Printed: 08/01/2024
Form Approved OMB
No. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255109 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/08/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER: Diversicare of Southaven | | STREET ADDRESS, CITY, STATE, ZIP CODE: 1730 Dorchester Dr Southaven, MS 38671 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0684<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident's preferences and goals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47158<br><br>Based on staff and Resident Representative (RR) interview, record review and Administrator statement review the facility failed to ensure a resident received treatment and services in accordance with professional standards of practices as evidenced by failure to change the negative pressure wound therapy system dressing as ordered by the provider for one (1) of three (3) residents with wound care reviewed. Resident # 1<br><br>Findings include:<br><br>Record review of a typed document, undated, on facility letterhead and signed by the Administrator revealed (Proper Name of Facility) utilizes Negative Pressure Wound Therapy System manufactures guidelines.<br><br>Record review of the NEGATIVE PRESSURE WOUND THERAPY SYSTEM (NPWT) Instructions for Use revealed .The NPWT system should remain on and in use for the duration of the prescribed treatment .<br><br>During a telephone interview on 5/8/24 at 10:00 AM, with Resident # 1's RR, she stated she notified the facility staff that Resident #1's wound vac dressing to the left abdominal wound needed to be changed. She stated she was told that the dressing is only changed if the suction broke. She stated that the facility did not remove Resident #1's abdominal dressing the week of 04/01/24 until 4/10/24 and at that time the foam from the dressing was adhered to the wound.<br><br>Record review of the Order Summary Report with active orders as of 3/26/24 revealed an order dated 3/26/24 Treatment; Surgical wound to left lateral abdomen (#4) Clean with NS (normal saline), apply wound vac at 125 mmHg (millimeters of mercury) every Monday and Thursday PRN (as needed) for drainage/dislodgement .<br><br>Record review of the April 2024 electronic treatment administration record (eTAR) for Resident #1 revealed there was no documentation that the wound vac dressing was changed on 4/1/2024, 4/4/2024 or 4/8/2024.<br><br>Record review of General Notes for Resident #1, dated and timed 4/10/24 at 1:33 PM, revealed Wound vac dressing removed from left lat (lateral) abdomen .Lower wound remains open. Foam dressing adhered to wound bed .<br><br>(continued on next page) |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0684<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Record review of Progress Note Details for Resident #1 dated 4/11/2024, completed by Wound Care Nurse Practitioner (NP) revealed, .The wound vac was last changed on 3/25/24 and removed by the facility NP and DON (Director of Nursing) on 4/10/24 with sponge fragments remaining in the wound .The site was debrided today removing .fragments .Not all fragments were able to be removed .Recommend dressing changes .until evaluated by surgeon .<br><br>In an interview with Registered Nurse #1 (RN) on 5/8/24 at 12:30 PM, she stated that the resident's RR notified her that the wound vac dressing needed to be changed, but she was unsure of the date she was notified. She stated that she observed the abdominal wound vac dressing at that time and it looked like it needed to be changed. She stated she did not recall the date on the dressing. RN #1 stated that the previous DON was responsible for wound care at that time, and she notified her that the dressing needed to be changed. RN #1 verified that the eTAR for April 2024 had no documentation that the wound vac dressing had been changed and that if there was no documentation, then it was not performed.<br><br>Interview with NP #1 on 5/8/24 at 12:45 PM, she verified that she was informed by the previous DON on 4/10/24 that the foam from the wound vac dressing was adhered to the residents wound bed. She stated upon her assessment of the abdominal wound on 4/10/24 that the foam from the dressing was adhered to the wound bed and they were unable to remove it. She verified that failure to change the wound vac dressing as ordered could cause the foam to be adhered to the wound and prevent healing.<br><br>In an interview with the Administrator on 5/8/24 at 2:00 PM, he agreed Resident #1's wound vac dressing should have been changed as ordered.<br><br>Record review of the Admission Record revealed Resident #1 was admitted to the facility on [DATE] with a diagnoses that included Unspecified open wound of the abdominal wall. |