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
	25CG	A. BUILDING: _____ B. WING _____	05/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST HEALTH AND REHABILITATION	1116 FOREST AVENUE JACKSON, MS 39206

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M 000	Initial Comments The State Agency (SA) conducted a licensure survey from 5/7/19 through 5/10/19. During the survey the SA determined the facility was not in compliance with the Minimum Standards for the Age and Infirm. The SA cited M620, M655 and M805. At the time of the survey, the census was 109 and the facility held a license for 120 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. Based on observation, staff interview, record review, review of the Perry and Potter Eighth Edition, and facility policy review, the facility failed to have a diagnosis to justify Resident #94's catheter, and to provide Resident #98's catheter care in a manner to prevent the possibility of infection. These concerns were identified for two (2) of five (5) catheter care observations. Findings include: A review of facility's policy titled, "Incontinence Management", reviewed/revised 2013, revealed the use of an indwelling catheter is not justified unless the resident's clinical condition demonstrated the catheterization was necessary. The policy also revealed if the indwelling catheter is not medically justified, it will be discontinued as	M 620	* On 5/9/2019 an order was obtained by the Wound Care nurse to discontinue Resident 94s foley catheter and diagnosis for wound healing. On 5/9/2019 the wound care nurse removed the foley catheter and assessed and no adverse affects noted. * Any residents with catheters are considered at risk, On 5/9/2019 the Director of Nursing reviewed the six residents with catheters, orders, diagnosis, and care plan were in place and no adverse affects noted to the residents. * On 5/9/2019 and 5/10/2019 nurses and Certified Nursing Assistants (CNA's) were	6/14/19

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

Electronically Signed | 06/13/19

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M 620	Continued From page 1 soon as clinically warranted. A review of the facility's policy titled, "Perineal Care Standard", with a revision date of May 2014, revealed wash and rinse area in a circular motion, using clean surface of washcloth for each stroke; or wet wipes if used. Backward and forward movement can introduce contaminants into the urinary tract. A review of Perry and Potter Eighth Edition, page 545 revealed clean skin around insertion site in circular motion, starting near insertion site and continuing in outward widening circles for approximately 5 centimeter (cm). Secure catheter to lateral abdomen with tape or Velcro multipurpose tube holder. Resident #94 An observation, on 05/07/19 at 9:26 AM, revealed Resident #94's catheter was draped over his bed's side rail at the head of the bed. Resident #94 was lying sideways in his bed, and had not called for help or used the call light. Registered Nurse (RN) #2 walked in the room and assisted Resident #94 to reposition himself in bed. RN #2 said the resident had done this before, and would not call for help. Resident #94 stated he was comfortable, but readily repositioned without any distress. An observation, on 5/8/19 at 4:39 PM, revealed Certified Nursing Assistant (CNA) #1 provided Resident #94's catheter without any concerns related to the catheter care technique or infection control measures. An interview with RN #2/Treatment Nurse, on 5/7/29 at 9:30 AM, revealed Resident # 94's	M 620	in-serviced regarding the facility protocol for catheter care, hand washing, and infection control measures by the Nurse Educator. The Nurse Educator performed random observations beginning 5/13/2019 of 6 staff members per week x 4 weeks and will continue to perform random observations for minimum 6 staff per month to ensure proper catheter care is provided. Beginning 5/13/2019 the order recap report is printed every AM and reviewed at the morning stand up meeting by the interdisciplinary team to ensure all catheter orders have appropriate diagnosis and are care planned by the Minimum Data System Nurse. Beginning 5/13/2019 the Quality Assurance nurse and DON review residents with catheters in the weekly High Risk meeting to ensure catheter orders, diagnosis, and care plans are in place. * All findings will be brought to the monthly Quality Assurance meeting by the DON to be evaluated and for recommendations as needed. The Quality Assurance Committee consists of the Medical Director, DON, Nurse Educator, Unit Managers, MDS, Central Supply Aide, Dietary, Social Services and Maintenance. * Resident #98 was observed by the Director of Nursing (DON) and no infection identified. Resident 98 did not have any irritation around suprapubic catheter site. * Any resident with suprapubic catheters would be at risk. The facility had one other resident with a suprapubic catheter and no issues noted with following the	

