

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 C 08/22/2019
--	---	---	---

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	<p>Initial Comments</p> <p>The State Agency (SA) conducted a licensure survey from 08/19/19 to 08/22/19, which included Complaint Investigations (CI)s MS #16118, CI MS #16119 & CI MS #16120. The SA determined the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm. The SA substantiated CI MS #16120 regarding Quality of Care/Treatment, Neglect, and failure to provide assessment, notify the physician and provide foot care, which resulted in harm to Resident #1, due to the amputation of his left fourth (4th) toe. On 05/09/19, the facility identified that Resident #1 pulled the toenail off his left 4th toe. The toe was cleaned and wrapped by Licensed Practical Nurse (LPN) #2 at that time, however the Physician was not notified of the incident to provide treatment orders for the toe. The facility did not provide assessments and treatment to the 4th left toe, and on 06/04/19 (three and one half weeks later), Certified Nursing Assistant (CNA) #3 observed the left 4th toe was swollen and reddish colored. LPN #2 assessed the toe and described it to be cyanotic, one plus (1+) edema, with moderate bleeding and pus. Resident #1 was transferred to the local hospital for evaluation, then transferred to a regional hospital for surgical attention for the diagnoses of Cellulitis and Wound Infection. On 06/04/19, Resident #1 was admitted to the hospital with diagnoses of Multiple Fractures of the Left Fourth Toe (confirmed by x-ray on 06/04/19), Left Foot Cellulitis, and Left 4th Toe Cellulitis. Resident #1 received treatment for left foot infections and underwent amputation of his 4th toe on the left foot. Resident #1 was discharged back to the facility on 06/13/19. The SA cited the state statutes M655 and M735 related to the complaint.</p>	M 000		

Mississippi State Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 09/20/19
--	-------	---------------------------

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 C 08/22/2019
--	---	---	---

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	Continued From page 1 The SA did not substantiate CI MS #16118, an anonymous complaint, regarding Abuse and Neglect related to an unwitnessed fall. No deficiencies were cited related to MS 16118. The SA did not substantiate CI MS #16119, a complaint regarding Quality of Care/Treatment, Activities of Daily Living (ADL) care, Weight Loss and Hydration. No deficiencies were cited related to MS #16119.	M 000		
M 655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This Statute is not met as evidenced by: Level III Based on observation, staff interview, record review, and facility policy review, the facility failed to ensure proper foot treatment and care to prevent complications for one (1) of five (5) residents reviewed for foot care, Resident #1. Resident #1 had a detachment/injury to the left fourth (4th) toe on 05/09/19. On 06/04/19, due to the facility's lack of foot/skin care, treatment, and accurate assessments of the left 4th Toe, Resident #1 was admitted to the hospital for Severe Cellulitis, Infection, and Multiple Fractures to the Left Toe. Resident #1 required an amputation of the Left 4th Toe during the hospitalization.	M 655	1. Treatment to Resident #1 completed by Nurse #2 on 06/04/2019. Resident was taken to Local Hospital on 06/04/2019. Resident returned on 06/13/2019 with a return order to continue wound care until healed and physician therapy evaluation. 2. All Residents have potential to be affected by the deficient practices. Facility will ensure that physician orders are received when wound care is needed to ensure wound and foot care is performed until healed. 3. Orders obtained by attending Physician for all Residents to have routine inspection	10/1/19

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 C 08/22/2019
--	---	---	---

