

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 63CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/14/2017
NAME OF PROVIDER OR SUPPLIER SHARKEY-ISSAQUENA NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 431 WEST RACE STREET ROLLING FORK, MS 39159		
(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 7/12/17 to 7/14/17. During the survey, the SA determined the facility was not in compliance with State Licensure Regulations for the Aged or Infirm, and cited a State Statute at M 1010. At the time of the survey, the census was 47, and the facility held a license for 54 beds.	M 000		
M1010	45.35.1 Housekeeping Facilities and Services Housekeeping Facilities and Services. 1. The physical plant shall be kept in good repair, neat, and attractive. The safety and comfort of the resident shall be the first consideration. 2. Janitor closets shall be provided with a mop-cleaning sink and be large enough in area to store house cleaning supplies and equipment. A separate janitor closet area and equipment should be provided for the food service area. This Statute is not met as evidenced by: Level II Based on observation, staff interview, and record review, the facility failed to provide effective maintenance services as evidenced by broken air conditioner filters and front covers, non-functioning window blinds, missing door sweep on the bottom of an outside exit door, and rough, raised sheet rock surrounding the wall mounted sinks in the resident's bathrooms. These observations were for 19 of 29 resident rooms, and three of three (3 of 3) dining areas.	M1010	1. No resident had adverse affects from deficient practice. 2. All residents have potential to be affected by the deficient practices. 3. Maintenance Supervisor and staff in-serviced 07/26/2017 on proper replacement of A/C filters and reporting of broken items and blinds to Nursing Home Administrator. A/C filters were replaced 07/17/2017. New blinds for all affected areas have been ordered by Hospital Administrator to be delivered to facility on or prior to 10/01/2017, to be installed by	8/4/17

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

Electronically Signed

TITLE

(X6) DATE

08/22/17

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M1010	<p>Continued From page 1</p> <p>Findings include:</p> <p>During the environmental tour of the facility with Maintenance Supervisor #1, on 7/13/17, at 10:00 - 11:30 AM, the following findings were observed:</p> <ol style="list-style-type: none"> 1. The plastic air conditioner filter framework was cracked, and the white filter material inside the framework was torn and frayed in the air conditioner wall units for two (2) units in the Dementia Unit Dining Room, and in Resident Rooms #7, #8, #9, #11, #18, #19, #20, #22, #24, #26, #27, #28, and #29. 2. The air conditioner front cover in Resident Room #20 was cracked in two (2) places at the top right and left corners, and the control panel plastic tab was broken off with the control panel door lying on the floor in the corner. The air conditioner front cover in Resident Room #29 was cracked in two (2) places at the top right and left corners, and appeared to be held in place with a tan colored glue substance. 3. There were no wands to open and close the window blind slats in Resident Rooms #6, #7, #8, #9, #10, #12, #16, #19, #20, #22, #24, #25, #26, #27, #28, #29, #30, #31, #32. The Main Dining Room on the West Hall had four (4) windows, and the Main Dining Room on the South Hall had one (1) window without a wand to open and close the window blinds. In Resident Room #19, the blind cord that raises and lowers the blind was tied to the handle on the right side of the window with the blind raised at an angle slanted downwards toward the left corner of the window. 4. The outside exit door in the Main Dining Room's door sweep was broken across one half of the width of the door with a one (1) inch tall gap 	M1010	<p>10/06/2017. Weather stripping was replaced in dining room exit door on 07/14/2017. Walls in 7/8, 20/21, 22/23, 26/27, 30/31, and 32/33 restrooms have been repaired by Maintenance Supervisor to correct sheet rock buckling, 08/04/2017.</p> <p>4. Maintenance Supervisor and Social Service Designee will monitor 10% of all affected rooms once weekly times 3 months and report all discrepancies to the Quality Assurance Committee for review and appropriate action will be taken until substantial compliance is achieved and maintained.</p>	

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SHARKEY-ISSAQUENA NURSING HOME

**431 WEST RACE STREET
ROLLING FORK, MS 39159**

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M1010	<p>Continued From page 2</p> <p>to the outside.</p> <p>5. The sheet rock in the Resident Room bathrooms was bulging with a bubbled appearance on the right and left sides of the wall mounted sinks in shared bathrooms #7/8, #20/21, #22/23, #26/27, #30/31, and #32/33. These were approximately five (5) inch circular areas.</p> <p>An interview with Maintenance Supervisor #1, on 7/13/17, at 11:30 AM, revealed he had requested new air conditioner filters and blinds from the (Name of Hospital). He stated he had ordered the filters, but they never came in, and in regards to the blinds he was told they didn't have any. He stated the sheet rock was buckling due to moisture.</p> <p>In an interview with the (Name of Hospital) Administrator on 7/13/17, at 4:10 PM, revealed the hospital had taken over in January 2016, and he was not aware of any problems with the blinds, air conditioning or sheet rock in the resident's bathrooms. The (Name of Hospital) Administrator stated he depended on the nursing home administrator to take care of the nursing home problems, and relay them to him.</p> <p>During a tour of the facility, on 7/13/17, at 4:40 PM, with the (Name of Hospital) Administrator, he confirmed the air conditioner filters were broken, the blinds were non-functional, and the sheet rock was buckling next to the sinks in the resident's bathrooms. He also confirmed the door sweep was missing from one half of the exit door in the Main Dining Room.</p> <p>During an interview with the Nursing Home Administrator, on 7/13/17, at 5:30 PM, she said she made rounds weekly, and that she was</p>	M1010		

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M1010	Continued From page 3 aware of the problems with the blinds, and air conditioner filters. Record review of the facility's Corrective Action Plan, dated 10/14/16, revealed Maintenance Supervisor #1 had requested air conditioner unit filters from hospital staff. Another Corrective Action Plan, dated 9/6/16, revealed window blinds were requested.	M1010		