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
	82CI	A. BUILDING: _____ B. WING _____	01/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YAZOO CITY REHABILITATION AND HEALTHC.	925 CALHOUN AVENUE YAZOO CITY, MS 39194

(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 1/29/19 to 1/31/19, the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm with deficiencies cited at M615 and M780. The facility held a license for 180 beds. The census at time of survey was 172.	M 000		
M 615	45.21.3 Pressure sores Pressure sores. Residents with a pressure sore shall receive necessary treatment and service to promote healing and prevent the development of new pressure sores. Residents without pressure sores will not develop pressure sores unless the residents' clinical condition indicates they were unavoidable. 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 provide treatment for a Decubitus ulcer as ordered by the physician for one (1) of three (3) residents observed for Decubitus care, Resident #123. Findings include: Review of the Facility Policy titled, Pressure Ulcer Prevention Program, Skin and Wound Care, revised 7/2018, revealed: Treatment will be initiated per physician orders.	M 615	1. On 1/31/19, the Licensed Practical Nurse (LPN) #1 performed the wound care procedure again on resident #123 under direct observation of the Staff Development Coordinator (SDC) Registered Nurse in accordance with the physician's orders. On 1/31/19, LPN#1 was educated on following physician orders and wound care procedures by the Assistant Director of Nursing (ADON). 2.Begining 2/1/19 through 2/8/19, an audit was performed by the ADON on the sixty (60) wound orders for current residents to ensure physician's orders are accurate	3/14/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/14/19

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M 615	Continued From page 1 Review of Resident #123's Physician Order, dated 11/7/2018,, revealed: "Left heel. Cleanse Unstageable Pressure Ulcer with normal saline every day shift, pat dry, paint with betadine, and wrap with kerlix every day shift". During an observation and interview, on 01/31/19 at 09:09 AM, Licensed Practical Nurse (LPN) #1, performed wound care to the Left Heel Pressure Ulcer for Resident #123. LPN #1 cleaned the left heel with normal saline, patted dry, applied a 4 x 4 gauze to wound bed, and wrapped the left foot with kerlix. The nurse stated that Betadine should not be used on the left heel. The order dated 11/7/2018, was reviewed with the nurse upon leaving the room. The nurse confirmed the correct order in the computer and stated that Betadine should be applied per Medical Doctor (MD) orders, and that she had not performed the treatment correctly. On 01/31/19 at 02:10 PM, an interview with the Director of Nursing (DON), confirmed that the MD orders should be followed and a potential outcome of not following the orders could be worsening of the wound.	M 615	with no negative findings. All residents with wounds have the potential to be affected by this deficient practice. 3. In services began on 2/1/19, by SDC with nursing staff who input orders in the system, in regards to ensuring that physician's orders are read, followed, and that wound care supplies are stored in accordance to facility policy. All newly hired licensed nursing staff who may transcribe physician orders receive this training as part of their orientation process. 4. Beginning 2/11/19, the Director of Nursing (DON), ADON or SDC will perform wound care observation on two (2) residents daily for one (1) week, two (2) residents weekly for four (4) weeks, and two (2) residents monthly for three (3) months to ensure wound care is being performed according to physician's orders. A report will be submitted to the Quality assurance Performance Improvement (QAPI) committee by the DON for review and recommendation monthly for three (3) months. The DON is responsible for monitoring and compliance.	
M 780	45.27.2 Activity Program Activity Program. Provisions shall be made for suitable recreational and entertainment activities for resident according to their needs and interests. These activities are an important adjunct to daily living and are to encourage restoration to self-care and resumption of normal activities. Variety in planning shall include some	M 780		3/14/19