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M 620	Continued From page 2 Stage III ulcer had healed on his sacrum. A review of Resident #94's physician's orders revealed an order for a Foley catheter noted on 3/28/19 with a diagnosis of sacral wound. An interview, on 05/08/19 at 4:50 PM, with RN #1/Charge Nurse confirmed the orders for a Foley catheter was for the diagnosis of his sacral wound. She said the Treatment Nurse would have to give specifics on the wound healing. An interview, on 05/08/19 at 4:55 PM, with RN #2/Treatment Nurse, confirmed the sacral wound on Resident #94's sacrum was healed. Review of the "Weekly Wound Evaluation" notes, dated 4/10/19, revealed the sacral wound was healed on 4/10/19. An interview, on 05/09/19 at 11:24 AM, with RN #1/Unit Manager, confirmed Resident # 94's catheter was inserted after admission related to a Stage III pressure area on his sacral area. RN #1 said if the wound was healed the catheter needed to be removed. RN #1 also said she would confirm Resident # 94's diagnosis for the catheter. RN #1 said if Resident #94 did not have a diagnosis to continue his catheter use, he needed the catheter to be removed today. An interview, on 05/09/19 at 2:33 PM, revealed the Director of Nursing (DON) said the policy of the facility was to discontinue the Foley catheter when it was no longer needed. She said Resident #94's risk of injury or infections increased with a Foley catheter. She said Resident # 94's Foley catheter should have been discontinued when the wound was healed if he didn't have another	M 620	care plan. * On 5/9/2019 nursing staff were provided with an in-service by the Nursing Educator regarding catheter care per care plan, infection control practices to include glove technique, and hand washing. Certified Nursing Assistant (CNAs) were in-serviced by the Nurse Educator regarding how to care for a resident with a catheter per care plan, hand washing, and glove technique. Both nursing staff and Certified Nursing Assistant (CNA) staff were in-serviced by the Nurse Educator on how to follow the care plan during the 5/9/2019 in-service. The Assistant Director of Nursing (ADON) in-serviced Nursing staff and CNA staff 5/9/2019 through 5/10/2019 on proper hand washing which included a return demonstration by nurses and CNA's. * On 5/13/2019 the Nurse Educator began performing random staff observations of proper performance of catheter care per care plan weekly times 4 weeks and will continue to perform this monthly for CNA's and Nursing staff each month. * All findings will be brought to the monthly Quality Assurance meeting by the Nurse Educator and/or DON to be evaluated and for recommendations as needed. The Quality Assurance Committee consists of the Medical Director, DON, Nurse Educator, Unit Managers, MDS, Central Supply Aide, Dietary, Social Services and Maintenance.	

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M 620	Continued From page 3 diagnosis to justify the use of a catheter. Review of Resident #94's Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 4/2/19, 14 Day MDS with an ARD of 4/9/19, and 30 Day MDS with an ARD of 4/21/19, revealed the resident was coded for the use of an indwelling catheter (suprapubic or nephrostomy tube). Resident #98 On 3/7/19 at 11:22 AM, an observation of suprapubic catheter care for Resident #98 performed by Registered Nurse (RN) #2 and assisted by Certified Nursing Assistant (CNA) #2, revealed RN #2 and CNA #2 washed their hands and applied clean gloves. RN #2 removed the resident's dressing from around the suprapubic catheter area, and washed her hands and applied clean gloves. She then cleaned around the resident's catheter site using a back and forth motion six times. RN #2 washed her hands, applied gloves, and applied a clean dressing to the catheter area. RN #2 and CNA #2 positioned the resident on his back, and covered him up with the catheter tubing observed to be underneath the resident's right leg. A record review of the most recent comprehensive Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 4/30/19, revealed Resident #98 Urinary Continence was coded for an indwelling urinary catheter and not rated due to the resident had a catheter. Review of the Physician Orders, for May 2019, revealed an order for a suprapubic catheter 18	M 620		