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 655	<p>Continued From page 2</p> <p>Findings include:</p> <p>Review of the facility's policy titled, "Skin Care Policy & Procedure, latest revision 04/11, revealed: It is the policy of this facility that skin problems will be minimized to the greatest extent possible through an aggressive approach consisting of four components. Those are: I. Prevention, Evaluation and Screening, II. Ongoing Surveillance, III. Treatment Orders, IV. Treatment Regimen. Overseeing these efforts will be the Director of Nursing, who will have ultimate responsibility of ensuring that this policy is applied consistently. I. Prevention, Evaluation and Screening- Lesion which are present, or which develop later will be followed carefully and treated according to medical direction. This will be accomplished by making rounds weekly on all residents through weekly body audits. II. Ongoing Surveillance: A. Documentation, reporting and treatment of superficial skin injuries at each occurrence. III. Treatment Orders: A. After observation/evaluation of the affected skin area, notify physician for the treatment order. IV. Treatment Regimen: Treatment for identified skin problems will be immediate and appropriate and in collaboration with the attending physician. A. Carefully document condition. B. The physician's order is sought for both direct care to the problem by nursing personnel and for any associated treatments. C. 9. Skin problems will be incorporated in the interdisciplinary plan of care along with approaches so that the entire staff has an increased awareness of those special needs.</p> <p>An observation, with the Director of Nursing (DON), on 08/20/19 at 3:44 PM, of Resident #1's feet revealed the absence of the 4th toe on the left foot. The skin was intact with no swelling.</p>	M 655	<p>of toe nails weekly on 09/03/2019. In-service performed by Staff Development Coordinator of Certified Nurse's Aides to inspect and report if necessary toenail care needed during routine baths on 09/03/2019. Director of Nurses to perform 100% audit on Resident foot care for any potential risk areas performed on 08/25/2019. In-service performed by Director of Nurses of Registered Nurse Weekend Supervisor on change in Treatment Administration Record orders to reflect inspection of toe nails bi-monthly on 09/18/2019. Appropriate action taken against Licensed Practical Nurse #1 on 08/27/2019. Director of Nurses to perform weekly audits of 25 percent all Resident's feet to assess for any necessary foot care for six weeks on 8/25/2019. Director of Nurses to inspect 100 percent of skin inspection reports weekly during High Risk Meeting each week for eight weeks on 8/28/2019. Director of Nurses to audit skin and wound documentation from previous three months to ensure accuracy of documentation performed on 08/27/2019. Facility Podiatrist performed care on Residents on 08/28/2019.</p> <p>4. All findings will be reported monthly to Quality Assurance by Registered Nurse Director of Nurses. Quality Assurance team will: Monitor effectiveness of the plan of correction monthly x 3 months then quarterly, provide increased training for foot care if necessary. The quality assurance committee will make further recommendations as needed.</p>	

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 C 08/22/2019
--	---	---	---

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 655	<p>Continued From page 3</p> <p>Review of the Departmental Notes-Charge Nurse, dated 05/09/19 at 10 :45 AM, documented by LPN #2, revealed, "Resident pulled toenail bed on left foot. Area cleaned and wrapped". There was no documentation the Physician or NP were notified and there were no orders for treatment.</p> <p>The Department Note-Charge Nurse, dated 06/04/19 at 4:48 PM, documented by LPN #2, revealed: "+1 (Plus One) pitting edema noted to left foot. Nurse removes bandage wrapped around 4th toe next to pinky toe. Cyanosis. Moderate bleeding, and pus noted. 4:45 PM resident transferred to (Initials for Local Hospital) ER. There was no MD notification documented.</p> <p>Record review of the Departmental Notes, from 05/09/19 until 06/04/19, revealed no documentation of the left 4th toe, and that Resident #1's skin was intact, with the exception, on 05/21/19, when a skin tear was noted on an unspecified arm.</p> <p>Review of Resident #1's Physician's Orders and Electronic Treatment Administration Records (ETARs) for May, June, July, and August 2019 revealed no orders or treatment for the left 4th toe. The ETARs did address toenail care by the Registered Nurse (RN) as needed (PRN), and the last date it was documented was on, March 3, 2019, by an agency RN. The Physician's Orders revealed an order dated, 05/21/18, for Weekly Body Audits, and on 01/25/18 for toenail care by RN PRN.</p> <p>On 8/21/19, at 3:16 PM, an interview and record review of the Electronic Treatment Administration Records (eTARs) with RN #1 revealed no toenail care was documented on the May 2019, June</p>	M 655		

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 C 08/22/2019
--	---	---	---

