MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20GL	A. BUILDING: _____ B. WING _____	11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLEN OAKS NURSING CENTER	55 SUSANNE STREET LUCEDALE, MS 39452

(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 an annual recertification survey at the facility from 11/06/2023 through 11/08/2023. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement and cited M500 and M945.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a	M 500		12/12/23

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M 500	Continued From page 1 pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;	M 500		

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M 500	Continued From page 2 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical	M 500		

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M 500	Continued From page 3 record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level II Based on observation, interviews, record review, and facility policy review, the facility failed to ensure the resident's right to make choices that are significant to the residents, as evidenced by not accommodating residents with their smoking choices/preferences of more than one (1) cigarette per break or more than two (2) smoke	M 500	(1) A meeting was held with Residents #15, #21 and #29 on 11/20/23 to discuss smoking and their desire to smoke more at each smoking break. Effective 11/20/23, they can smoke as many as they desire during at each smoke break. These residents have agreed that this is acceptable to them and agree to let Administration know if they desire further	

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M 500	Continued From page 4 breaks per day for three (3) of three (3) sampled residents that smoke. Resident #15, Resident #21, and Resident #29 Findings include: A review of the facility's policy "Resident Rights", undated, revealed " ... Policy Interpretation and Implementation ... 2. Residents are entitled to exercise their rights to the fullest extent possible ..." A review of the facility's document "Consent and Release for Smoking/Vaping", undated, revealed " ... We acknowledge and respect an individual's right to smoke/vape. A review of the facility's policy "Smoking/Vaping Policy", undated, revealed " ... It is the intent of the facility ... to allow those residents, who wish to smoke/vape the opportunity to do so ..." A record review of the facility's document "Smoker Worksheet" revealed there were five (5) residents who currently smoke in the facility and the smoking times were listed as 11:00 AM and 7:00 PM. During a Resident Council meeting on 11/07/23 at 10:05 AM, Resident #21 and #29 reported that the residents who smoke had met with the Administrator approximately one (1) month ago and had asked to have more than one (1) cigarette at smoke breaks because the facility allowed only two (2) smoke breaks daily. The residents expressed to the Administrator they wanted to have two cigarettes during the breaks because they had smoked for years and preferred more than one (1) or two (2) cigarettes daily. The Administrator had not responded to	M 500	revisions that would be within our capability to accomplish. (2) Any resident wishing to smoke has the potential to be affected by this deficient practice. (3) Inservice will be conducted for nursing staff responsible for carrying out smoking activities with the residents. Inservice will include all changes desired by the residents including but not limited to the number of cigarettes they can smoke per breaks provided as well as changes to smoking policy and procedures. The Administrator met with the Resident Council on 11/21/23 for a one-time meeting, including all residents that smoke, to discuss revisions and respond to any input/concerns they have in relation to smoking. During the council meeting, smokers were told to come to Administration if there are in issues with the changes made and they agreed to do so. (4) The Quality Improvement will review the smoking process weekly beginning 11/20/23 for 8 weeks to ascertain compliance with the smoking residents request to smoke more at each smoke break. team will review smoking process weekly to ascertain compliance with the smoking residents request to smoke more at each smoke break. Any problems identified will be corrected timely and a report given to the Quality Assurance Committee that will meet on 12/12/23 and times 2 months.	

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M 500	Continued From page 5	M 500		

their request. Resident #21 stated that he saw facility staff going out to smoke several times a day. He commented "if they can go out and smoke several times a day, why can't we"? Resident #21 explained that he had smoked for years, and he specifically chose the facility because they allowed the residents to smoke. Resident #29 explained that she did not like nicotine gum or patches because she wanted to smoke cigarettes. She stated that she was told on admission that she could smoke, but it was not explained to her that the facility did not allow more than one cigarette per smoke break. Resident #29 also stated that the facility staff went out to smoke several times daily.

On 11/07/23 at 11:00 AM, during an observation of a smoke break and interview with Certified Nursing Assistant (CNA) #1, she assisted Resident #15, Resident #21, and Resident #23 to the designated smoking area. CNA #1 explained that the staff are not allowed to smoke with the residents. She confirmed that the residents are allowed to smoke one (1) cigarette during the smoke breaks. She stated that the residents have complained about getting only one cigarette at each break and had spoken to the Administrator about it. CNA #1 explained that the scheduled breaks are at 11:00 AM and 7:00 PM, but before the COVID-19 pandemic, the residents had four (4) designated smoke breaks daily. CNA #1 commented that she was a smoker and would hate to be allowed only two cigarettes a day.

On 11/07/23 at 11:30 AM, during an interview with Resident #15, she confirmed that she and the other residents who smoked had asked the Administrator for more than one cigarette per smoke break because it was important to them.

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M 500	Continued From page 6 Resident #15 stated that the Administrator never responded to their request. On 11/07/23 at 02:00 PM, during an interview with CNA #3, she explained she assisted with smoke breaks for the residents. She confirmed that the residents are allowed to smoke one cigarette per smoke break, which was at 11:00 AM and 7:00 PM. She said that she and the staff who smoked take smoke breaks whenever they can, which was usually more than two times a day. On 11/07/23 at 03:45 PM, during an interview with the Administrator, she confirmed the residents who smoke came to her and requested more cigarettes during smoke breaks and she explained to them it would be discussed. At a Quality Assurance Performance Improvement (QAPI) meeting on 10/18/23, the request was presented to the Medical Director, and it was determined that the facility would not allow residents to smoke more than one cigarette per smoke break and smoking would be "against medical advice." She explained the facility had always allowed one (1) cigarette at each smoke break because it took 30 minutes to smoke one (1) cigarette and the facility did not have enough staff to allow more than two smoke breaks daily. She confirmed that she had not responded to their request since the decision was determined at the 10/18/23 meeting because she had been too busy. The Administrator also confirmed that she did not consider their concern a grievance, but more of a "request", and she did not add the concern to the facility's Grievance Log At 08:55 AM on 11/08/23, during an interview with the Administrator, she confirmed that she completed the admission paperwork with the resident or the Resident Representative (RR).	M 500		

