Department of Veterans Affairs State Veterans Home Survey Report

This survey report and the information contained herein, which resulted from the State Veterans Home Unannounced On-Site or Announced Virtual Survey is a Summary Statement of Deficiencies. (Each Deficiency Must be Preceded by Full Regulatory or LSC Identifying Information.) Title 38 CFR Part 51 Federal Regulations for SVHs. §51.210, §51.390, §51.475 Administration, resident personal funds protected in §51.70 (c)(1-6), and all required VA and life safety standards in 38 CFR Part 51.

General Information:

Facility: Mississippi Veterans Home - Kosciusko

Location: 310 Autumn Ridge Dr., Kosciusko, MS 39090

Onsite / Virtual: Virtual

Dates of Survey: 03/29/22 to 4/1/22

Nursing Home / Domiciliary / Adult Day Health Care: NH

Survey Class: Annual

Total Available Beds: 150

Census on First Day of Survey: 120

Deficiency	Findings
	Initial Comments: A VA Annual survey was conducted from March 29, 2022, through April 1, 2022, at the Mississippi Veterans Home - Kosciusko. The facility was not in compliance with Title 38 CFR Part 51 Federal Requirements for State Veterans Homes.
§51.43(a) Drugs and medicines for certain veterans. In addition to the per diem payments under § 51.40 of this part, the Secretary will furnish drugs and medicines to a State home as may be ordered by prescription of a duly licensed physician as specific therapy in the treatment of illness or injury for a veteran receiving nursing home care in a State home if - (1) The veteran:	The facility obtained medications from the Veterans Affairs (VA) of jurisdiction for residents who did not meet eligibility under 38 CFR §51.43. During interviews and record review, it was identified that the facility was obtaining medications for four (4) residents who did not meet eligibility criteria. During interviews on 3/31/22, with Administrative Staff A and Administrative Staff B, as well as subsequent follow up, it was identified that the facility was receiving medications from the VA of jurisdiction for three (3) residents who were non-service-connected and were not in receipt of Aid & Attendance. The facility incorrectly listed those residents as in receipt of Aid & Attendance.

(i) Has a singular or combined rating of less than 50 percent based on one or more service-connected disabilities and needs the drugs and medicines for a service-connected disability; and (ii) Needs nursing home care for reasons that do not include care for a VA adjudicated service-connected disability; or (2) The veteran: (i) Has a singular or combined rating of 50 or 60 percent based on one or more service-connected disabilities and needs the drugs and medicines; and (ii) Needs nursing home care for reasons that do not include care for a VA adjudicated service-connected disability. Level of Harm – No Actual Harm, with potential for minimal harm Residents Affected – Some	It was also identified that the facility was receiving medications from the VA for one (1) Veteran who had a 20% service-connected disability rating. There was no evidence to support drugs and medications were being provided for a service-connected disability.
§51.43(e) Drugs and medicines for certain veterans As a condition for receiving drugs or medicine under this section or under § 17.96 of this chapter, the State must submit to the VA medical center of jurisdiction a completed VA Form 10-0460 with the corresponding prescription(s) for each eligible veteran. Level of Harm – No Actual Harm, with potential for minimal harm. Residents Affected – Few	The facility incompletely filled out VA Form 10-0460 for residents who may have been eligible to have medications provided by the VA of jurisdiction. Based on interviews and record reviews, the facility obtained medications from the Veterans Affairs (VA) of jurisdiction for residents who met eligibility under 38 CFR §51.43. During interviews and record reviews, it was identified that the facility did not check the appropriate eligibility box on VA Form 10-0460 for five (5) out of (5) residents reviewed. The facility thus did not complete the VA Form 10-0460 as required.