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 655	<p>Continued From page 4</p> <p>2019, July 2019, and August 2019 eTARs. RN #1 stated, "Just whatever RN is doing toenail care would do it. Usually on the weekends. I guess it wasn't done. If it's not documented, it's not done".</p> <p>Record review of the Resident Incident Report, dated 06/04/19 at 4:15 PM, revealed, the nurse was called to the shower room where Resident #1's left foot was assessed with localized tissue edema noted to left foot leading to fourth toe with bandage wrapped around. Pus and blood was noted to the bandage. Cyanosis and moderate bleeding noted. Pain scale of 9 out of 10. Resident #1 was transported to the Emergency Room. The Incident Report was signed and dated 06/06/19, by Licensed Practical Nurse (LPN) #2. Review of the Resident Incident Followup, no name or date on the form, revealed the 24 Hour Followup for the condition and injury appearance documented the left 4th toe was amputated due to pathological fracture.</p> <p>Record review of the facility's Investigation, dated 06/04/19, and signed by the Administrator, revealed: Small chip fracture through the base of the distal phalanx (end of toe) of the third toe. Resident #1's mobility was by propelling himself in a wheelchair. The Nurse Practitioner (NP) assessed the wound on 06/04/19, and stated he believed it could be due to trauma or athlete's foot. The NP also noted the resident had poor circulation. The last Body Audit was done on 05/28/19, by LPN #1, and she noted skin was intact. Body Audits were performed on all residents between 06/03/19 and 06/07/19. (Record review after this report, revealed Resident #1's Body Audit on 06/04/19 by LPN #1/Treatment Nurse revealed his skin was intact).</p> <p>Record review of the (local hospital) Emergency</p>	M 655		

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 C 08/22/2019
--	---	---	---

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 655	<p>Continued From page 5</p> <p>Room Note, dated 06/04/19, at 5:03 PM, revealed upon physical exam by the Medical Doctor, "Extremities remarkable for swelling of the left foot and calf. There is erythema primarily of the distal foot, and the toes. There is an open wound on the plantar surface, at the proximal joint of the left forth toe. Wound goes all the way across the joint, and it is deep, possibly extending to bone. Impression: Cellulitis, wound infection, Plan: Transfer for surgical attention. Start antibiotics prior to transfer, unless he can be moved quickly". Record review revealed that Resident #1 was transferred to a regional hospital by ambulance on 06/04/19, at 5:43 PM.</p> <p>Record review of the regional/second receiving hospital Emergency Department (ED) History and Physical, dated 06/04/19, at 9:00 PM, revealed Resident #1 was brought into the ED with severe swelling and redness of the left fourth toe, with suspected fracture of the left fourth toe. X-ray of the left foot on 06/04/19, revealed, "Fourth toe fractures with widened distal interphalangeal joint (DIP). Physical examination revealed, "Foul smell from the left foot. Laceration of the plantar surface at the left fourth digit at the metatarsophalangeal joint (MTP)</p> <p>Musculoskeletal: Ankle/foot: Diffuse swelling of the left fourth digit, foot, erythematous, laceration as above. Foul smell area of erythema to that digit and diffusely over the dorsal aspect of the left foot". Multiple antibiotics were given in the ED on 06/04/19.</p> <p>Review of the hospital's Discharge Summary, dated 06/13/19, revealed Resident #1 was admitted to the hospital, on 06/04/19, with diagnoses of Phalanx Fracture Left Fourth Toe-Open, Infected MTP Fourth Toe Left, and Cellulitis. Orthopedic was consulted and the</p>	M 655		

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 C 08/22/2019
--	---	---	---

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 655	<p>Continued From page 6</p> <p>resident underwent an amputation of the left fourth toe.</p> <p>Record review of Ultra Sound Lower Extremity Arterial Duplex Bilateral, performed on 06/11/19, revealed only mild atherosclerotic changes. Left ankle pressure was unobtainable. No other evidence of hemodynamically significant stenosis in either lower extremity was found. Resident #1 was discharged back to the nursing home on 06/13/19.</p> <p>An interview with LPN #2, on 08/20/19 at 1:08 PM, revealed there was an incident on 05/09/19, in which she was called into the Whirlpool Room by the CNA because the toenail of Resident #1's left fourth (4th) toe was detached and there was blood over the nail bed. LPN #2 stated she did not observe any swelling or redness to the left 4th toe that day. LPN #2 said she called the Treatment Nurse/LPN #1, into the Whirlpool Room and LPN#1 dressed the toe that day. LPN #2 said she documented in the nurses note Resident #1 had pulled his toenail off per report by the CNAs, on 05/09/19, but she did not perform the dressing change. LPN #2 did not document the physician was notified of the incident, or an order for the treatment provided to the toenail.</p> <p>On, 08/20/19 at 1:30 PM, an interview with LPN #1/Treatment Nurse confirmed she was called to the Whirlpool Room, on 05/09/19, by the CNA due to Resident #1's left fourth toenail was "hanging by a little piece". LPN #1 stated she did not observe any blood to the toenail bed. LPN #1 said she cleaned the nail bed with normal saline, and she thought she put antibiotic ointment on it and a band aid. LPN #1 stated she told the Nurse Practitioner (NP) that Resident #1 had pulled his</p>	M 655		

