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
	42CG	A. BUILDING: _____ B. WING _____	05/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL REHABILITATION AND HEALTHCARE CENT	902 SGT JOHN A PITTMAN DRIVE GREENWOOD, MS 38930

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M 000	Initial Comments The State Agency (SA) conducted an annual re-certification survey at the facility from 5/22/23-5/25/23. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm and cited M610, M635 and M815. The census at the time of the survey was 86 and the facility is licensed for 100.	M 000		
M 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by: Level II Based on observation, staff and resident interview, record review and facility policy review, the facility failed to provide nail care, shaving and appropriate bathing to a resident requiring assistance with Activities of Daily Living (ADL's) for one (1) of 86 residents reviewed. Resident #3 Findings Include Review of the facility policy titled, "Activities of Daily Living (ADL), Supporting", revised March	M 610	1. Resident #3 had not received nail care or shave as planned. Nail care and shave was performed by Certified nursing assistant (C.N.A) #04 on 05/24/2023. 2. All residents have the potential to be affected by this practice. 3. Director of Nursing (DON), Assistant Director of Nursing (ADON), and Staff Development Coordinator (SDC) completed an audit to determine residents in need of nail care and shave on 05/26/2023. Residents identified had care	6/21/23

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M 610	Continued From page 1 2018, revealed residents will be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and oral hygiene. The policy interpretation and implementation revealed under #2. Appropriate care and services will be provided for residents who are unable to carry out ADL's independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. hygiene (bathing, dressing, grooming, and oral care). During an observation and interview on 05/22/23 at 10:40 AM, revealed Resident #3 to have long fingernails on both hands with dirty brownish material under the nails. The nails were past the tips of the fingers. The bottom of both feet had black colored material on them. The resident had a beard that was scraggly. Resident #3 stated that he usually has a beard but does not want it this long. An observation of Resident #3 on 5/23/23 at 9:10 AM revealed he continues to have brownish material under the fingernails on both hands. In an observation and interview on 5/23 23 at 2:10 PM, with Certified Nursing Assistant (CNA) #4 revealed that the resident goes to the shower on Tuesday, Thursday, and Saturday. She stated that she took over from his assigned CNA who left early and the CNA told her the resident had his morning care before she left. She stated that his feet do not look like they were washed, and his fingernails are dirty. She stated that she was	M 610	performed on 05/26/2023. Activities of Daily Living (ADL) care were added to the Kardex of 5 residents a day beginning 05/25/2023 by MDS Coordinators. Director of Nursing will make rounds daily beginning 05/25/2023 to monitor for ADL care completion. Licensed nurses will work with C.N.A.s to complete ADL care. Licensed nurses and C.N.A.s were educated by SDC how to perform ADL care on 05/29/2023. 4. Beginning 05/26/2023, Director of Nursing, Assistant Director of Nursing, and Staff Development Coordinator will perform visual audits for care daily x 2 weeks, weekly x 2, biweekly x 2, and monthly x 2. Director of Nursing, Assistant Director of Nursing, and Staff Development Coordinator will discuss trends from daily rounds and visual audits weekly x 4 weeks and monthly x 2 for 2 months in Clinical Standards meeting. Findings will be submitted to the Quality Assurance and Performance Improvement Committee monthly starting 06/21/2023 times 2 months.	

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M 610	Continued From page 2 going to redo his care. An interview, on 5/23/23 at 2:15 PM, with Resident #3 confirmed he went to the shower this morning. An interview on 5/23/23 at 2:20 PM, with Registered Nurse (RN) #1 confirmed Resident #3's fingernails were long and dirty. An interview on 5/23/23 at 3:45 PM, with the Director of Nursing (DON) revealed that the residents should get better care. She stated that they do not take care of residents like that in this facility. Residents are to be clean and neat and Resident #3 was not taken care of as expected. Review of the facility Admission Record for Resident #3 revealed an admission date of 5/26/20 with diagnoses that included Atherosclerotic Heart Disease, Epilepsy, and Bipolar Disorder. Review of Section C of the Minimum Data Set (MDS) for Resident #3 with an Assessment Reference Date (ARD) of 3/6/23 revealed a Brief Interview for Mental Status (BIMS) score of 10 which indicated Resident #3 had moderately impaired cognition.	M 610		
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	M 635		6/21/23