§51.180(a) Procedures The facility management must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. Level of Harm – No Actual Harm, with potential for more than minimal harm Residents Affected – Few	Based on record review, interview and review of facility policy, the facility failed to ensure medications ordered for Resident #3 were available for administration for one (1) of nine (9) residents whose medications were reviewed for accurate administration. The findings include: Review of the facility's policy titled, "Drug Ordering and Dispensing Guidelines," dated 4/2/14, noted: "Medications shall be dispensed only on the accepted protocol order by a physician recognized by this facility... Medications shall be dispensed only on order of a certified prescriber and by the pharmacist or a person under their direct supervision." The Procedure identified in Section K were: "If a drug ordered is not available in the pharmacy stock the attending physician will be notified and if the med is on formulary, it will be ordered on the next available order and a temporary supply will be secured locally if possible and necessary. If the drug is not on formulary, the physician will be notified of the alternative drugs that are on formulary." Review of the facility's policy titled, "Medication Administration," and dated 2/12/13, noted the policy did not address what nursing staff should do if a medication was not available for administration. Review of the medical record for Resident #3 revealed they were admitted to the facility in 2021. Diagnoses included Herpes Viral Infection. Review of the Physician Order for Resident #3 revealed an order dated [DATE], for Abreva 10% cream to apply to lesion on penis three (3) times a day (TID) for seven (7) days. Abreva is an Over the Counter (OTC) topical medication used to treat Herpes lesions. Review of the Medication Administration Record (MAR) for Resident #3 for [DATE] revealed the Abreva was scheduled to be administered at 9:00 a.m., 1:00 p.m. and 5:00 p.m. daily, beginning at 9:00 a.m., on [DATE], and ending at 5:00 p.m., on [DATE]. Documentation on the MAR noted that at 5:00 p.m., on [DATE]; 9:00 a.m., 1:00 p.m., and 5:00 p.m., on [DATE]; and on 5:00 p.m., on [DATE], the Abreva was not available for administration. Review of the Nursing Progress Notes from [DATE] through [DATE] for Resident #3, revealed there was no documentation the physician was notified when the doses were missed, or that the Abreva was not available, to afford the physician the opportunity to provide alternative treatment. On [DATE], at 1:46 p.m., after speaking with the surveyor, Administrative Nurse A

	documented in the Nursing Progress Notes, that they spoke with the physician that morning regarding Abreva and received a verbal order to restart the Abreva for seven (7) days. On 3/31/22, at 1:30 p.m., during an interview with Administrative Nurse B and Administrative Nurse A, they confirmed there was no documentation the physician had been notified that the Abreva was not available for administration at the time of the missed doses. Administrative Nurse B stated that the pharmacy reported to them the medication had been ordered but not received right away, causing the missed doses. Administrative Nurse B stated that the facility should have obtained the Abreva from a local store, as it is available over the counter (OTC) and could have been purchased locally. Administrative Nurse B stated that Resident #3 should not have missed five (5) doses of the Abreva cream. Administrative Nurse A stated that they spoke with the physician on the morning of [DATE] and informed the physician doses had been missed and the physician provided a verbal order to continue the Abreva cream as previously ordered for seven (7) more days. When asked about documentation of their notification to the physician on the morning of [DATE], Administrative Nurse A stated that they had not documented their conversation with the physician but would do that immediately. On 3/30/22, at 1:30 p.m., Consultant Staff A stated that the facility had a local backup pharmacy to obtain medications that were not in stock. They stated that the facility could use the local pharmacy as an emergency backup for prescription and over the counter (OTC) medications. They stated that the facility also could obtain unusual medications from the hospital pharmacy for a few doses until an ordered supply came in. Consultant Staff A stated that if an OTC was ordered by the physician and was not in stock, it could be purchased at the local pharmacy until it could be ordered and stocked in the facility's pharmacy. On 3/31/22, at 2:00 p.m., Administrative Nurse A stated that they observed Resident #3's lesion and it showed improvement. Resident #3 declined for Administrative Nurse B and the surveyor to observe the lesion. Resident #3 missed five (5) doses of 21 scheduled doses of Abreva 10% Cream to the lesion on their penis due to unavailability of the medication. This caused the medication to have to be reordered for an additional seven (7) days after the original order.
§51.180(d) Labeling of drugs and biologicals.	Based on observations, interviews and facility policy review, the facility failed to ensure each drug/medication was labeled in accordance with currently accepted professional principles

Drugs and biologicals used in the facility management must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. Level of Harm – No Actual Harm, with potential for more than minimal harm Residents Affected – Many	which should include the expiration date. There was no expiration date on any medication sent from the facility's pharmacy to the nursing units to be used by nursing staff for resident medication administration. This affected all residents in the facility. The census was 120. The findings include: Review of the facility's policy titled, "Medication Labeling," dated 4/2/14, and reviewed annually, revealed under Section Four (4), labeled "Procedure," it stated "All prescription medications shall be labeled as follows… I. The expiration date and repack expiration, which shall not exceed one year from the date of repackaging." The policy also noted: "If the pharmacy makes a typing error on a label and it is impractical to return the medication to the pharmacy for re-labeling, the pharmacy shall provide a corrected label for the container as soon as possible. Under no circumstance is an unattached label to be requested or accepted. Only the pharmacist may place a label on the medication container." On 3/30/22, at 7:30 a.m., during observation of medication administration, Licensed Nurse A was unable to locate an expiration date for any of the medications stored in the medication cart on [LOCATION]. Licensed Nurse A verified the label contained the name of the resident, the name of the medication, the dosage of the medication, the amount of the medication to administer, and the date the medication was dispensed by pharmacy. They stated that there was no expiration date of the medication listed on the label. Licensed Nurse A confirmed that they were not able to determine if the medication was expired. On 3/30/22, at 9:50 a.m., during an interview with Administrative Nurse B, they confirmed that none of the medication labels identified an expiration date. They stated that there was no way to confirm if the medications being administered to residents were expired. Administrative Nurse B stated that the nurses had to trust that pharmacy did not fill the cart with expired medications. Administrative Nurse B confirmed that the facility policy required all medication labels to identify the expiration date of that medication. On 3/30/22, at 9:50 a.m., Licensed Nurse A was present during the interview with Administrative Nurse A. They stated that they were present during the observation of the medication administration with Licensed Nurse A. They confirmed that the medication labels from the pharmacy did not identify an expiration date. On 3/30/22, at 1:30 p.m., during an interview with Consultant Staff A, they stated that they were not aware until today that the

