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
	42PM	A. BUILDING: _____ B. WING _____	03/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERVIEW NURSING & REHABILITATION CENTER	1600 WEST CLAIBORNE AVENUE EXTENDED GREENWOOD, MS 38930

(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 re-certification survey at the facility from 3/13/2023-3/16/2023. During the survey, the SA determined the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm. The SA identified non-compliance and cited M 635 related to failure to label and date gastric feedings for one (1) of five (5) residents. Resident # 17. The census at the time of the survey was 53 and the facility is licensed for 91 beds.	M 000		
M 635	45.21.7 Gastric feeding Gastric feeding. Residents who are eating alone or with assistance are not fed by a gastric tube unless their clinical condition indicates that the use of a gastric feeding tube is unavoidable. The residents who are fed by a gastric tube receive the treatment and services to prevent complications or to restore if possible, normal eating skills. This Statute is not met as evidenced by: Level II Based on observation, staff interviews, facility policy review and record review, the facility failed to label an enteral feeding with nurse's initials, and date and time the formula was hung/administered for one (1) of five (5) residents with enteral feeding. Resident #17 Findings include: A record review of the facility policy titled, Enteral	M 635	On 3/13/2023 the Licensed Practical Nurse (LPN) that was assigned to Resident #17 replaced the Enteral Tube Feeding and labeled it with her initials and the date and time it was administered. Resident #17 was assessed on 3/13/2023 by the Director of Nursing and exhibited no negative signs and symptoms. Four (4) residents receiving Enteral Tube Feeding have the potential to be affected. Nursing staff was in-serviced by the	4/20/23

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M 635	Continued From page 1 Tube Feeding via Continuous Pump with a revision date of March 2015, revealed, "... Initiate Feeding... 5. On the formula label, document initials, date and time the formula was hung/administered, and initial that the label was checked against the order..." An observation on 03/13/23 at 10:20 AM, revealed Resident #17's enteral feeding of Jevity 1.2 was infusing. There was no date, time initiated, or nurse initials noted on the bottle. An observation on 03/13/23 at 01:34 PM, revealed Resident #17's enteral feeding of Jevity 1.2 was infusing. The Jevity 1.2 bottle had no date, time initiated or nurse initials on the bottle. An interview on 03/13/23 at 02:05 PM, the Director of Nurses (DON) revealed any resident on enteral feeding, the tubing and milk is supposed to be changed out at least every twenty-four hours. She revealed the nurse that changes out the feeding is supposed to fill out the label on the bottle which includes the date and time it is hung, the flow rate and their initials. An observation and interview on 03/13/23 at 2:15 PM, the DON confirmed that Resident #17 had Jevity 1.2 infusing, and the bottle was not labeled with the date, time initiated, flow rate and the nurses initials. She confirmed that the nurses are always supposed to label the bottles. She revealed she was not sure how long the bottle had been hanging and she was going to find out. She revealed this could cause the resident to get sick if the feeding was hanging past twenty-four hours. An interview on 03/13/23 at 2:34 PM, the DON revealed there was no way to tell on the	M 635	Director of Nursing on 3/13/2023 on Labeling Enteral Tube Feedings with the nurse's initials, date, and time the feeding is hung/administered to ensure compliance. Beginning 3/16/2023 the Director of Nursing will inspect Enteral Tube feedings three (3) times a week for four (4) weeks, then weekly for four (4) weeks and monthly for three (3) months to ensure the feeding is labeled with the date, time, and initials of the nurse responsible for administering the feeding. Findings will be reported to the Quality Assurance Performance Improvement Committee by the Director of Nursing for three (3) months for review and recommendations. The Administrator is responsible for the on-going monitoring and compliance. The Administrator will present the findings at the Quality Assurance meeting scheduled for 4/20/2023.	

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M 635	Continued From page 2 electronic medication record of what time the feeding was hung, she revealed it gets changed out when the bottle is empty or at least every twenty-four hours per protocol but the nurse is always supposed to label the bottle so the next nurse will know when it was last changed. A record review of Resident #17's Face Sheet revealed the Resident was admitted to the facility on 4/12/18 with diagnoses of Alzheimer's disease, Gastrostomy status and Dysphagia, oropharyngeal phase. Record review of Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/23/2023 revealed Resident #17 is severely impaired-never/rarely made decisions.	M 635		