

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>23WV</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2018</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**WOODLAND VILLAGE NURSING CENTER**

**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 Agency (SA) conducted a licensure survey at the facility from 2/11/18 - 2/16/18. The SA found the facility was not in compliance with the State Minimum Standards for Institutions for the Aged or Infirm. The SA cited M500, M620, M635, and M655.  The census at the time of the survey was 124, and the facility was certified for 132 beds.	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	M 500		4/9/18

Mississippi State Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

04/05/18

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M 500	<p>Continued From page 1</p> <p>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 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;</p> <p>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;</p> <p>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;</p> <p>6. may manage his personal financial affairs, or is</p>	M 500			



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M 500	<p>Continued From page 2</p> <p>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;</p> <p>7. is free from mental and physical abuse;</p> <p>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;</p> <p>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;</p> <p>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;</p> <p>11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;</p> <p>12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the</p>	M 500			

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M 500	<p>Continued From page 3</p> <p>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 record);</p> <p>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);</p> <p>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);</p> <p>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</p> <p>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.</p> <p>This Statute is not met as evidenced by: Level II</p> <p>Based on observation, staff interview, and facility policy review, the facility failed to ensure privacy</p>	M 500	<p>M500 – Resident Rights</p> <ul style="list-style-type: none"> <li>• Resident # 77 is being provided privacy during incontinent care.</li> <li>• The facility recognizes that all</li> </ul>		



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M 500	<p>Continued From page 4</p> <p>for one (1) of four (4) incontinent care observations; Resident #77.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, "Quality of Life-Dignity", no date, revealed each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect and individuality. Staff shall promote, maintain and protect resident privacy, including bodily privacy during assistance with personal care, and during treatment procedures.</p> <p>Review of the facility's policy titled, "Violations of Basic Human Rights" not dated, revealed, violations of basic human rights that should avoid, and be alert for: leaving a cubical curtain, window curtain, door, etc., open when providing care (i.e., giving a bath, taking the resident to the bathroom,, etc.).</p> <p>Resident #77</p> <p>An observation, on 02/15/18 at 11:07 AM, revealed Certified Nursing Aide (CNA) #1, and CNA #2 did not close the door or curtains prior to starting Resident #77's incontinent care.</p> <p>An interview, on 02/15/18 at 11:30 AM, with CNA #1 and CNA #2, revealed they were nervous and forgot to close door or curtain prior to starting incontinent care on Resident # 77. The CNAs revealed they knew the door and curtain should have been closed due to a privacy issue.</p> <p>An interview, on 02/16/18 at 09:48 AM, with Quality Assurance Nurse (QA), #1 revealed training for CNAs are to close windows, curtains, and doors for privacy. QA Nurse #1 revealed the</p>	M 500	<p>residents requiring incontinent care have the potential to be affected by the deficient practice.</p> <ul style="list-style-type: none"> <li>All RNs (Registered Nurses), LPNs (Licensed Practical Nurses) and CNAs (Certified Nursing Assistants) are being in-serviced by the QA (Quality Assurance) nurse on respecting the resident's right to personal privacy, including closing the door, closing the privacy curtain and window blinds and/or curtain when providing care. The RCM (Resident Care Manager) or CN (Charge Nurse) will conduct (5) or more random, unannounced observations of resident care weekly beginning the week of 4/9/18, for (6) six weeks to ensure the resident's right to personal privacy is being respected and to ensure the plan of correction is sustained. All in-services for nursing personnel were completed on or before April 9, 2018.</li> <li>The DON (Director of Nursing) or QA nurse will bring the results of the weekly unannounced observations of care to the Quality Assurance Committee, which will meet at least quarterly and more often as necessary. If any revisions to the plan of correction are needed, the revisions will be developed and approved by the QA Committee to ensure this action is achieved and sustained.</li> <li>Corrective Action will be completed on or before April 9, 2018.</li> </ul>		