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M 635	Continued From page 3 eating skills. This Statute is not met as evidenced by: Level II Based on observation, staff interview, record review, and policy review the facility failed to meet a meet the residents EEN (Exclusive Enteral Needs) for one (1) of seven (7) Percutaneous Endoscopic Gastrostomy (PEG) tube fed residents reviewed. Resident #238 Findings include: Review of the facility policy titled, "Enteral Nutrition" revised January 2023, revealed "Policy Statement Adequate nutritional support through enteral nutrition is provided to residents as ordered. Policy Interpretation and Implementation ... 4. Enteral nutrition is ordered by the provider based on the recommendations of the dietitian..." An observation of Resident #238 on 5/22/23 at 11:10 AM, revealed Jevity 1.5 formula running at 40 cc/hr. (cubic centimeters/hour) via PEG tube pump. An observation of Resident #238's tube feeding on 5/23/23 at 10:30 AM, revealed Jevity 1.5 running at 40 cc/hr. Directions on the Jevity formula bottle read rate: 50 cc/hr. An observation and interview of Resident #238's tube feeding pump settings and Jevity 1.5 formula bottle label on 5/23/23 at 10:35 AM, with the Director of Nursing (DON), she confirmed the feeding tube pump was infusing at 40 cc/hr. and the label on the Jevity bottle read 50 cc/hr. A record review of the Order Summary Report with active orders as of 5/23/23 for Resident #238	M 635	1. Resident #238 feeding rate on pump did not match physician's order to feeding and setting on pump. The setting on pump was changed to match order by Director of Nursing (DON) on 05/23/2023. DON educated Licensed Practical Nurse (LPN) on duty immediately following correction. Resident assessed by Director of Nursing (DON). Labs (Comprehensive metabolic panel, and Comprehensive blood count) ordered on 05/30/2023 by Medical Director. Medical Director (MD) visited on 05/31/2023 with no new orders. 2. All residents with enteral feedings have the potential to be affected by this practice. 3. Staff Development Coordinator, Director of Nursing, and Assistant Director of Nursing reviewed orders for residents with feeding tubes comparing feeding pump rates and feedings administered to physician order on 05/26/2023. Licensed nurses were educated by Staff Development Coordinator, Director of Nursing, and Assistant Director of Nursing on feeding pump settings. Education with return demonstration for pump usage was also completed by Staff Development Coordinator, Director of Nursing, and Assistant Director of Nursing. New nurses will be educated during orientation. On 05/26/2023, Director of Nursing, Staff Development Coordinator, and Assistant Director of Nursing began verifying that Licensed nurses are following physician orders for administering correct ordered	

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M 635	Continued From page 4 with the Director of Nursing (DON) on 5/23/23 at 10:37 AM, revealed an order for " ...Tube Feeding Continuous_ Jevity 1.5 at 50 cc/hr. x (times) 22 hours to allow for ADL (activities of daily living) care. Nutritional information: (1650 kcals (kilocalories), 70g (grams) protein, 836 cc free water, 900 cc H2O (water) flush, 200 cc H2O Med Flush)". The DON confirmed Resident #238 was not receiving the correct rate of tube feeding and revealed possible complications from not receiving the correct amount of feeding is weight loss and dehydration. An interview with the Assistant Director of Nursing (ADON) on 5/23/23 at 11:40 AM revealed that not receiving the correct amount of tube feeding could result in weight loss and dehydration. A record review of the Nutritional Therapy Evaluation completed on 5/19/23 for Resident #238 revealed, " ...E. Assessment: ...Current tube feeding not meeting EEN (Exclusive Enteral Needs) ... F. Nutrition Plan: Recs(Recommendation) 1) Discontinue Jevity 1.5 @ (at) 40 cc/hr. x 22 hrs 2) Provide Jevity 1.5 @ 50 cc/hr. x 22 hours... 3) Continue flushes (Tube feeding will provide 1650 kcals, 70g protein, 836cc free water, 900cc H2O flush, 200 cc H20 Med Flush)." A record review of the Medication Administration Record (MAR) for Resident #238 for May 2023, revealed, " ...Jevity 1.5 at 50 cc/hr." with a start date of 5/19/23 being signed off as administered as ordered. Record review of the Admission Record revealed that the facility admitted Resident #238 to the facility on 5/18/23 with diagnoses of other Nontraumatic Intracranial Hemorrhage, Dysphasia following Nontraumatic Intracranial	M 635	amount of tube feeding by making visual rounds. In-services began on 05/26/2023. 4. Beginning 05/25/2023, audits will be daily x 2 weeks, weekly x 2 weeks, biweekly x 2months, and monthly x 1 month. Results of audits will be reviewed weekly x 4weeks in Clinical Standards meeting, monthly x 2 Clinical Standards meeting to ensure compliance beginning 06/14/2023 for 2 months. Findings will be submitted to the Quality Assurance and Performance Improvement Committee monthly starting 06/21/2023 times 2 months.	

