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
	24LA	A. BUILDING: _____ B. WING _____	07/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW NURSING CENTER	16411 ROBINSON ROAD GULFPORT, MS 39503

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M 000	Initial Comments The State Agency (SA) conducted an Annual Recertification Survey at the facility from 7/17/23 to 7/20/23. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement and cited M500, M610, M715, and M1210.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a	M 500		8/15/23

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M 500	Continued From page 1 pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;	M 500		

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M 500	Continued From page 2 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical	M 500		

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M 500	Continued From page 3 record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level II Based on observation, interviews, record review and facility policy review the facility failed to provide a privacy bag for a resident with an indwelling catheter for one (1) of five (5) residents with urinary catheters. Resident #235.	M 500	*On 7/17/23, Resident #235 was lying in bed with no privacy cover over resident□s indwelling foley catheter drainage bag and urine in the bag was visible. A privacy bag for indwelling foley catheter was provided on 7/17/23. **All residents with indwelling foley catheter bags are at risk for this deficient	

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M 500	Continued From page 4 Findings Include: Record review of the facility's policy titled " Catheter Care", undated, revealed "Policy: It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use. Policy Explanation ...2. Privacy bags will be available and catheter drainage bag will be covered at all times while in use ..." On 07/17/2023 at 11:00 AM, during an observation, Resident #235 was lying in bed and had an indwelling catheter drainage bag that had yellow urine visible from the doorway and hallway. On 07/19/2023 at 01:15 PM, during an observation, Resident #235 was lying in bed talking to a visitor. The visitor was at the bedside of the resident and the indwelling catheter drainage bag was not covered and urine was visible in his room and hallway. On 07/20/2023 at 08:55 AM, an observation and interview with the Director of Nursing (DON) in Resident #235's room, she confirmed there was no privacy cover on his catheter drainage bag and the urine in the bag was visible. She stated that the drainage bag was not the kind of bag that the facility used, and it should have had a dignity cover over the bag to keep the urine from being seen. She explained that it was the facility policy for the drainage bag to be covered. Record review of the "Physician Order Sheet for Foley Catheter" dated 7/11/2023, revealed "Foley catheter 16 French 10 cc (cubic centimeter) bulb to gravity ..."	M 500	practice. ***An inservice on Resident□s Rights/Dignity and Privacy was completed by the Director of Nursing (DON) on 7/21/23. The nursing staff beginning 7/21/23 will identify residents with indwelling foley catheters and ensure that privacy bags are placed on admission, hospital returns and upon written orders while in facility. The cart nurses are responsible for ensuring the quality of privacy bags are not torn or worn and will replace privacy bags as needed. ****Quality Assurance (QA) nurses will monitor that resident□s with indwelling foley catheters have privacy bags beginning 7/24/23 weekly X four weeks. Then monthly X three months. Results will be brought to monthly QA meeting starting 8/14/23 monthly X 3.	

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M 500	Continued From page 5 Record review of the "Face Sheet" revealed the facility admitted Resident # 235 on 7/10/23 with diagnoses including Retention of Urine and Acute Kidney Failure.	M 500		
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, interviews, record review and facility policy review the facility failed to provide nail care for a resident who was unable to carry out Activities of Daily Living (ADLs) for one (1) of (20) sampled residents. Resident #76. Findings include: Record review of the facility's policy, "Activities of Daily Living (ADLs)", dated 10/28/2021, revealed, " ...The staff will provide care on a timely basis to promote and prevent avoidable changes in care. This includes the residents ability to: 1. Bathe, dress, and groom ...Policy Explanation and Compliance Guidelines ...3. A resident who is unable to carry out activities of daily living will	M 610	*On 7/18/23, Resident #76 was observed with finger nails curved beyond the nail bed. Resident #76 finger nails were cleaned, trimmed and filed by wound care Registered Nurse (RN) on 7/18/23. **All residents have the potential to be at risk for this deficient practice. ***On 7/24/23, all nursing staff was in-serviced by facility wound care RN on proper nail care, trimming, cleaning and filing, including when to refer to podiatry and reporting abnormal findings to the License Practical Nurse (LPN), RN and/or notifying the physician. ****Quality Assurance (QA) nurses will	8/15/23