	labels must contain an expiration date. They stated that they had worked in the facility for four (4) years and had never been asked about the expiration dates on the medication labels. They confirmed that all medication labels on the medications in the medication carts on all three (3) units did not have an expiration date on them. Consultant Staff A stated that they had been in contact with their superior and was told that the labels did need to identify an expiration date for each separate medication. They also confirmed that the facility policy required an expiration date to be on the labels of all medications. Consultant Staff A stated that the software program that printed the labels was being redone to include expiration dates going forward from 3/30/22. They stated that there were no plans in place to correct the medication labels on the medications that were currently in the medication storage carts on all three (3) units. Consultant Staff A confirmed that since the pharmacy printed labels did not identify an expiration date, the nurses would not be able to determine if the medications to be administered were expired.
§51.200(a) Life safety from fire. Life safety from fire. The facility must meet the applicable provisions of NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities Code. Level of Harm – No Actual Harm, with potential for more than minimal harm. Residents Affected – Many	Based on records review and interview, the facility failed to document the inspection and testing of Patient Care Related Electrical Equipment (PCREE). The deficient practice affected nine (9) of 11 smoke compartments, staff, and all residents. The facility had a capacity for 123 beds with a census of 117 on the day of the survey. The findings include: Records review on 3/29/22, at 10:47 a.m., revealed there was not documentation for the testing of resistance, leakage current, and touch current for any of the electrical resident beds, as required by sections 10.5.2.1 of NFPA 99, Health Care Facilities Code. An interview with Maintenance Staff A at that time revealed the facility was performing testing and inspections of PCREE equipment. They were not aware that resident beds were considered PCREE equipment, and they would make plans to have the beds tested. The census of 120 was verified by Administrative Staff A on 3/29/2022. The findings were acknowledged by Administrative Staff A and verified by Maintenance Staff A during the exit interview on 4/1/22 at 3:00 p.m. **Actual NFPA Standard: NFPA 99 Health Care Facilities Code (2012)** **10.3 Testing Requirements — Fixed and Portable.**

	10.3.1* Physical Integrity. The physical integrity of the power cord assembly composed of the power cord, attachment plug, and cord-strain relief shall be confirmed by visual inspection. **10.3.2* Resistance.** **10.3.2.1** For appliances that are used in the patient care vicinity, the resistance between the appliance chassis, or any exposed conductive surface of the appliance, and the ground pin of the attachment plug shall be less than 0.50 ohm under the following conditions: (1) The cord shall be flexed at its connection to the attachment plug or connector. (2) The cord shall be flexed at its connection to the strain relief on the chassis. **10.3.2.2** The requirement of 10.3.2.1 shall not apply to accessible metal parts that achieve separation from main parts by double insulation or metallic screening or that are unlikely to become energized (e.g., escutcheons or nameplates, small screws). **10.3.3* Leakage Current Tests.** **10.3.3.1 General.** **10.3.3.1.1** The requirements in 10.3.3.2 through 10.3.3.4 shall apply to all tests. **10.3.3.1.2** Tests shall be performed with the power switch ON and OFF. **10.3.3.2 Resistance Test.** The resistance tests of 10.3.3.3 shall be conducted before undertaking any leakage current measurements. **10.3.3.3* Techniques of Measurement.** The test shall not be made on the load side of an isolated power system or separable isolation transformer. **10.3.3.4* Leakage Current Limits**. The leakage current limits in 10.3.4 and 10.3.5 shall be followed. **10.3.4 Leakage Current — Fixed Equipment.** **10.3.4.1** Permanently wired appliances in the patient care vicinity shall be tested prior to installation while the equipment is temporarily insulated from ground. **10.3.4.2** The leakage current flowing through the ground conductor of the power supply connection to ground of permanently wired appliances installed in general or critical care areas shall not exceed 10.0 mA (ac or dc) with all grounds lifted. **10.3.5 Touch Current — Portable Equipment.** **10.3.5.1* Touch Current Limits.** The touch current for cord connected equipment shall not exceed 100 µA with the ground wire intact (if a ground wire is provided) with normal polarity and shall not exceed 500 µA with the ground wire disconnected. **10.3.5.2** If multiple devices are connected together and one power cord supplies power, the leakage current shall be measured as an assembly. **10.3.5.3** When multiple devices are connected together and more than one power cord supplies power, the devices shall be

