD by LPN #2 via phone or in person if they were in the facility. LPN #2 stated she would obtain any orders from the NP or MD regarding dietary supplements. LPN #2 stated she would enter any orders received in the computer and would place	M 645	7/29/19 to ensure all recommendations were completed as recommended. No concerns were found with completion of the audit. #3 All dietary recommendations will be completed within 24 hours or the next business day of receipt from the RD by The Medical Records Nurse (MRN). An in-service was initiated on 7/29/19 and will be completed on 8/2/19 by Director of Nursing (DON) for all LPN s and RN s in the facility regarding ensuring that all dietary recommendations are completed within 24 hours or the next business day of receipt from the RD by Medical Records Nurse (MRN). #4 The Director of Nurses (DON) will audit all dietary recommendations weekly for six (6) weeks beginning on 7/29/19 to ensure that all recommendations have been completed and within 24 hours or next business day. Any recommendations found to not be completed will be completed at that time by the DON. Findings will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee monthly and as needed for review, revision, and/or resolution to the plan.	

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M 645	Continued From page 2 the RD recommendation in a folder to be signed off when the NP or MD next visited the facility. When asked if there was a dietary recommendation and order for Resident #30 from 06/28/2019, LPN #2 pulled a folder from her desk and found the recommendation dated 06/28/19. LPN #2 stated she had not obtained an order for the supplement recommended, because she knew the physician was scheduled to visit the facility on 07/11/19. LPN #2 stated the recommendation had been signed by the NP on 07/3/2019, but was awaiting the MD's signature because the resident was on hospice and orders had to be obtained for hospice residents from the MD. LPN #2 stated, "I messed up, it was just Boost, I didn't think it was as important like a medication. I didn't think it needed to be handled immediately." An interview with the Dietary Manager at 11:20 AM, on 7/11/2019, revealed she had not received any recent orders for a supplement for Resident #30 from the NP or MD. She stated that once an order is obtained, she would add the order to the resident's tray ticket. The Dietary Manager stated when the RD makes a recommendation, it should be implemented as soon as possible, to maintain weight or prevent weight loss. An interview with the RD at 11:25 AM, on 7/11/2019, confirmed she had recommended a supplement for Resident #30 to address her weight loss on 6/28/19, about two (2) weeks ago. The RD stated she would expect dietary recommendations to be implemented "immediately/as soon as possible". An interview with the MD at 11:33 AM, on 7/11/2019, revealed that he would expect dietary recommendations to be implemented within a few	M 645		

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M 645	Continued From page 3 days. The MD stated he would give an order when notified and stated, "They can call the hospice nurse/doctor or me, just not at 3:00 AM."	M 645		
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 and resident interview, record review, and facility policy review, the facility failed to provide an effective pest control program to prevent flies observed in the dining room, resident rooms, and the kitchen for three (3) of three (3) days of survey. Findings include: Record review of the facility policy, titled "Pest Control", dated June 6, 2013, revealed the facility will have an effective pest control program. The facility will have a pest control contract that provides for frequent treatment of the environment for pests. It will allow for additional visits when a problem is detected. Monitoring of the environment will be done by the facility's staff. Pest control problems should be reported promptly tot he contractor. On 7/9/2019, at 11:46 AM, an observation of residents dining in the small dining room revealed a fly on the table which was observed landing on a resident's tray, hand, and food. At the front	M 970	M970 Control of insects, rodents, etc. #1 The pest control company was contacted on 7/9/2019 by the Facility Maintenance Director regarding flies in the facility. The pest control company visited the facility on 7/10/2019 and performed a routine visit as well as a treatment for flies. The facility received fly spray to use within the facility from the pest control company on 7/10/2019. #2 Residents in the facility have the potential to be affected by the practice. 100% facility rounds were performed by Administrator in Training (AIT) on 7/11/2019 to ensure that all areas were free of flies. Flies were noted around the dining room not during mealtime. Area was sprayed with a multi-pest elimination spray with improvement noted. #3 Pest control company will visit the facility twice monthly instead of monthly and as needed to ensure compliance with the pest control program. An in-service was initiated on 7/29/19 and will be	8/2/19