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M 620	Continued From page 4 French (Fr) with 10 milliliter (ML) balloon to gravity drainage. Change suprapubic catheter prn (as needed) due to leakage/obstruction. Clean suprapubic catheter with betadine and apply drainage sponge every day, diagnosis of Chronic Obstructive Uropathy. Suprapubic catheter output every shift. On 5/9/19 at 10:52 AM, an interview with RN #1, revealed Resident #98 was admitted with the suprapubic catheter and she has not had to change it yet. She stated the resident's wife said it had just been changed prior to his admission. She also stated the resident is being followed up by a Urologist, and the suprapubic catheter site looks good and has not had any acute changes noted. She then stated "well, yes ma'am there is a problem with the nurse cleaning the catheter area in a back and forth motion," and that RN #2 should have swabbed once in a circular motion and gotten a clean swab to swab again verses swabbing in a back and forth motion. RN #1 also stated she will do a one on one with RN #2. On 5/9/19 at 2:00 PM, an interview with RN #4/Staff Educator, revealed RN #2 should have cleaned the area once and threw the swab away. She stated the facility does training upon hire, annually, and as needed to ensure nurse competency. RN #4 also stated the company provides an in-service calendar and it lets her know when to perform in-services to the staff.	M 620		
M 655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids;	M 655		6/14/19

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M 655	Continued From page 5 colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This Statute is not met as evidenced by: Based on observation, staff interview, resident interview, and facility policy review, the facility failed to ensure oxygen tanks were secured for two of five (2 of 5) observations in Resident #157's room, and a Physician's was obtained for Resident #157's oxygen use. This concern was identified for for one (1) of 26 residents reviewed. Findings include: Review of the facility's policies, "Oxygen, Administration - Nasal Cannula/Mask, reviewed/revised 11/2017, revealed the resident's clinical record is checked for a physician's order/obtain a physician's order. Oxygen is a drug and as such, there should be a physician's order for its use. An oxygen sign must be visibly posted. A review of the facility's policy titled, "Oxygen E-Tanks", revised 11/2017, revealed oxygen cylinders must be secured in racks or by chains. A review of Resident #157's Physician's Orders for May 2019, revealed the resident did not have a physician's order for oxygen. The facility provided a clarification order as of 4/30/19, on 5/9/19, for oxygen 2 liters per min as needed. An observation, on 05/07/19 at 9:47 AM, revealed two (2) small oxygen tanks, unsecured, in Resident #157's room by a television stand. Resident #157 did not have an oxygen in use sign on the door. Resident #157 was observed at the same time walking down the hallway assisted by	M 655	* On 5/9/2019 Resident #157's care plan was reviewed and updated with a oxygen care plan and a clarification order for oxygen use was obtained that day by the Director of Nursing (DON). * On 5/10/2019 current resident rooms were assessed to ensure residents currently receiving oxygen had appropriate orders in place and on the care plan, this was completed by the DON. Five residents were identified on oxygen who could be considered at risk, charts were reviewed, orders and care plan in place. * As of 5/10/2019 for new admission to the facility; the admission nurse will assess respiratory status and ensure if oxygen is needed she/he will obtain orders from the Medical Doctor or Nurse Practitioner (NP), the Baseline care plan will reflect oxygen needs. * The DON will perform weekly audits x 4 to ensure any new residents who are on oxygen have appropriate orders in place and the baseline care plan has Oxygen included. * All findings will be brought to the monthly Quality Assurance meeting by the DON for further recommendations as needed. The Quality Assurance Committee consists of the Medical	