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M 500	Continued From page 5  CNAs leaving the door open was a privacy issue.  An interview, on 2/16/18 at 10:30 AM, with the Director of Nursing (DON), revealed the issue with the CNAs not closing the window, curtain or doors was a privacy issue. The DON revealed all staff has been trained in these areas.	M 500		
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. Level II  Based on observation, record review, staff interview, and facility policy review, the facility failed to provide Resident #13's incontinent care in a manner to prevent a Urinary Tract Infection, for one (1) of four (4) incontinent care observations.  Findings include  Resident #13  Observation of incontinent care on Resident #13, by Certified Nurse Aide (CNA) #1, at 02/15/18 at 3:11 PM, revealed the CNA wiped the resident's upper buttocks down towards her groin, instead of wiping from the front to the back, and then used the same wash cloth to wipe the resident's anterior thigh and vaginal area. CNA #1 also donned gloves from her pocket three (3) times	M 620	M620 – urinary Incontinence • Resident # 13 is receiving incontinent care in a manner to prevent a UTI (urinary tract infection). The Director of Nursing (DON) reviewed and assessed resident #13 which demonstrated no signs or symptoms of fever, dysuria, or increase in voiding pattern. Lab values obtained on 2/21/18 shows kidney function within normal limits. • The facility recognizes that all residents requiring incontinent care have the potential to be affected by the deficient practice. • All RNs (Registered Nurses), LPNs (Licensed Practical Nurses) and CNAs (Certified Nursing Assistants) are being in-serviced on providing appropriate treatment and services to prevent UTIs (urinary tract infections) by the QA (Quality Assurance) nurse. In-servicing included	4/9/18



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M 620	Continued From page 6  during the incontinent care.  Interview with CNA #1, on 02/15/18 at 3:11 PM, revealed she forgot to wipe the resident from front to back, and said she knew she should have done so.  Interview with the Staff Development Nurse, confirmed the CNA failed to perform incontinent care on Resident #13 with the use of front to back wiping motions, and using one side of the wash cloth during incontinent care.  Review of Resident #13's Face Sheet, revealed she was admitted by the facility, on 01/03/17, with diagnoses which included Influenza Due To Certain Identified Influenza Viruses.  Review of the Significant Change Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/30/17, revealed Resident #13 had a Staff Assessment score of 3, indicating the resident had severe cognitive impairment.	M 620	proper peri-care instruction of wiping front to back for females and distal to proximal for males, and proper usage and storage of gloves. The RCM (Resident Care Manager) or CN (Charge Nurse) will conduct random, unannounced observations of resident care weekly beginning the week of 4/9/18, for (8) weeks to ensure appropriate treatment and services to prevent UTIs is occurring and the plan of correction is achieved and sustained. All in-services were completed for nursing personnel on or before 4/9/18. • The DON (Director of Nursing) or QA nurse will bring the results of the weekly unannounced observations of care to the Quality Assurance Committee for review to ensure appropriate treatment and services to prevent UTI's is achieved and sustained. The QA Committee will continue to meet quarterly and more often as necessary. If any revisions to the plan of correction are needed, the revisions will be developed and approved by the QA Committee to ensure this action is achieved and sustained. The QA members will be the Medical Director, DON, Administrator, Infection Control and Prevention Officer and at least one other facility staff members. • Corrective Action will be completed on or before April 9, 2018	
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	M 635		4/9/18



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M 635	<p>Continued From page 7</p> <p>residents who are fed by a gastric tube receive the treatment and services to prevent complications or to restore if possible, normal eating skills.</p> <p>This Statute is not met as evidenced by: Level II</p> <p>Based on observation, record review, staff interview, and facility policy review, the facility failed to maintain Percutaneous Endoscopic Gastrostomy (PEG) tube feeding as ordered by the physician for one (1) of eight (8) residents observed with PEG tube feedings; Resident #55.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, "Administering Medications through an Enteral Tube", revised April 2007, revealed one of the general guidelines is to administer medications and flushes as ordered by the physician.</p> <p>Review of the facility's policy titled, "Gastric Tube Feeding via Continuous Pump", revised September 2004, revealed to "verify that there is a physician's order for this procedure."</p> <p>Resident #55</p> <p>An observation, on 02/12/18 at 11:20 AM, revealed Resident #55's tube feeding Jevity 1.5 via PEG tube was infusing at 65 ml/hr.</p> <p>Review of the current Physician's Order for February 2018 revealed an order written, on 2/8/18, to change the feeding to Jevity 1.5 at 65 milliliters/hour (ml/hr).</p>	M 635	<p>M635 – Gastric Feeding</p> <ul style="list-style-type: none"> <li>Resident # 55 is receiving tube feeding at the ordered rate as of 2/16/18.</li> <li>The facility recognizes that all residents with orders for tube feeding have the potential to be affected by the deficient practice.</li> <li>All RNs (Registered Nurses) and LPNs (Licensed Practical Nurses) are being in-serviced on assisted nutrition and hydration based on the resident's comprehensive assessment and ensuring the tube feeding is being received at the ordered rate by the QA (Quality Assurance) nurse. The QA nurse, RCM (Resident Care Manager) or CN (Charge Nurse) will conduct daily observations of residents receiving tube feeding beginning the week of 4/9/18, for 4 (four) weeks to ensure the tube feeding is being received at the ordered rate and to ensure the plan of correction is achieved and sustained. All in-services of nursing personnel will be completed on or before April 9, 2018.</li> <li>The DON (Director of Nursing) or QA nurse will bring the results of the daily observations of care to the Quality Assurance Committee which will meet on a quarterly and more often as necessary. If any revisions to the plan of correction are needed, the revisions will be developed and approved by the QA Committee to ensure this action is achieved and sustained. The QA</li> </ul>	



