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
	24DR	A. BUILDING: _____ B. WING _____	01/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DRIFTWOOD NURSING CENTER	1500 BROAD AVENUE GULFPORT, MS 39501

(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 1/13/19 through 1/16/19, the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm with deficiencies cited at M620 and M815 . At the time of the survey, the census was 131 and the facility held a license for 151 beds.	M 000		
M 620	45.21.4 Urinary incontinence Urinary incontinence. Residents with urinary incontinence shall be assessed for need of bladder retraining program. An indwelling catheter will not be used unless the resident ' s clinical condition indicates that catheterization is necessary. These residents shall receive treatment and services to prevent urinary tract infections. Level II Based on observation, resident interview, staff interview, record review, and facility policy review, the facility failed to ensure the resident had a securing device for the catheter tubing for one (1) of three (3) residents for catheter care observations, Resident #4. Findings include: A review of the facility's policy for "(Facility Name) Catheter Care Policy" dated 3/1/17, revealed, it is the policy of this facility to provide catheter care to all residents that have an indwelling catheter in an effort to reduce bladder and kidney infection.	M 620	1. The Director of Nurses assessed Resident #4 for adverse findings due to not having a leg strap on 1/16/19. The Director of Nurses did not find any negative outcomes and applied a catheter leg strap to Resident #4 on 1/16/19. Certified Nurse Aide #1 was inserviced on Resident #4 having a leg strap on 1/16/19 by the Director of Nurses. 2. All residents with an indwelling catheter have the potential to be affected. 3. All Certified Nurse Assistants will be inserviced on residents with indwelling catheters needing a leg strap was initiated on 1/16/19 and completed by 2/22/19 by the Director of Nursing. The unit nurse will be responsible for monitoring per shift the	3/6/19

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M 620	Continued From page 1 Review of the Society of Urological Nurses and Associates Clinical Practice Guidelines, "Care of the Patient with an Indwelling Catheter", 2015, revealed: Secure the catheter to either the patient's thigh or the abdomen. This helps to decrease the risk of bleeding, trauma, meatal necrosis, an bladder spasms from pressure and traction. Review of the facility's Incontinent Care/Foley Catheter Care Checklist, not dated, revealed the Foley catheter care procedures included checking for the leg strap. A review of the facility Physician Orders dated January 2019, revealed Resident #4 had orders for a 16 French Indwelling Foley catheter related to Urinary Retention, initiated 5/22/2018, and to provide catheter care per facility policy. An observation of catheter care with Certified Nursing Assistant (CNA) #1, on 01/15/19 at 10:00 AM, revealed Resident #4 did not have a catheter strap and/or securing device to anchor the catheter tubing. In an interview, on 01/15/19 at 10:05 AM, CNA #1 confirmed Resident #4 did not have a catheter strap/securing device in place or in the room. CNA #1 stated she had not provided catheter care for the resident today and that the night shift must have removed the catheter strap after care was provided. CNA #1 said the resident needed the strap to prevent trauma and to keep the catheter from coming out. In an interview on 01/16/19 at 9:24 AM, Registered Nurse (RN) #1 confirmed the facility policy was not followed if Resident #4 did not have a catheter strap in place.	M 620	leg strap and/or device securing the catheter tubing via a nursing measure in the resident's Electronic Health Record (EHR) for any resident with an indwelling catheter. The Quality Assurance Nurse will monitor the leg strap compliance and completion of the EHR for compliance weekly. 4. The Quality Assurance Nurse will bring the monitoring findings to the monthly Quality Assurance/Care Plan meeting for review and recommendations.	

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M 620	Continued From page 2 An interview on 01/16/19 at 10:35 AM, with the Director of Nursing (DON), confirmed the staff did not follow the facility policy by making sure Resident #4 had a catheter strap on all times to keep the catheter from coming out and/or causing trauma to the meatus. A review of the facility's face sheet revealed the facility admitted Resident #4 on 9/19/2017, with diagnoses of Benign Prostatic Hyperplasia, Overactive Bladder, and Urine Retention. A review of Resident #4's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 09/07/2018, revealed Resident #4 had a Brief Interview for Mental Status (BIMS) score of 8, which indicated the resident had mild cognitive impairment.	M 620		
M 815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This Statute is not met as evidenced by: Level II Based on observations, staff interview, and facility policy review, the facility failed to follow proper safe/sanitation practices to reheat food to the proper serving temperature of at least 165 degrees, prior to serving; and to prevent contamination of food by not cleaning the thermometer in between checking each food item on the steamtable for one (1) of three (3) kitchen observations, which had the potential to affect all	M 815	1. No specific resident was involved in this deficiency, as the food was discarded immediately by the Certified Dietary Manager (CDM) and not served. The cook was inserviced on 1/14/19 by the CDM. 2. All residents of the facility that eat the prepared food have the potential to be affected. 3. An inservice was conducted by the Certified Dietary Manager with all dietary	3/6/19