	separated into groups according to their power supply cord, and the leakage current shall be measured independently for each group as an assembly. **10.3.5.4 Touch Leakage Test Procedure.** Measurements shall be made using the circuit, as illustrated in Figure 10.3.5.4, with the appliance ground broken in two modes of appliance operation as follows: **(1)** Power plug connected normally with the appliance on **(2)** Power plug connected normally with the appliance off (if equipped with an on/off switch) **10.3.5.4.1** If the appliance has fixed redundant grounding (e.g., permanently fastened to the grounding system), the touch leakage current test shall be conducted with the redundant grounding intact. **10.3.5.4.2** Test shall be made with Switch A in Figure 10.3.5.4 closed. **10.3.6* Lead Leakage Current Tests and Limits — Portable Equipment.** **10.3.6.1** The leakage current between all patient leads connected together and ground shall be measured with the power plug connected normally and the device on. **10.3.6.2** An acceptable test configuration shall be as illustrated in Figure 10.3.5.4. **10.3.6.3** The leakage current shall not exceed 100 µA for ground wire closed and 500 µA ac for ground wire open. **10.5.2.1 Testing Intervals.** **10.5.2.1.1** The facility shall establish policies and protocols for the type of test and intervals of testing for patient care–related electrical equipment. **10.5.2.1.2** All patient care–related electrical equipment used in patient care rooms shall be tested in accordance with 10.3.5.4 or 10.3.6 before being put into service for the first time and after any repair or modification that might have compromised electrical safety. **10.5.2.5*** System Demonstration. Any system consisting of several electric appliances shall be demonstrated to comply with this code as a complete system. **10.5.3 Servicing and Maintenance of Equipment.** **10.5.3.1** The manufacturer of the appliance shall furnish documents containing at least a technical description, instructions for use, and a means of contacting the manufacturer. **10.5.3.1.1** The documents specified in 10.5.3.1 shall include the following, where applicable: **(1)** Illustrations that show the location of controls **(2)** Explanation of the function of each control **(3)** Illustrations of proper connection to the patient or other equipment, or both **(4)** Step-by-step procedures for testing and proper use of the appliance

	(5) Safety considerations in use and servicing of the appliance **(6)** Precautions to be taken if the appliance is used on a patient simultaneously with other electric appliances **(7)** Schematics, wiring diagrams, mechanical layouts, parts lists, and other pertinent data for the appliance **(8)** Instructions for cleaning, disinfection, or sterilization **(9)** Utility supply requirements (electrical, gas, ventilation, heating, cooling, and so forth) **(10)** Explanation of figures, symbols, and abbreviations on the appliance **(11)** Technical performance specifications **(12)** Instructions for unpacking, inspection, installation, adjustment, and alignment **(13)** Preventive and corrective maintenance and repair procedures **10.5.3.1.2** Service manuals, instructions, and procedures provided by the manufacturer shall be considered in the development of a program for maintenance of equipment. **10.5.6 Record Keeping — Patient Care Appliances.** **10.5.6.1 Instruction Manuals.** **10.5.6.1.1** A permanent file of instruction and maintenance manuals shall be maintained and be accessible. **10.5.6.1.2** The file of manuals shall be in the custody of the engineering group responsible for the maintenance of the appliance. **10.5.6.1.3** Duplicate instruction and maintenance manuals shall be available to the user. 10.5.6.1.4 Any safety labels and condensed operating instructions on an appliance shall be maintained in legible condition. **10.5.6.2* Documentation.** **10.5.6.2.1** A record shall be maintained of the tests required by this chapter and associated repairs or modifications. **10.5.6.2.2** At a minimum, the record shall contain all of the following: **(1)** Date **(2)** Unique identification of the equipment tested **(3)** Indication of which items have met or have failed to meet the performance requirements of 10.5.6.2 **10.5.6.3 Test Logs**. A log of test results and repairs shall be maintained and kept for a period of time in accordance with a health care facility's record retention policy. **10.5.8 Qualification and Training of Personnel.** **10.5.8.1*** Personnel concerned for the application or maintenance of electric appliances shall be trained on the risks associated with their use. **10.5.8.1.1** The health care facilities shall provide programs of continuing education for its personnel.

	10.5.8.1.2 Continuing education programs shall include periodic review of manufacturers' safety guidelines and usage requirements for electrosurgical units and similar appliances. **10.5.8.2** Personnel involved in the use of energy-delivering devices including, but not limited to, electrosurgical, surgical laser, and fiberoptic devices shall receive periodic training in fire suppression. **10.5.8.3** Equipment shall be serviced by qualified personnel only.