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
	47CI	A. BUILDING: _____ B. WING _____	C 12/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEAL	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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 an annual recertification survey, along with a complaint, MS #16454, from 12/18/19 to 12/20/19. The SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, with statutes cited at M875 and M1230. The SA did not substantiate MS #16454 for Abuse, Activities of Daily Living and Pressure Ulcer/Injury, with no statutes cited. The census at the time of the survey was 113, with a bed capacity of 120.	M 000		
M 875	45.31.1 Floors Floors. Floors in food service areas shall be of such construction so as to be easily cleaned, sound, smooth, non-absorbent, and without cracks or crevices. Also, floors shall be kept in good repair. This Statute is not met as evidenced by: Level II Based on observation, staff interview, and facility policy review, the facility failed to store dishware in a manner to prevent contamination during cleaning of the floor, for one (1) of two (2) dietary tours; and failed to maintain a clean and sanitary environment, as evidenced by water damage to the floor around the doorway in the Dietary Department, for two (2) of two (2) dietary tours. Findings include: Review of the facility's "Warewashing" policy, dated 9/17, revealed: All dishware, serviceware, and utensils will be cleaned and sanitized after each use. The Dining Services staff will be	M 875	1. On 12/18/2019, Dietary Manager rewashed all dishes and cups that were potentially affected by improperly cleaning the floor. On 12/23/2019, a drying rack was placed in the kitchen for dietary staff to place washed dishes and cups on to decrease risk of exposure to water during cleaning of floors. On 12/20/2019, Maintenance Director cleaned area around Dietary door that had standing water around and replaced damaged flooring. 2. Residents who receive meal/items from the kitchen have the potential to be affected.	1/23/20

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M 875	Continued From page 1 knowledgeable in the proper handling of sanitized dishware. Review of the facility's "Environment" policy, dated 9/17, revealed: The Dining Services Director will ensure that the kitchen is maintained in a clean and sanitary manner, including floors, walls, ceilings, lighting, and ventilation. On 12/18/19 at 10:30 to 10:50 AM, an initial observation and walk through of the Dietary Department, revealed Dietary Employee #1 was spraying the dishroom floor with a high pressure water hose. While Dietary Employee #1 was spraying the dishroom floor, there were four (4) crates of coffee cups and five (5) crates of bowls stacked in open containers on the floor. Dietary Employee #1 was spraying the water; and food debris from the floor was spraying onto the containers of coffee cups and bowls. There was visible water standing in the cups and bowls. An interview on 12/18/19 at 10:35 AM, with Dietary Employee #1, confirmed the coffee cups and the bowls in the crates were clean. Dietary Employee #1 stated he cleans the floor twice a day with the water hose and confirmed this area in the dish room is where he stores the clean cups and bowls. An interview on 12/18/19 at 10:40 AM, with the Dietary Manager (DM), revealed they will move the clean dishes to another area and will rewash those items that were wet from the cleaning of the dish room floor. On 12/18/19 at 10:45 AM, an observation of the doorway to the Dietary Department, revealed standing water on the floor and the tile had come unglued. There was a dark black substance	M 875	3. In-service of Dietary staff was conducted by the Dietary Manager on 12/21/2019 regarding policy on manual ware washing and environmental cleaning police that included proper procedure for cleaning the floor. 4. Beginning 12/23/2019, Administrator or Dietary Manager will observe floor cleaning procedure five (5) times a week for four (4) weeks then two (2) times a week for two (2) weeks then weekly for three (3) months. Beginning 12/23/2019, Administrator or Dietary Manager will audit placement of clean dishes and cups five (5) times a week for four (4) weeks, then two (2) times a week for two (2) weeks then weekly for three (3) months. Beginning 12/23/2019, Administrator or Maintenance Director will monitor area around dietary door for water damage five (5) times a week for four (4) weeks then weekly for three (3) months. Results of audits will be reviewed monthly with Quality Assurance/Performance Improvement Committee for four (4) months by Administrator or Dietary Manager for review and recommendation. Administrator is responsible for monitoring and compliance.	

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M 875	Continued From page 2 visible on the walls around the doorway where the water damage was noted. On 12/18/19 at 10:50 AM, an interview with the DM, confirmed the floor had water damage and had been this way for several months and had not been fixed. The DM stated she had made the Administrator aware and they had received a quote back in the summer to have the work completed. On 12/20/19 at 1:30 PM, the Administrator stated they had received a quote for the repair of the floor in July 2019, but the facility had not been given an approval to go ahead with the repairs. Record review of the documentation given to the State Agency from the Administrator for the repairs to the floor, had a quote date of 7/10/19.	M 875		
M1230	45.40.11 Call System Call System. A call system shall be in place at the nurses' station to receive resident calls through a communication system to include audible and visual signals from bedrooms, toilets, and bathing facilities. This Statute is not met as evidenced by: Level II Based on observation, resident interview, and staff interview, the facility failed to place the call lights within easy access of the resident, to be able to call for assistance, for two (2) of 84 residents, Resident #72 and Resident #38. Findings include:	M1230	1. On 12/18/2019 Resident # 72 and # 38's call light was placed within reach by the Director of Nursing. On 12/18/2019, visual rounds were also conducted by Administrator to determine proper call light placement for residents in the facility at that time. 2. On 12/23/2019, residents were assessed by the Administrator and	1/23/20

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M1230	Continued From page 3 Resident #72 On 12/18/19 at 10:56 AM, an observation and interview with Resident #72, revealed her call light laying on an oxygen concentrator, beside her bed. Resident #72 stated staff will throw her call light where she couldn't reach it. She stated it was worse in the evenings. An observation and interview on 12/18/19 at 4:20 PM, with the Director of Nursing (DON), revealed Resident #72's call light laying on the oxygen concentrator and out of the resident's reach. The DON stated she couldn't understand why this was happening. She stated the staff knows the call light should be clipped to the bed where the resident can reach it. Resident #38 An observation and interview with Resident #38, on 12/18/19 at 10:56 AM, revealed her call light laying in the floor, under the edge of the bedside table. Resident #38 stated she could do about everything for herself, but if she did need her call light, she couldn't reach it. On 12/18/19 at 4:19 PM, an observation and interview with the Director of Nursing (DON), confirmed Resident #38's call light was wedged under the bedside table, and she had to move the bedside table to pick the call light up. The DON stated Resident #38 would not have been able to get her call light. She stated the staff make rounds and she couldn't understand why no one had seen this.	M1230	Director of Nursing to determine which residents require assistance with their activities of daily living thereby requiring call lights to be placed within reach. Any call lights determined not to be within reach at that time was immediately corrected. Residents who utilize call light system could be potentially impacted by practice. 3. On 12/23/2019, in-service was conducted by Director of Nursing for the facility and contract staff on proper placement of resident call lights. 4. Beginning 12/23/2019, Administrator or Director of Nursing (DON) will audit call light placement twice (2) a day five (5) times a week for four (4) weeks, then twice (2) a day two (2) time a week for two (2) weeks, then weekly for three (3) months. Administrator or DON will bring results of audit to monthly Quality Assurance/Performance Improvement committee monthly for four (4) months for review and further recommendation. Administrator is responsible for monitoring and compliance.	