

MSDH - Health Facilities Licensure and Certification

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 04/11/2019
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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 from 4/8/19 through 4/11/19. During the survey the SA determined the facility was not in compliance with the Minimum Standards for the Aged and Infirm. The SA cited M635.	M 000		
M 635 SS=D	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 residents who are fed by a gastric tube receive the treatment and services to prevent complications or to restore if possible, normal eating skills. This Statute is not met as evidenced by: Level II Based on observation, record review, staff interview, and facility policy review, the facility failed to provide appropriate treatment and services to prevent possible complications for a resident who receives Enteral Feeding for one (1) of two (2) resident enteral feeding observations, for Resident #23. Findings include: A review of the facility policy titled, "Enteral Feedings-Safety Precautions", dated May 2014, revealed, "The purpose of the policy is to ensure the safe administration of enteral nutrition. A Subtitle of the above named policy with the heading, "Preventing Aspiration", stated to elevate the head of the bed (HOB) at least 30-45 degrees during tube feeding, and at least 1 hour after. It further revealed a part of preventing	M 635		5/15/19
			M 635 Gastric Feeding Resident # 23 was assessed on 4/9/2019 by Licensed Practical Nurse (LPN) #3 and Quality Assurance Registered Nurse for signs and symptoms of aspiration. Resident #23 had no signs or symptoms of aspiration. An in-service was conducted immediately by the Quality Assurance Registered Nurse to the Certified Nursing Assistant #2, Certified Nursing Assistant #3 and to Licensed Practical Nurse #3 to include elevating the head of the bed to at least 30 to 45 degrees during tube feeding, and at least one (1) hour after receiving the tube feeding. The facility recognizes that all residents receiving Enteral Feeding have the potential to be affected by this deficient	

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

05/17/19

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M 635	<p>Continued From page 1</p> <p>aspiration is to recognize the risk factors for aspiration including supine position and advanced age.</p> <p>Review of the physician's orders, for Resident #23, revealed an order for Jevity 1.5 at 70 cubic-centimeters per hour (cc/hr) x 20 hours with (water) H2O flush at 55cc/hr x 20 hours.</p> <p>An observation, on 4/09/19 at 1:15 PM, revealed Certified Nurse Aide (CNA) #2 and CNA #3 entered Resident #23's room to perform catheter care. Upon entry into the room, Resident #23 was lying in the bed in a supine position. Resident #23's bed was in a flat position with the head of the bed (HOB) also in a flat position. Resident #23 was receiving an enteral feeding via a feeding pump of Jevity 1.5 at a rate of 70cc/hr.</p> <p>An Interview, on 4/09/19 at 1:25 PM, with Licensed Practical Nurse (LPN) #3, who came into Resident #23's room, verified the feeding was running at 70cc/hr with the resident lying flat in bed, and with the head of the bed (HOB) in a flat position. LPN #3 stated "the HOB should be at least 30 degrees while the tube feeding is running. The feeding should be placed on hold before lying the resident flat when performing care".</p> <p>An interview, on 4/09/19 at 1:30 PM, with CNA #2 revealed, "I made rounds about 10 minutes ago (prior to our entering the room to do catheter care) and I let the head of the bed down".</p> <p>An interview, on 4/10/19 at 10:20 AM, with CNA #1 revealed, "to be honest that was the first time I had been in Resident #23's room that day. I was just assisting CNA #2. The HOB being flat should not have happened with the feeding going. We</p>	M 635	<p>practice. An audit of all Enteral Feeding patients was conducted Director of Nursing (DON) on 4/9/2019, to ensure the head of the bed was elevated at least 30 to 45 degrees and no deficient practice was found according to the care plan. the facility recognizes that all residents receiving Enteral Feeding have the potential to be affected by this deficient practice.</p> <p>An in-service by the Quality Assurance (QA) Nurse and/or Resident Care Manager (RCM) was conducted on 4/9/2019 and ongoing, for all Registered Nurses (RNs), Licensed Practical Nurses (LPNs) and Certified Nursing Assistants (CNAs) regarding appropriate procedures and services to prevent complications for Enteral Feeding residents and following the resident's comprehensive care plan. The Resident Care Manager (RCM), Quality Assurance (QA) Nurse and/or the Director of Nursing (DON) will conduct an audit of five (5) residents receiving Enteral Feeding weekly, beginning 4/15/2019 for six (6) weeks then monthly for three (3) months, then quarterly to ensure this deficient practice does not recur.</p> <p>The DON will bring the results of the Enteral Feeding audit to the Quarterly Quality Assurance Committee (QAC) meeting. If any revisions to the Plan of Correction are needed, the revisions will be developed and approved by the QAC to ensure corrective action is achieved and sustained. The QAC members include: Medical Director, Administrator, DON, QA nurse, and at least two other facility staff</p>	

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M 635	<p>Continued From page 2</p> <p>usually get the nurse to turn the feeding off before care, and we allow 30 minutes or so before we flatten the HOB to provide care. When I walked in and saw the HOB flat with the feeding going, I knew it was a big mistake".</p> <p>An interview, on 4/10/19 10:22 AM, with the Director of Nursing (DON) revealed, "the Head of the Bed should not have been flat. It should be at 30-45 degree level during a tube feeding. Yes, from a nursing stand point, the head of the bed being flat during a tube feeding could cause some complications for Resident #23. I have never had this to happen that I know of. CNA #2 is one of my best CNAs, and I think she just got nervous knowing you were going to watch her do catheter care".</p>	M 635	members.	