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M 815	Continued From page 3 residents in the facility who received a food tray. Findings Include: A Review of the facility policy, titled "Resource: Taking Accurate Temperatures", dated 2013, revealed the digital thermometer is usually battery powered, takes only a few seconds to register the temperature, and the sensor is near the tip of the probe. To take temperatures, clean, rinsed, sanitized and air-dried thermometer that is the metal stem type is needed. Should the thermometer have a tube type cover, it must be sanitized as indicated for the thermometer. To take hot food temperatures, insert the thermometer at a 45 degree angle to the middle of the food item, taking care not to touch the container or bone if applicable. Wait for the thermometer to rise to the maximum temperature from the food item, and immediately clean and sanitize. A review of the facility policy, titled, "Food Temperatures", dated 2013, revealed all hot foods must be cooked to appropriate temperatures, held, and served at a temperature of at least 135 degrees. Take temperatures often to monitor for safe food holding temperature ranges at or above 135 degrees for hot foods. Cooking temperatures must be reached and maintained according to regulations, laws, and standardized recipes while cooking. Hot food items may not fall below 135 degrees after cooking, unless it is an item which is to be rapidly cooled to below 41 degrees and reheated to at least 165 degrees prior to serving. A review of the facility policy titled, "Resources, Critical Temperatures for safe Food Handling", dated 2013, revealed to reheat left-over foods	M 815	personnel by 1/18/19 on the policies Critical Temperatures for Safe Food Handling and the Taking Accurate Food Temperatures. An audit of taking temperatures correctly (by staff demonstration) was initiated and monitored for compliance for daily on 1/28/19 by the Dietary Manager. An audit of reheating food correctly (by staff demonstration) was initiated and monitored for compliance for daily on 1/28/19 by the Dietary Manager. An audit of taking temperatures correctly and reheating food correctly with monitoring for compliance for weekly will be initiated on 3/1/19 by the Dietary Manager. 4. The audit results will be submitted by the Dietary Manager to the weekly Quality Assurance Committee for review and recommendations. The dietary staff will be inserviced by the Dietary Manager quarterly on Taking Accurate Food Temperatures and Safe Food Handling policies.	

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M 815	Continued From page 4 one (1) time. During an observation or steam table temperatures, on 1/14/19 at 11:31 AM, taken by Dietary Staff Member (DSM) #2/Cook, with the Dietary Manager (DM) and DSM #3 present, revealed DSM #2 allowed the plastic handle on the thermometer to touch the food while checking the temperature for all of the food items. The ham temperature was 130.8 degrees. Four (4) minutes after reheating the ham in the steam oven, DSM #3 stated the temperature was 149 degrees. DSM #3 put several pieces of ham in a pot on the stove for about three (3) minutes and placed the ham on a regular plate. The temperature of the ham at that time was 160 degrees. During an interview on 01/16/19 at 9:57 AM, with the DM confirmed DSM #2 failed to prevent the possible spread of food bourne illness by placing the thermometer plastic handle in the food. The DM stated that DSM #2 has been trained to put the thermometer one (1) to two (2) inches in the food; the staff member should not allow the handle to go into the food. DM #1 confirmed DSM #3 failed to follow the facility policy by rewarming the food twice and serving the ham at less than 165 degrees or greater. An interview on 01/16/19 at 10:11 AM, with DSM #3/Assistant Manager, confirmed the ham was reheated twice and that the temperature did not reach 165 degrees or greater. DSM #3 stated that he should have left the ham in the oven until the temperature reached 165 degrees or above. During an interview on 01/16/19 at 10:14 AM, the Administrator confirmed since DSM #2 placed the thermometer handle in the food, policy was not followed. The Administrator stated that DSM #3	M 815		

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M 815	Continued From page 5 failed to follow the facility policy by reheating the food twice and not allowing the ham to reach a temperature of 165 degrees or greater. A review of the facility "Record of In-service Training and Attendance Form", dated 1/13/19, revealed DSM #2 was trained to wipe the Thermometer between testing each item of food and trained in safe food preparation, which included cooking internal temperatures: Poultry 165, ground meats 155, fish and other meats 145 and eggs 145 degrees.	M 815		