

MSDH - Health Facilities Licensure and Certification

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23WV | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 01/28/2022 |
| NAME OF PROVIDER OR SUPPLIER MEMORIAL WOODLAND VILLAGE NURSING CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE 5427 GEX ROAD DIAMONDHEAD, MS 39525 | | |
| (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 Survey Agency (SSA) conducted a recertification survey from 01/25/2022 to 01/28/2022. During the survey the SSA determined the facility was not in compliance with the Minimum Standards for The Institutions for The Aged and Infirm and cited M710. The census at the time of the survey entrance was 98, and the facility was licensed for 134 beds. | M 000 | | |
| M 710 | 45.24.3 Consultation Consultation. Each facility shall obtain the services of a licensed pharmacist who will be responsible for: 1. Establishing a system of records of receipt and disposition of all controlled drugs and to determine that drug records are in order and that an account of all controlled drugs are maintained and reconciled; 2. Provide drugs regimen review in the facility on each resident every thirty (30) days by a licensed pharmacist; 3. Report any irregularities to the attending physician or nurse practitioner/physician assistant and the director or nursing; and 4. Records must reflect that the consultation pharmacist monthly report is acted upon. This Statute is not met as evidenced by: Based on record review, facility policy review, and staff interviews, the facility failed to act upon a Consultant Pharmacy (CP) recommendation for one (1) resident of seven (7) residents reviewed for unnecessary medications. Resident #22 A record review of the facility's policy, "Medication Regime Reviews" with a revised date of April 2007 revealed, "...7. The Consultant Pharmacist | M 710 | . On 1/26/2022, the Medical Director (MD), wrote a new order to address the Consultant Pharmacist (CP) gradual dose reduction recommendation for Resident #22. .The facility recognizes that all residents with gradual dose reduction recommendations have the potential to be | 2/25/22 |

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/16/22

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| M 710 | <p>Continued From page 1</p> <p>will document his/her findings and recommendations..."</p> <p>A record review of the "Note to Attending Physician/Prescriber" revealed "...Please consider if GDR (Gradual Dose Reduction) is appropriate for: Lexapro 10 mg (milligrams) po (by mouth) daily...RECOMMENDATION: If a gradual dose reduction is appropriate, please consider reducing dose to Lexapro 5 mg po daily...Physician/Prescriber Response...Agree". The recommendation was signed by the Nurse Practitioner (NP) and dated 10/13/21.</p> <p>A record review of the medical record for Resident #22 revealed there was no physician order to reduce the Lexapro from 10 mg to 5 mg as was recommended by the CP and agreed upon by the NP.</p> <p>A record review of the electronic-Medication Administration Records (e-MAR's) from October 2021 through December 2021 revealed Resident #22 continued to receive Lexapro 10 mg with an order date of 4/27/21, instead of the Lexapro 5 mg that was recommended on 10/13/21 by the CP and agreed upon by the NP.</p> <p>On 01/26/22 at 4:30 PM, during an interview with the Director of Nursing (DON), she confirmed a CP recommendation was written for Resident #22 on 10/13/21 to decrease Lexapro from 10 mg to 5 mg daily and that the NP did agree with the recommendation. The DON stated that staff missed carrying out the recommendation and no dose reduction was completed.</p> <p>On 01/26/22 at 4:45 PM, during a phone interview with the facility's Medical Director, he confirmed the CP recommendation was not acted upon and</p> | M 710 | <p>affected by the deficient practice. All gradual dose reduction recommendations were audited by the Director of Nursing (DON) and Assistant Director of Nursing (ADON) 1/26/2022, and no other residents were affected.</p> <p>.In-service initiated by the Administrator and DON on 1/28/2022 to the Nurse Practitioner, Medical Records Nurse, Minimum Data Set Nurse, DON and ADON on Drug Regimen Review, Report Irregularities, and Act on CP recommendations. The CP audited and wrote new gradual dose recommendations 1/31/2022.</p> <p>DON will audit gradual dose recommendations weekly x 4 weeks.</p> <p>.The DON/ADON audited gradual dose reduction recommendations 1/26/2022 will continue to audit the CP recommendations monthly for three (3) months beginning 2/7/2022. The DON/ADON will present the audit findings monthly x 4 months to the Quality Assurance Committee meeting for action and review to determine if the plan of corrections is effective and sustained. The QA meeting is scheduled for 2/21/2022.</p> | |

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| M 710 | Continued From page 2 gave the facility a new order on 01/26/22 to decrease the Lexapro to 5 mg PO daily. A record review of Resident #22's "Face Sheet" revealed the the resident was originally admitted on 06/16/17, and was re-admitted by the facility on 09/22/2019 with diagnoses including End Stage Renal Disease, Anxiety Disorder, and Other Recurrent Depressive Disorders. | M 710 | | |