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M 780	Continued From page 2 outdoor activities in suitable weather. Level II Based on observation, resident interview, staff interview, record review, and facility policy review, the facility to provide activities that met the needs and interests of the resident for one (1) of 33 residents reviewed for Activities, Resident #26. Findings include Review of the facility's "Activity Programs" policy, dated August 2006, revealed the activity programs designed to meet the needs of each resident are available on a daily basis. The activity programs are designed to encourage maximum individual participation and are geared to the individual resident's needs. Record review of Resident #26's individual activity participation record for the month of January 2019, revealed no activities were attended or provided. Record review of Resident #26's comprehensive care plan revealed the resident needed encouragement/assistance to attend/observe activities for stimulation/socialization. The interventions include to invite/assist and encourage resident to attend/observe activities for socialization/stimulation. On 01/29/19 at 11:13 AM, during the initial tour, an interview with Resident #26 revealed the resident had not been getting out of bed because the staff took her wheelchair away from her and she can not go to activities. Resident #26 revealed she does not remember being asked to come to activities and does not remember anyone bringing activities to her room. Resident	M 780	1. On 1/31/19, Activity Director (AD) met with Resident #26 and completed a new evaluation updating resident's activity preferences. On 1/31/09, the Administrator educated the AD on the importance of completing evaluation, completing documentation in a timely manner and ensuring resident are invited to participate in planned activities. 2. From 2/1/19 through 2/8/19, the AD and Minimum Data Set (MDS) nurse audited current resident's clinical records to ensure that activity evaluations were complete and care plans reflected the individual resident's activity program preferences. All residents have the potential to be affected by this deficient practice. 3. Beginning on 2/1/19, The Staff Development Coordinator (SDC) began in-serving staff in regards to inviting residents to the daily activities offered. All new residents are to have their initial activity evaluation completed on or by the Assessment Reference Date (ARD) for admission. 4. Beginning on 2/11/19, the MDS nurse will audit (2) resident's clinical records per week for four (4) weeks, then monthly for three (3) months to ensure activity evaluation are completed timely and care plans reflect resident's activity preferences. Beginning 2/11/19, social services department will interview five(5)residents on if they wish to participate in activities, and if they answer	

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M 780	Continued From page 3 #26 had a Brief Interview of Mental Status score of 15, which indicated she had no cognitive impairment. On 01/29/19 at 11:35 AM, an interview with the Registered Nurse Supervisor (RN) #1, revealed Resident #26 was no longer able to sit in a wheel chair due to poor trunk control, and when she gets up, it is in a Geri-chair. On 01/29/19 at 11: 45 AM, an interview with Resident #26 revealed she had been up in a Geri-chair a few times since they took her wheel chair away, which was about two (2) months ago, and that she had to share a Geri-chair with other residents, so the Geri-chair was not available very often. On 01/30/19 at 11:07 AM, an interview with the Activity Director (AD) and review of Resident #26's activity log sheet for the month of January, revealed the resident did not attend or have activities offered this month. The AD stated the resident gets up in a wheelchair and does not like to come to many activities. On 01/30/19 at 11:30 AM, an interview with Licensed Practical Nurse (LPN) #2 revealed Resident # 26 gets up in her high-back wheel chair and goes to therapy but does not go to many activities. LPN #2 revealed she can only really remember her going to activities maybe once or twice. On 01/30/19 at 2:30 PM, an interview with the Director of Nursing revealed there are enough Geri-chairs that residents should be able to get up and attend activities any time they wanted to. The facility had plenty of Geri-chairs and she would educate the staff on the Geri-chairs.	M 780	yes, are they being asked to go. This audit will be performed on five (5) residents weekly for four (4) weeks and five (5) residents monthly for two (2) months. A report will be submitted by the MDS nurse to the Quality Assurance and Performance Improvement (QAPI) committee for revie4w and recommendation monthly for three months. The MDS nurse is responsible for monitoring and compliance.	

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M 780	Continued From page 4 On 01/31/19 at 2:40 PM, an interview with the Administrator revealed the staff should have made arrangements to make sure Resident #26 was able to go to activities. The Administrator stated there were plenty of Geri-chairs at the facility and as soon as she was made aware of the problem, they provided Resident #26 with a Geri-chair of her own. On 01/31/19 at 1:45 PM, an interview with the AD revealed staff had not provided activities to Resident #26 like they should have.	M 780		