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M 970	Continued From page 4 table on the east side of the dining room an observation of three (3) flies which landed on resident's food, utensils, hands, arms, and drink glasses rims. An observation in the kitchen at a table to the right of the door were four (4) flies in the air and landing on the table. On 07/09/19 at 11:52 AM, an observation of Resident # 4 in his room, sitting on the edge of his bed feeding himself lunch, revealed a fly landing on his food, napkin, toast, edge of water cup, and on his tray, which had okra, chicken, rice, toast, fruit, tea, and water. On 7/10/19 at 10:13 AM, an observation revealed three (3) flies in the air around the nurse's station. On 07/11/19, at 11:26 AM, an observation while on tour with the Housekeeping Supervisor (HS), revealed flies on the 300 hall in room 311, 310, and in the hall around room 315. The HS revealed she had been spraying the only spray she could spray in the halls and in the resident's rooms that prevents flies. The spray being used was (name of pest eliminator) and she revealed she began using this spray on 7/10/19. On 07/10/19 at 10:13 AM, interviews during the group meeting, with five (5) residents, revealed all five (5) reported issues with flies. The residents revealed it had really been bad lately and that is why they have fly swatters in their rooms, so they can kill the flies. The residents revealed everyone knows there is a fly problem; the housekeepers keep a fly swatter on their cart to kill flies. On 07/11/19 at 10:45 AM, an interview with the Administrator (ADM) revealed he was not aware of a fly issue in the building and no one told him	M 970	completed by 8/2/19 for all facility staff by Administrator in Training (AIT) regarding notifying the Facility Administrator with any concerns about flies or other types of pests within the facility. All fly curtains in the facility were inspected by Facility Maintenance Director on 7/10/19 and found to be functioning correctly. On 7/29/19 Facility Maintenance Director preformed preventive maintenance on all fly curtains, and all found to be functioning correctly. #4 The Facility Administrator will interview two (2) residents three (3) times per week for six (6) weeks to ensure that no residents are having any complaints or concerns related to flies in the facility. Findings will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee monthly and as needed for review, revision, and/or resolution to the plan.	

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M 970	Continued From page 5 there were flies in the resident's rooms. The ADM revealed he is doing everything he can to prevent the flies and it is just how it is here; there is a cow pasture across the road. The ADM revealed he would not want to eat food that a fly had landed on. The ADM revealed (name of company) comes monthly, but they could come more often if needed. Review of the customer service receipts of (name of company) visits to the facility revealed treatments for flies one (1) time a month in April, May, June and July. No other receipts were provided.	M 970		

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	NH08VC	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**07/11/2019**

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M1245	45.41.1 Date of Construction & Life Safety... Date of Construction and Life Safety Code Compliance. 1. Buildings constructed after the effective date of these regulations shall comply with the edition of the Life Safety Code (NFPA 101) effective on the date of construction. 2. Buildings constructed prior to the effective date of these regulations shall comply with Chapter 13 of the Life Safety Code (NFPA 101), 1985 edition. This Statute is not met as evidenced by: Level II Based on observations, the facility failed to maintain a complete manual fire alarm system as directed by NFPA 72 Chapter 10, and NFPA 101 section 9.6. The deficient practice affected all smoke compartments and all 50 residents in facility on the day of survey. Findings include: On July 11, 2019 at 10:10 AM observation also revealed a "trouble signal 121" on the panel of the fire alarm system. On July 11, 2019 at 10:45 AM, observation and testing revealed manual pull stations near the exit doors on the 100, 200, and 300 Halls of the facility did not activate the fire alarm system. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 7/11/19.	M1245	M1245 Date of Construction & Life Safety #1 American Fire Safety contacted on 7/11/19 by Facility Maintenance Director regarding trouble signal 121 on the panel of the fire alarm system and the manual pull stations near the exit doors on the 100, 200, and 300 halls of the facility not activating the fire alarm system. American Fire Safety visited the building on 7/11/19 at approximately 2:30pm and replaced smoke detector head and base in room # 302 that was the cause of the short in the facility fire alarm panel. #2 All residents in the facility have the potential to be affected by the practice. At approximately 10:15am on 7/11/19 a manual fire watch was initiated by the Facility Maintenance Director with no negative outcomes noted. #3 An in-service was initiated on 7/29/19 and will be completed by 8/2/19 for all facility staff by Facility Maintenance Director regarding notifying the Facility	8/2/19

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		08/02/19

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M1245	Continued From page 1	M1245	Maintenance Director with any concerns regarding warning lights on fire panel. On 7/18/2019 American Fire Safety completed Annual Fire Alarm Inspection and Testing with no noted concerns. #4 The Facility Maintenance Director will audit fire panel and pull stations on 100, 200, and 300 hall two (2) times a week for six (6) weeks beginning 7/29/19 to ensure that fire panel and pull station are functioning properly. Any trouble signal or complication with fire panel or pull stations will immediately be reported to Administrator and American Fire Safety and a fire watch will be implemented immediately. Findings will be reported to Quality Assurance Committee (QAPI) monthly and as needed for review, revision, and/or resolution to plan.	