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M 635	<p>Continued From page 8</p> <p>On 02/15/18 at 3:05 PM, an observation revealed Licensed Practical Nurse (LPN) #1 performed wound care on Resident #55. During the wound care, an observation revealed the PEG tube feeding was infusing at 60 ml/hr. LPN #1 confirmed the PEG tube feeding was infusing at 60 ml/hr.</p> <p>Observation, on 02/16/18 at 9:30 AM, revealed Resident #55's PEG tube feeding was infusing at 60 ml/hr. The label on the bag revealed the Jevity 1.5 was hung on 2/16/18 at 3:30 AM.</p> <p>Interview, observation, and record review, on 2/16/18 at 9:45 AM, with LPN #3 confirmed Resident #55's PEG tube feeding was infusing at 60 ml/hr. Upon review of the Physician's Orders, LPN #3 stated, "It's my fault." LPN #3 further revealed the feeding should have been infusing at 65 ml/hr. LPN #3 revealed she had looked at the printed orders, and not the written orders.</p> <p>Review of the former Registered Dietician's (RD) notes, dated 11/29/17, revealed Resident #55 was receiving Jevity 1.5 at 60 ml/hr, and his nutritional needs were being met. The next note written by the RD for Resident #55, dated 1/25/18, revealed the resident had been hospitalized with return weight at 150.8 pounds. The RD recommended tube feeding to be increased to 65 ml/hr.</p> <p>Review of the medical record revealed Resident #55 was hospitalized, from 12/26/17 to 1/10/18, with Pneumonia. A review of the weight change history for Resident #55 revealed a weight of 164.20 on 10/31/17. Resident #55's weight as of 2/11/17 was 151.20.</p>	M 635	<p>members will be the Medical Director, DON, Administrator, Infection Control and Prevention Officer and at least one other facility staff members.</p> <ul style="list-style-type: none"> <li>• Corrective Action will be completed on or before April 9, 2018.</li> </ul>	



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M 635	<p>Continued From page 9</p> <p>Interview, on 2/16/18 at 10:25 AM, with the Nurse Practitioner (NP) revealed Resident #55 "has been in and out of the hospital." The NP further revealed she knew Resident #55 was on a Baclofen pump, but was unable to give information regarding his PEG tube feeding pump.</p> <p>An interview, on 2/16/18 at 9:55 AM, with Registered Nurse (RN) #1, who serves as the Quality Assurance and Staff Development Nurse, revealed not running the PEG tube feeding at the right rate could potentially cause weight loss, and dehydration. RN #1 further revealed the nurses are responsible for doing a 24 hour chart check to see if any new orders have been written.</p> <p>Interview, on 2/16/18 at 11:40 AM, with the Director of Nursing (DON) revealed, "it could lead to weight loss, and other problems if the resident is not getting enough fluids."</p> <p>An interview, on 2/16/18 at 2:40 PM, with the current Registered Dietician (RD) revealed Resident #55 was considered a high risk resident. The RD stated five (5) ml was a minor deficit. However, if it occurred over a long period of time, it could cause potential weight loss.</p>	M 635		