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M 655	Continued From page 6 one person with oxygen tubing attached to a small oxygen tank. An observation, on 05/07/19 at 10:49 AM, revealed Resident #157 still had the unsecured oxygen tanks in her room. An observation, on 05/07/19 at 4:30 PM, revealed Resident #157 was wearing a nasal cannula tube that was attached to an oxygen concentrator running at 2L(liters) per minute. An interview, on 05/07/19 4:25 PM, revealed the Director of Nursing (DON) said the facility policy for oxygen was to have a sign on the door, and to secure the oxygen tanks in the appropriate storage area in a box that secures the tanks. The DON confirmed the tanks in the room with Resident #157 were not secured, and she would have them removed immediately. The DON also confirmed the sign was missing on the door, and she would have one placed by the Charge Nurse. An interview, on 5/7/19 at 4:30 PM, revealed Resident #157 said she had been using oxygen at home, and she had her daughter bring the oxygen tanks for her to use while she was in the facility. Resident #157 confirmed that the tanks in the room were hers. The DON, who was present at this time, said they would provide oxygen while she was in the facility, and her daughter could pick her private use tanks up. An interview, on 05/09/19 at 11:28 AM, with Registered Nurse (RN) #1/Unit Manager, confirmed Resident #157 used oxygen. RN #1 confirmed she did not see an order for oxygen when she reviewed Resident #157's current physician's orders. She said Resident #157 did not come from the hospital with physician's	M 655	Director, DON, Nurse Educator, Unit Managers, MDS, Central Supply Aide, Dietary, Social Services and Maintenance.	

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M 655	Continued From page 7 orders for oxygen, and said the resident had her family bring her oxygen from home. RN #1 said Resident #157 had a diagnosis of Chronic Obstructive Pulmonary Disorder (COPD) and Congestive Heart Failure (CHF), and did require oxygen. RN #1 said she notified Resident #157's primary provider on the day of admission, and he said Resident #157 could have oxygen. RN #1 said she must have just forgot to write the order. An interview, on 05/09/19 at 10:35 AM, with Licensed Practical Nurse (LPN) #1/Minimum Data Nurse (MDS) Nurse, confirmed Resident #157 did not have an order or a care plan initiated on admission related to the Resident #157's oxygen use. An interview, on 05/09/19 at 2:27 PM, revealed the Director of Nursing (DON) stated the nurse who took the order for Resident #157's oxygen from the doctor should have wrote the order as soon as possible.	M 655		
M 805	45.28 FOOD SERVICES: GENERAL FOOD SERVICES: GENERAL This Statute is not met as evidenced by: Level II Based on observations, staff interviews, record review, and facility policy review, the facility failed to sanitize dishes and pots to prevent the possibility of food borne illnesses for one (1) of three (3) kitchen observations. Findings include: Review of the facility's policy titled, "Machine	M 805	* No one resident was identified. On 5/9/2019 the Director of Nursing (DON) reviewed all residents and no outbreak of foodborne illness identified. * All residents in the facility have the potential to be affected. * On 5/9/2019 the Dietary Manager contacted the vendor for dishwashing	6/14/19

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M 805	Continued From page 8 Warewashing", no date, revealed: Standard: All dishes and utensils will be washed and sanitized after each use. Procedure: 2. Set up the dish machine. Check to see of the machine is clean. a. Place scrap trays, wash arm and curtains in proper positions. b. Check detergent supply. Refill or replace containers as necessary. c. Close drain valve tightly. Open fill valves. Fill all tanks to proper level, and then tightly shut all fill valves. d. Turn on heaters. All tank heaters and final rinse. If gas heaters are used, check to be sure they are lit. f. Chlorine test papers are used to test the proper chlorine concentration of the rinse water for each meal. Review of the facility's policy titled, "Manual Warewashing", no date, revealed: Standard: Dining service pots and pans that cannot fit in a dish machine are cleaned and sanitized in a three-compartment sink. 3. Wash items in the first sink in a detergent solution of 110 degrees Fahrenheit (F). Replace detergent when suds are gone and water is dirty. 4. Immerse or spray items in the second sink with water at 110 degrees F. Replace rinse water when it becomes cloudy or dirty. 5. Immerse items in the third sink in hot water or chemical sanitizing solution. If hot water immersion is used, the water must be a minimum of 171 degrees F, and items must be immersed for 30 seconds. If chemical sanitizing is used, the sanitizer must be mixed to the proper concentration and the water temperature must be 75 degrees F. 6. The concentration of the sanitizing solution is checked with a test kit. 9. Employees using the three compartment sink documents the chemical strength on the Pot and Pan Chemical Log. The Guidelines for Chemical Sanitizers Chart revealed the Minimum Concentration for Chlorine was 50 PPM (Parts Per Million).	M 805	services and a representative came on 5/9/2019 and provided an in-service with dietary staff regarding proper use of the dishwashing machine and the sanitation process. Beginning 5/9/2019 the Dietary Manager and/or assistant Dietary Manager will monitor the temperature log every day to ensure the sanitation is maintained per manufacture recommendation of the dishwasher. * All findings will be brought to the monthly Quality Assurance meeting to be evaluated by the Dietary Manager and for further recommendations as needed. The Quality Assurance Committee consists of the Medical Director, DON, Nurse Educator, Unit Managers, MDS, Central Supply Aide, Dietary Manager, Social Services and Maintenance.	