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M 610	Continued From page 6 receive the necessary services to maintain good nutrition, grooming and personal oral hygiene as documented in the resident's care plan ..." During an observation on 07/17/23 at 11:49 AM, Resident # 76 was in bed, and he had fingernails on both hands that were thick, jagged, and had a dark discoloration. The middle three fingernails on both hands were curved beyond the nail bed. During an interview on 7/18/23 at 4:15 PM, with Certified Nurse Aide (CNA) #2, she stated that she cleaned the resident's nails but did not cut his nails because they were thick and jagged. She explained that the nurse performed nail care for that type of nail. An observation and interview on 7/18/23 at 4:25 PM, with Licensed Practical Nurse (LPN) #1, the Director of Nursing (DON), and Registered Nurse (RN) #3, revealed Resident #76 had nails that were thick, discolored, and had been for an undetermined amount of time. LPN #1 explained that she had not provided any care for the nail herself. The DON stated that she was aware that Resident #76 had bilateral long, thick, and discolored nails and there was no Physician Order to perform nail care. Record review of the "Face Sheet" revealed Resident #76 was admitted by the facility on 10/12/22 with diagnoses that included Cerebral Infarction and Contracture, right hand. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/15/23 revealed Resident #76 was totally dependent upon staff for bathing and required extensive assistance with personal hygiene.	M 610	begin monitoring nail care 7/24/23, weekly X four weeks. Then monthly X three months. Results will be brought to monthly QA meeting 8/14/23 X three months.	

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M 715	45.24.4 Labeling of drugs Labeling of drugs. Each facility shall follow the Mississippi State Board of Pharmacy labeling requirements. This Statute is not met as evidenced by: Level II Based on observation, interviews, record review and facility policy review, the facility failed to properly secure a medication for one (1) of (20) sampled residents. Resident #54 Findings Include: Review of the facility's policy, "Medication Storage", reviewed/revised 6/20/23, revealed, " ...It is the policy of this facility to ensure all medications housed on our premises will be stored in the ...medication rooms ...Policy Explanation and Compliance Guidelines 1. General Guidelines a. All drugs and biologicals will be stored in locked compartments ..." Review of the facility's policy, "Resident Self-Administration of Medication", dated 6/23/23, revealed, " ...Policy Explanation and Compliance Guidelines ...7. All nurses and aides are required to report to the charge nurse on duty any medication found at the bedside not authorized for bedside storage ..." On 7/17/23 at 12:20 PM, Resident #54 was observed lying in the bed. There was a container of medication on his overbed table in front of him. The container of cream, which had a pharmacy label, was prescribed to Resident #54, and was	M 715	*On 7/17/23, Resident #54 was observed with a tube of medication on the overbed table. The tube of medication was removed by cart nurse from overbed table and stored in medication cart on 7/17/23. **All residents are at risk for this deficient practice. ***An in-service on self-administration of medication was given by Director of Nursing (DON) on 7/21/23 to all licensed nursing staff. Residents who request meds at bedside will have to score between 13-15 on Brief Interview for Mental Status (BIMS) in order to be screened and deemed appropriate for self-administration of medication, to include obtaining a physician□s order and transcribing that order. ****During Quality Assurance (QA) rounds, QA will survey two out of five hall(s) per week X four weeks for visible unauthorized medications in resident's rooms beginning 7/24/23, Then monthly X three months. Results will be brought to monthly QA meeting beginning on 8/14/23 X three months.	8/15/23

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M 715	Continued From page 8	M 715		

labeled as Triamcinolone Acetonide. Resident #54 stated he had gotten the cream when he went to the doctor several months ago for eczema and the cream had remained on his overbed table since he had received the medication.

Record review of "Departmental Notes", dated 1/24/23 at 11:55 PM, revealed "Late entry for 1/23/23 Resident returned to facility ...with new orders noted from Derm (Dermatology) clinic has bandage noted to left side of face ..."

Record review of a "Physician's Order Sheet", dated 1/24/23, revealed a handwritten order "Triamcinolone Acetonide 0.1% topical cream. Apply to affected areas on face and scalp twice daily for one-two weeks then as needed for flares."

Record review of a handwritten Physician's Order, dated 1/24/23, revealed, "Triamcinolone 0.1% cream...apply to affected areas on face and scalp twice daily for 1-2 weeks then as needed for flares ..."

Record review of the "Physician Orders" for the month of February 2023, revealed a Physician's Order, with an order date and start date of 1/24/23 for "Triamcinolone 0.1% cream...apply to affected areas on face and scalp twice daily for 1-2 weeks then as needed for flares ...Stop date: 2/6/23." The interval code on the order was listed as "Daily". There was no interval code to apply the medication as needed.

During an interview and observation with Licensed Practical Nurse (LPN) #1, on 07/18/23 at 1:50 PM, revealed that LPN #1 was unaware that Resident #54 had the medication at his