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M 635	Continued From page 5 Hemorrhage, and encounter for Attention to Gastrostomy. Record review of the Brief Interview for Mental Status (BIMS) dated 5/23/23, revealed that Resident #238 was coded severe cognitive impairment.	M 635		
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, and resident interviews the facility failed to prevent the possibility of a foodborne illness as evidenced by out-of-date turkey sandwiches left on a residents overbed table for one (1) of 86 residents reviewed during survey. Resident #60 Findings Include: Record review of the typed statement on facility letterhead revealed the facility did not have a policy regarding food storage in the resident's rooms and was signed by the Administrator. An observation and interview on 05/22/23 at 10:44 AM, with Resident #60 in the resident's room revealed there were three meat and cheese sandwiches wrapped in plastic wrap on top of the resident's overbed table. This observation revealed that each sandwich had a different date, and the dates were 5/15/23, 5/19/23 and 5/21/23.	M 815	1. Sandwiches were removed from resident #60 room by Director of Nursing on 05/25/2023. 2. All residents who receive snacks have the potential to be affected by this practice. 3. On 05/25/2023, Nurses and Certified Nursing Assistant made rounds in residents' rooms ensuring no other residents were affected. Residents were educated in residents' council about throwing snacks away after 2 days. On 05/24/2023, nursing staff was educated by Staff Development Coordinator regarding throwing expired snacks away from residents' rooms. Beginning 05/25/2023, Licensed nurses will make rounds daily to look for expired snacks in rooms and assist with correcting issues. 4. Beginning 05/26/2023, Director of Nursing, Assistant Director of Nursing, and Staff Development Coordinator will	6/21/23

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M 815	Continued From page 6 The resident stated, "Sometimes I eat them and sometimes I do not." An observation and interview on 5/23/23 at 3:28 PM, with Certified Nurse Assistant (CNA) #2 and CNA #3 confirmed that Resident #60 had three turkey and cheese sandwiches wrapped in plastic wrap laying on her overbed table. CNA #2 confirmed that each sandwich had a different labeled date on it and the dates were 5/15/23, 5/19/23 and 5/21/23. CNA #2 revealed that these sandwiches were ruined and needed to be thrown away. CNA #2 and CNA #3 revealed it is the responsibility of all staff to throw outdated perishable food away that is found in the resident's room. CNA #2 revealed that she would consider Resident #60 to sometimes be able to know to throw away expired food and sometimes she would not. CNA #2 revealed that if the resident had eaten the sandwiches, then she could have got food poisoning. An interview on 5/23/23 at 4:00 PM, with the Assistant Director of Nurses (ADON)-Infection Control Nurse confirmed that if Resident #60 had eaten any of the turkey and cheese sandwiches that had dates of 5/15/23, 5/19/23 and 5/21/23 that had been left on her overbed table then it could have made her sick. An interview on 5/24/23 at 2:00 PM, with the Administrator revealed that the staff always like to ask the residents before we remove something from their room, but we will need to educate the resident if we find out of date food that would need to be removed. An interview on 5/25/23 at 8:30 AM, with the Director of Nurses (DON) and the Administrator confirmed that the sandwiches that were dated	M 815	perform visual audits for expired snacks daily x 2 weeks, weekly x 2, biweekly x 2, and monthly x 2 for 2 months. Director of Nursing, Assistant Director of Nursing, and Staff Development Coordinator will discuss trends from daily rounds and visual audits weekly x 4 weeks and monthly x 2 in Clinical Standards meeting starting 06/14/2023. Findings will be submitted to the Quality Assurance and Performance Improvement Committee monthly starting 06/21/2023 times 2 months.	

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M 815	Continued From page 7 5/15/23, 5/19/23 and 5/21/23 that were not refrigerated and left on Resident #60's overbed table could have made the resident sick if she had eaten them. The DON confirmed it is the responsibility of all staff to check for out of date food that we have given during snack times. The DON revealed that Resident #60 does not have a refrigerator in her room and she likes to hold on to things, but if staff sees the food is out of date then we need to educate the resident and try to get her to let us throw them away. She revealed that most likely the only way she would let us is if we replaced all three, but that would have been ok. Record review of Resident #60's Admission Record revealed the resident was admitted to the facility on 07/14/21 with medical diagnoses that include Personality Disorder Unspecified and Anxiety Disorder Unspecified. Record review of Resident #60's Minimum Data Set (MDS) with an Assessment Reference Date (ARD)of 5/9/23 revealed in Section C a Brief Interview for Mental Status (BIMS) with a score of 04, which indicated the resident was severely cognitively impaired.	M 815		