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M 805	Continued From page 9 Review of the (Name of Dish Machine)'s Operations Guide, no date, revealed: 4. Push and hold the Fill button until the water level in the dishmachine reaches the center notch of the baffle. Press Start button to cycle machine. Verify that chemical is properly dispensed. Machine is not ready to use. 5. Check product supply containers and verify levels are adequate. Replace empty containers as necessary. Verify Chemical delivery for all three chemicals regularly by watching chemicals drop into funnel of sump. If chemical is not being properly delivered check chemical supply container levels and tubing connections. Replace empty container or secure connections. Contact your service representative if chemical still does not dispense properly. Verify sanitizer levels regularly. Use test strip to ensure sanitizer level is at least 50 PPM and not more than 200 PPM. If the test strip does not indicate proper dosage, check sanitizer supply container levels and tubing connections. Replace empty container or secure connections. Repeat test. An observation, on 05/09/2019 at 11:24 AM, revealed the Dish Washer/Dietary Staff #1 washed three racks of dishes in the dish machine without soap in the container. Dietary #1 tested the sanitizer level in the dish machine three (3) times, with a different test strip each time, and was unable to get a reading. Then the Dietary Manager got some test strips out of her office and tested the sanitizer level in the dish machine. The machine tested at 50 PPMs. Further observations revealed Dietary Staff #2 washed pots in the three compartment sink without sanitizing them. Dietary Staff #2 tested the soapy water sink and the rinse water sink with the test strips, which did not measure the sanitizer level. During this time the Cook took two large pots from the three	M 805		

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M 805	Continued From page 10 compartment sink area and placed them on the stove to use. The Dietary Manager came over and turned on the three compartment sanitizer solution. Then the Cook came over and tested the three compartment sink sanitizer level. The test strip registered at 100 PPM. During an interview, on 05/09/19 at 11:47 AM, Dietary Staff #1 revealed she forgot to fill the soap container before starting the dish machine. Dietary #1 said the other Dietary Manager checked the sanitizer test strips, and changed the chemicals out prior to their shift for the 22 years that she has worked in the kitchen. Dietary Staff #1 also stated she will learn to remember to test the strips and change the chemicals prior to her shift. During an interview, on 05/9/19 at 11:47 AM, Dietary Staff #2 revealed she had not been trained to sanitize the pots. Dietary Staff #2 said she depended on the Cook to put in the sanitizer solution. During an interview, on 05/09/19 at 11:51 AM, the Registered Dietician (RD) revealed if the staff does not wash the dishes with soap, and the pots are not sanitized it could cause bacteria to build up and food borne illnesses. During an interview, on 05/10/19 at 11:54 AM, the Dietary Manager confirmed the dishwasher washed three racks of dishes without soap, and also confirmed the Dietary Staff #2/Cooks' Helper was unable to check the sanitizer levels for the pots. The Dietary Manager revealed the staff was in-serviced by (Name of Dish Machine Company) by the (Name of Dish Machine Company) Supervisor on How to sanitize dishes	M 805		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST HEALTH AND REHABILITATION	1116 FOREST AVENUE JACKSON, MS 39206

(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 805	Continued From page 11 and pots appropriately.	M 805		