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 C 08/22/2019
--	---	---	---

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 655	<p>Continued From page 7</p> <p>toenail off and what she had done to dress it. LPN #1 stated the NP said that was fine and gave no further orders. LPN #1 stated she did not document this in the medical record. LPN #1 said the following day, she took the band aid off and cleaned the area again and it was fine. LPN #1 confirmed no further treatment was needed due to it really wasn't an open area and there was no swelling or deformity noted to the left 4th toe that day. LPN #1 stated she was already gone for the day when the Social Worker called her reporting that Resident #1 was taken to the Emergency Room (ER) on 6/4/19. LPN #1 confirmed she performed weekly body audits on Resident #1 while he was in the Whirlpool Room. LPN #1 confirmed she documented a body audit in the medical record, on 06/04/19, that stated Resident #1's skin was intact. LPN #1 said she had heard the left foot was wrapped and LPN #2 or a Whirlpool CNA had removed the dressing. LPN #1 revealed she did not know who had applied a dressing to the foot. LPN #1 said someone had to have seen it before that day, wrapped it and not mention it to her. LPN #1 reported she went to talk to the NP to ask how it got that bad that fast and the NP said he could have hit it on something, or it could have been athletes foot fungus, but she thought it was determined it was a fracture. LPN #1 stated she was responsible for skin audits and she usually did the skin audits in the Whirlpool Room. LPN #1 said she looks at the resident's face, front and back, and the feet. LPN #1 stated, "I wouldn't have missed that".</p> <p>The interview with Certified Nursing Assistant (CNA) #2, on 08/21/19 at 1:06 PM, revealed she was with Resident #1 in the Whirlpool Room, on 06/04/19, and she said to CNA #3, "Look at that man's toe, how did they miss that". CNA #2 said when she saw it, "it was just hanging by a thread".</p>	M 655		

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 C 08/22/2019
--	---	---	---

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 655	<p>Continued From page 8</p> <p>CNA #2 said Resident #1 had been refusing baths, and that was why she hadn't seen it until that day.</p> <p>During an interview on 08/21/19 at 1:15 PM, CNA #3 stated Resident #1 was in the Whirlpool Room and his toe was "reddish looking" and didn't look good at all. She stated it scared her, "it was something like I'd never seen before. It looked like it was going to pop or something". CNA #3 said there was a blue bandage wrapped around the 4th toe of the left foot. CNA #3 reported Resident #1 would pick at his toenails and he would sometimes have a bandage on the toe he was picking at the time. CNA #3 said Resident #1 had refused baths a couple of times and that was why she had not seen his feet. She stated he never complained of anything and always had socks on when she put him to bed.</p> <p>During an interview, on 08/20/19 at 1:22 PM, CNA #1/Whirlpool CNA reported she remembered Resident #1's toe was bleeding, and she called the nurse, she thought it was LPN #2. CNA #1 said she could not remember the date of the incident. CNA #1 said she did not recall seeing Resident #1's feet because he refused a tub bath and preferred to keep his socks on.</p> <p>Interview on 08/20/19 at 1:53 PM, with Licensed Practical Nurse (LPN) #2, revealed she was the nurse assigned to Resident #1 on 06/04/19. LPN #2 said she was called into the Whirlpool Room by the Certified Nursing Assistant (CNA). LPN #2 reported Resident #1's left foot was very swollen, and what alarmed her was that the swelling seemed to be coming from the left fourth toe. LPN #2 reported the other toes were not swollen, and there was a blue bandage on the left 4th toe. LPN #2 said she removed the blue bandage</p>	M 655		

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 C 08/22/2019
--	---	---	---