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M 715	Continued From page 9 bedside. She stated she had not noticed the container of Triamcinolone was on his bedside table. She confirmed that the medication should not have been stored at his bedside and she removed it from the resident's room. In an interview on 07/20/23 at 08:49 AM, with the facility's Pharmacist, he confirmed that the medications should be stored according to the facility's policies and regulations for safety. During an interview with the Director of Nursing (DON) 07/20/23 at 12:20 PM, she stated that it is her expectation that medications be stored appropriately by being locked in the nurses cart or the medication rooms and she confirmed that medication should not be stored at the resident's bedside. Record review of the "Face Sheet" revealed the facility admitted Resident #54 on 11/15/2019 with a diagnosis of Hemiplegia. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/10/2023 revealed Resident #54 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated he was cognitively intact.	M 715		
M1210	45.40.7 Walls and Ceilings Walls and Ceilings. All walls and ceilings shall be of sound construction with an acceptable surface and shall be maintained in good repair. Generally the walls and ceilings should be painted a light color. This Statute is not met as evidenced by: Level II	M1210	*On 7/17/23, Resident #54 was observed	8/15/23

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M1210	Continued From page 10 Based on observation, interviews, record review and facility policy review the facility failed to maintain a clean environment for two (2) of 20 resident rooms. Resident #54 and Resident #76 Findings Include: Review of the facility's policy, "Routine Cleaning and Disinfection", dated 5/12/23, revealed, " Policy: It is the policy of this facility to ensure the provision of routine cleaning and disinfection in order to provide a safe, sanitary environment ...Policy Explanation and Compliance Guidelines ...13. Cleaning of walls ...will be conducted when visibly soiled. 14. Privacy curtains in resident rooms will be changed when visibly dirty ..." Resident #54 On 7/17/23 at 12:20 PM, in an observation and interview with Resident #54, the privacy curtain facing the resident had large visible stains and was soiled. The resident stated that the curtain had been in that condition for a while and no one had said anything to him about replacing it. He said he was sure staff had noticed it but had not done anything about it. On 07/18/23 at 01:53 PM, in an interview and observation with Certified Nurse Aide (CNA) #1, she confirmed that the privacy curtain for Resident #54 was soiled and stained and stated that the privacy curtain was not appropriate. CNA #1 explained that if she saw a privacy curtain that needed to be changed, she would tell housekeeping or maintenance. Then either herself or housekeeping would enter a request for the curtain to be changed in the maintenance log located at the nurse's station. CNA #1 reported	M1210	in room with privacy curtain with large visible stains and soiled. Resident #76 room was observed with the wall behind the bed with large pieces of missing paint and visible soiled stains. Housekeeping wiped the wall on 7/17/23. Maintenance replaced privacy curtain and repaired the wall on 7/21/23. **All residents are at risk for this same deficient practice. ***On 7/21/23, an in-service was completed by Quality Assurance (QA) nurse on Routine Cleaning and Disinfection with housekeeping staff to include cleaning visibly soiled walls. Housekeeping staff will identify during daily routine cleaning visibly soiled or tattered privacy curtains, chipped paint and stained walls and enter the information into the maintenance log located at each nurses station. ****Quality Assurance (QA) nurses will monitor two out of five hall(s) per week beginning 7/24/23 weekly X four weeks. Then monthly X three months. Results will be brought to monthly QA meeting beginning 8/14/23 X three months.	

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M1210	Continued From page 11	M1210		

that she had not placed a request in the log for the soiled privacy curtain for Resident #54.

On 07/18/23 at 02:40 PM, in an interview and observation of the maintenance log with Maintenance #2, he confirmed there had not been a request recorded in the log to change the privacy curtain for Resident #54. He stated that staff added items to the daily log and when the task was completed, it was signed or initialed by the maintenance staff. He confirmed that extra privacy curtains were available for use.

On 07/20/23 at 01:42 PM, in an interview with the Director of Nursing (DON) and the Administrator, the Administrator stated that she had been made aware of the soiled privacy curtain. She stated that the facility had ordered new privacy curtains and they were expected to be delivered soon.

Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/10/2023 revealed Resident #54 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated he was cognitively intact.

Resident #76

On 7/17/23 at 11:20 AM, in an observation of Resident #76's room revealed the wall behind the bed, facing the entrance to the room, had large pieces of missing paint. The wall was soiled and had visible stains.

During an interview on 07/19/23 at 10:35 AM, with Maintenance Staff #1, he confirmed that the wall on Resident #76's side of the room nearest the window had peeling paint and was visibly soiled. He said that the reason the wall was missing paint was because the bed was too close to the

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LAKEVIEW NURSING CENTER	16411 ROBINSON ROAD GULFPORT, MS 39503

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M1210	Continued From page 12 wall and when the resident raised the bed, it scraped the paint off the wall. He confirmed that though the paint was missing, it did not prevent housekeeping from cleaning the walls. He stated that he had previously repaired the wall, and that he would repair it again. On 07/19/23 at 11:00 AM, an observation and interview with the Director of Nurses (DON) and the Administrator revealed the wall in Resident #76's room had peeling paint and was soiled. She stated that the wall was damaged because the bed was too close to the wall and when staff would raise or lower the bed, it damaged the wall. The DON confirmed the wall was soiled and housekeeping should have cleaned the walls and the room was not conducive to a home-like environment.	M1210		