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 655	<p>Continued From page 9</p> <p>carefully. LPN #2 said she observed pus and a little blood on the bandage, and the toe appeared deformed and blue. LPN #2 said she had no knowledge of any treatment ordered for the left fourth toe.</p> <p>An interview, with LPN #3, on 08/21/19, revealed she said she was not aware Resident #1's left 4th toe nail had come off. LPN #3 said she remembered LPN #2 called her into the Whirlpool Room on 06/04/19. LPN #3 said Resident #1's left 4th toe was "big and red", and his whole left foot was red and swollen. LPN #3 said she looked at the foot and toe, and said you need to send him out.</p> <p>Review of Resident #1's Daily Care Guide revealed the resident was as risk for skin problems. Bath assistance was two (2) person physical assist. Whirlpool bath on Tuesdays, Thursday, and Saturdays, and offer sponge bath on opposite days. Mobile via wheelchair.</p> <p>Record review of Resident #1's Completed Care Tasks, revealed the resident received a shower bath on 05/09/19, 05/11/19, 05/18/19, 05/21/19, and 05/25/19. A sponge bath on 5/14/19, 05/28/19 and 6/01/19. Skip baths due to medical condition on, 05/17/19, 05/31/19, and 06/05/19. A whirlpool bath on 05/23/19. There were no documented reports of any concerns with Resident #1's feet.</p> <p>Review of Resident #1's Skin Inspection Reports, dated 05/07/19, 05/14/19, 05/21/19, and 06/04/19, revealed the skin was intact. The skin inspections were documented by LPN #1/Treatment Nurse. LPN #1 also documented a Skin Inspection Report, on 06/12/19, at which time Resident #1 was in the hospital.</p>	M 655		

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 C 08/22/2019
--	---	---	---

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 655	<p>Continued From page 10</p> <p>An interview, on 08/21/19 at 1:45 PM, revealed LPN #1 stated she documented a skin audit was done for Resident #1 on 06/04/19, but she did not actually do a skin inspection. LPN #1 said sometimes she would do the skin inspections, and go back to the computer later and log them in. LPN #1 also said she thinks she may have clicked on the wrong name. LPN #1 said she did the skin inspections on Tuesdays, even though the order is for Thursdays.</p> <p>An interview with Resident #1's Medical Doctor (MD), on 8/21/19, at 9:09 AM, revealed he was not notified of the detached toenail on 05/09/19, and he had not given any orders for a bandage to the left 4th toe. The MD stated he recalled being surprised when he was told of the amputation. The MD stated he had seen the resident on 05/31/19, and he looked at his ankles for edema, but did not remove his shoes.</p> <p>Review of the MD's Nursing Home Visit note, dated 05/31/19 at 9:36 AM, revealed no swelling to the right or left foot. Nursing staff was present during the visit and all concerns were reviewed. Will continue current plan of care and treatment.</p> <p>The Director of Nursing (DON) revealed during an interview, on 08/21/19, at 2:06 PM, the facility's policy was not followed due to the MD should be notified of any changes in the resident's condition. The DON stated LPN #1 should have followed up on the toe after toenail detachment, and should have reported it to the Registered Nurse (RN) and MD. The DON revealed she was not in the building, on 05/09/19, when Resident #1's toenail was detached, or on 06/04/19, when the worsening condition of the toe was discovered. The DON stated RN #1 was the</p>	M 655		

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 C 08/22/2019
--	---	---	---

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 655	<p>Continued From page 11</p> <p>supervisor while she was out and would have been responsible for following up on the incident.</p> <p>The interview, on 08/21/19 at 9:57 AM, with Registered Nurse (RN) #1, revealed she stated, "I didn't know about the toenail. I remember discussing it after he went to the hospital on 06/04/19".</p> <p>An interview with the Administrator, on 08/20/19 at 1:13 PM, revealed the facility did not do an Accident/Incident Report, on 05/09/19, regarding Resident #1's left 4th toe nail. The Administrator confirmed there was no Physician's Orders for the left 4th toe wound care. Further interview with the Administrator, on 08/21/19 at 3:30 PM, revealed it was reported to him by staff that earlier in the day, on 06/04/19, the resident had been going about his normal routine with no complaints of pain until the left foot was noted to be swollen in the shower room. The Administrator said Resident #1 self-propelled himself in a wheelchair. The Administrator stated an incident report should have been done on 05/09/19, the MD should have been notified and a doctor's order obtained for treatment of the left 4th toe. The Administrator also said the staff should have followed up on the toe from the incident on 05/09/19 (until 6/4/19).</p> <p>Record review of the Face Sheet revealed Resident #1 was admitted by the facility, on 01/25/18, with a diagnosis of Pain in Left Leg. Review of the Physician Orders for the month of August 2019 revealed current diagnoses of Pain in Left Leg, Acquired Absence of Other Left Toe(s), Encounter for Other Specified Surgical Aftercare, Major Depressive Disorder.</p> <p>Record review of the 30 Day Minimum Data Set</p>	M 655		

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 C 08/22/2019
--	---	---	---

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 655	Continued From page 12 (MDS) Assessment, with an Assessment Reference Date (ARD) of 07/11/19, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 3, indicating severely impaired cognitive skills for daily decision making. Section G of the assessment revealed that the resident required extensive assistance of two (2) persons for bed mobility, dressing, and toileting and that he was totally dependent for bathing.	M 655		
M 735	45.25.1 Medical Records Management Medical Records Management. 1. A medical record shall be maintained in accordance with accepted professional standards and practices on all residents admitted to the facility. The medical records shall be completely and accurately documented, readily accessible, and systematically organized to facilitate retrieving and compiling information. 2. A sufficient number of personnel, competent to carry out the functions of the medical record service, shall be employed. 3. The facility shall safeguard medical record information against loss, destruction, or unauthorized use. 4. All medical records shall maintain the following information: identification data and consent form; assessments of the resident's needs by all disciplines involved in the care of the resident; medical history and admission physical exam; annual physical exams; physician or nurse practitioner/physician assistant orders; observation, report of treatment, clinical findings and progress notes; and discharge summary,	M 735		10/1/19

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 C 08/22/2019
--	---	---	---

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 735	<p>Continued From page 13 including the final diagnosis.</p> <p>5. All entries in the medical record shall be signed and dated by the person making the entry. Authentication may include signatures, written initials, or computer entry. A list of computer codes and written signatures must be readily available and maintained under adequate safeguards.</p> <p>6. All clinical information pertaining to the residents stay shall be centralized in the resident's medical records.</p> <p>7. Medical records of discharged residents shall be completed within sixty (60) days following discharge.</p> <p>8. Medical records are to be retained for five (5) years from the date of discharge or, in the case of a minor, until the resident reaches the age of twenty-one (21), plus an additional three (3) years.</p> <p>9. A resident index, including the resident's full name and birth date, shall be maintained.</p> <p>This Statute is not met as evidenced by: Level II</p> <p>Based on record review, staff interview, and facility policy statement review, the facility failed to ensure accurate medical records were documented regarding Resident #1's skin and body audits, for one (1) of five (5) medical records reviewed, Resident #1.</p> <p>Findings include:</p> <p>Review of a typed statement on the facility's</p>	M 735	<p>1. Addendums to the medical record of Resident #1 by Administrator reflected on 09/20/2019 to reflect the false documentation of body audits entered by Nurse #1. Resident care plan updated on 9/10/2019 to reflect resident amputation, and to address the behavior of Resident #1 picking his toenails. Appropriate action taken against Licensed Practical Nurse #1 on 08/27/2019.</p> <p>2. All Residents have potential to be</p>	

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 C 08/22/2019
--	---	---	---

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 735	<p>Continued From page 14</p> <p>letterhead, not dated, and provided by the Administrator, revealed the facility did not have a policy in regards to accuracy of medical records. The statement included an attachment to the facility's policy for Discipline and Discharge, which is reviewed upon hire with every team member. Number 38 indicated that, "Deliberate or negligent omission or falsification of significant information on a medical record, including, but not limited to, an Employer's Application for employment, time keeping, charting, or billing form, or a mileage record", was against the facility's code of conduct.</p> <p>On 08/21/19 at 1:45 PM, an interview with Licensed Practical Nurse (LPN) #1, revealed she documented she performed a skin audit for Resident #1, on 06/04/19, but she actually did not do a skin inspection. LPN #1 said she would do the skin inspections and then go log them into the computer at later times. LPN #1 said she thinks she clicked the wrong name.</p> <p>On 08/20/19 at 1:30 PM, an interview with LPN #1/Treatment Nurse, confirmed she was responsible for the skin audits and she usually did the skin audits while Resident #1 was in the Whirlpool Room. LPN #1 said she looks at the resident's face, front and back, and the feet. LPN #1 said she was called to the Whirlpool Room, on 05/09/19, by the CNA because Resident #1's left fourth toenail was "hanging by a little piece". LPN #1 stated she did not observe any blood to the toenail bed. LPN #1 said she cleaned the nail bed with normal saline, and she thought she put antibiotic ointment on it and a band aid. LPN #1 reported she told the Nurse Practitioner (NP) Resident #1 pulled his toenail off and she had provided the treatment to it. LPN #1 reported the NP said that was fine and gave no further orders.</p>	M 735	<p>affected by the deficient practices. The facility will ensure that Resident records are complete, accurately documented, readily accessible, and systematically organized by addressing concerns using corrective counseling. Medical Records Coordinator will audit for incomplete or inaccurate records and report any findings will be corrected as necessary. Resident records for skin and wound inspections were audited by Administrator on 8/27/2019. Audit resulted in eleven residents resulting in no skin and wound assessments, thirteen issues related to skin inspections. Addendums to Medical records related to this audit on 9/20/2019 by Administrator.</p> <p>3. In-service conducted by Staff Development Coordinator on documentation that is complete, accurately documented, readily accessible, and systematically organized, and should follow the rules and ethical standards set forth by the employee manual performed on 9/27/2019 with Nurses and Departmental Staff. Medical record quarterly audit template to be altered to include audit of weekly skin inspections of all Residents on 9/27/2019.</p> <p>4. Weekly skin inspections deficiencies will be reported by Medical Records Coordinator to Quality Assurance Meeting. Quality Assurance team will: Monitor effectiveness of the plan of correction monthly x 3 months then quarterly. The Quality Assurance Committee will make further recommendations as needed.</p>	

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 C 08/22/2019
--	---	---	---

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 735	<p>Continued From page 15</p> <p>LPN #1 stated she did not document this in the medical record. LPN #1 said the following day, she took the band aid off and cleaned it again and it was fine. LPN #1 confirmed no further treatment was needed due to it really wasn't an open area and there was no swelling or deformity noted to the left 4th toe that day. LPN #1 stated in regards to the incident, on 06/04/19, she was already gone for the day when the Social Worker called her reporting that Resident #1 was taken to the ER. LPN #1 confirmed she performed weekly body audits on Resident #1 while he was in the Whirlpool Room, and she had documented a body audit in the medical record, on 06/04/19, that stated Resident #1's skin was intact. LPN #1 said she had heard the left foot was wrapped and LPN #2 or a Whirlpool CNA had removed the dressing. LPN #1 revealed she did not know who had applied a dressing to the foot, and that someone had to have seen it before that day, wrapped it and not mention it to her. LPN #1 reported she went to talk to the NP to ask how it got that bad that fast and the NP said he could have hit it on something, or it could have been athletes foot fungus, but she thought it was determined it was a fracture. LPN #1 stated, "I wouldn't have missed that", during the skin audits.</p> <p>Review of Resident #1's Skin Inspection Reports, dated 05/07/19, 05/14/19, 05/21/19, and 06/04/19 revealed the skin was intact. The skin inspections were documented by LPN #1/Treatment Nurse. LPN #1 also documented a Skin Inspection Report on 06/12/19, at which time Resident #1 was in the hospital. The report documented Resident #1's skin was intact.</p> <p>An interview with the Director of Nursing (DON), on 08/21/19, at 2:06 PM, confirmed Resident #1's</p>	M 735		

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 C 08/22/2019
--	---	---	---

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 735	<p>Continued From page 16</p> <p>medical records were not accurate in regards to the Skin Inspection Reports in which LPN #1 documented intact skin on 06/04/19, and that she documented she had performed a body audit on 06/12/19, while the resident was hospitalized. The DON stated it was falsification of medical records. She stated "False documentation should never happen, and it is against the policy".</p> <p>Record review of the Departmental Notes, from 05/09/19 until 06/04/19, revealed no documentation of the left 4th toe, and that Resident #1's skin was intact, with the exception, on 05/21/19, when a skin tear was noted on an unspecified arm.</p> <p>Record review of the Face Sheet revealed Resident #1 was admitted by the facility, on 01/25/18, with a diagnosis of Pain in Left Leg. Review of the Physician Orders for the month of August 2019 revealed current diagnoses of Pain in Left Leg, Acquired Absence of Other Left Toe(s), Encounter for Other Specified Surgical Aftercare, Major Depressive Disorder.</p> <p>Review of the most recent Day Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 07/11/19, revealed in Section C that the resident had a Brief Interview for Mental Status (BIMS) score of 3, indicating severely impaired cognitive skills for daily decision making.</p>	M 735		