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M 500	Continued From page 7 The admission paperwork included smoking/vaping consents, contracts, and the facility policy, but did not include or acknowledge the number of cigarettes allowed by the facility per smoke break or the number of smoke breaks allowed by the facility. The form included that smoking was "against medical advice." Resident #15 A record review of the "Face Sheet" revealed the facility admitted Resident #15 on 10/21/15 and she had a diagnosis of Nicotine Dependence, Cigarettes. A record review of the Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/08/23 revealed Resident #15 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact. A record review of the facility's "Smoking Policy" and "Consent and Release for Smoking" dated 05/05/21 revealed Resident #15 signed the forms which did not indicate or include information regarding the number of cigarettes allowed by the facility per smoke break or the number of smoke breaks allowed by the facility. Resident #21 Record review of the "Face Sheet" revealed the facility admitted Resident #21 on 07/06/23 with a diagnosis of Hemiplegia Following Cerebral Infarction. Record review of the Admission MDS, with an ARD of 07/13/23, revealed Resident #21 had a BIMS score 15, which indicated he was cognitively intact.	M 500		

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M 500	Continued From page 8 A record review of the facility's "Smoking/Vaping Policy" and the "Smoking/Vaping Contract", dated 07/05/23, revealed Resident #21 signed the forms which did not indicate or include information regarding the number of cigarettes allowed by the facility per smoke break or the number of smoke breaks allowed by the facility. Resident #29 A record review of the "Face Sheet" revealed the facility admitted Resident #29 on 01/27/21 with a diagnosis of Type 2 Diabetes Mellitus. A record review of the Annual MDS, with an ARD of 12/26/22, revealed Resident #29 had a BIMS score of 15, which indicated she was cognitively intact. A record review of the facility's "Smoking Policy", "Consent and Release for Smoking", and "Smoking Contract", dated 05/05/21 revealed Resident #29 signed the forms which did not indicate or include information regarding the number of cigarettes allowed by the facility per smoke break or the number of smoke breaks allowed by the facility.	M 500		
M 815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This Statute is not met as evidenced by: Level II	M 815	(1) The kitchen has been inspected by the	12/12/23

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M 815	Continued From page 9 Based on observation, staff interviews and facility policy review, the facility failed to store food in accordance with professional standards for food service safety related to food items not dated with a use-by-date, food items without an identifying label, and food items opened and exposed for one (1) of three (3) kitchen observations. Findings Include: A review of the facility's "Food Storage Labeling Policy", revised 2/15, revealed, "...The facility will ensure the safety and quality of food by following food storage and labeling procedures ... All food items that are not in their original containers must be labeled: a. Common name b. Date of preparation or Use By Date c. Example: Food prepared on 2/01 must be used or discarded by 2/7." On 11/6/23 at 9:41 AM, an observation of the kitchen and interview with the Dietary Manager (DM) revealed the contents of the refrigerator to include, (1) opened plastic container of chicken-flavored base with the facility's "received by" date of 8/2/23. There was no date indicating when the container was opened and there was no facility "use by", or manufacturer's expiration date noted on the container. There were two (2) reusable squeeze bottles of ranch dressing and one (1) reusable squeeze bottle of French dressing that was dated by the facility on 10/20/23. There was no label indicating when the food items were prepared or when they should be discarded. The DM stated she did not know what the date of 10/20/23 indicated for those items. There was one (1) plastic food storage bag containing two (2) peeled, pre-boiled eggs, with the facility's received by date of 10/4/23. There	M 815	Dietary Manager on 11/8/23 and any items found not dated with use-by date, without a label or food items opened or exposed were discarded. Cook #1 was inserviced on 11/7/23 regarding labeling of food when opened. (2) All residents that receive food/supplements from dietary have the potential to be affected by this deficient practice. (3) All dietary workers were inserviced on the labeling, use-by date and open or exposed foods on 11/21/23 by the Consultant Dietitian. (4) The Dietary Manager will inspect food items at least 3 times weekly for 8 weeks to ascertain proper labeling is in place and a log will be kept of findings beginning 11/20/23. Any issues identified will be corrected when found and the Dietary Manager will give a report of any discrepancies found with labeling, use-by date or open and exposed foods to the Quality Improvement Committee weekly and to the Quality Assurance Committee on 12/12/24 and times 2 months.	

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M 815	Continued From page 10	M 815		

was no "open by" date and no "use by" date to indicate when the eggs should be discarded. There were four (4) unopened plastic bags of liquid scrambled eggs that were not in their original container and were not labeled with the common name, date of preparation or a "use by" date. The Dietary Manager (DM) revealed that whoever received the food and stocked the items was responsible for dating each item with the facility's "received" date. She reported that the Cook was responsible for labeling foods with an "open date" when the foods are opened. The DM explained that all staff are responsible for discarding food items that have reached the expiration or "use by" date and should be discarded within 3-5 days after opening. She reported the facility completed staff in-services on food safety every 2-3 weeks and acknowledged that her expectation was that staff would label all food items and immediately dispose of any expired foods.

On 11/7/23 at 11:15 AM, an interview with Cook #1 confirmed that the Cook that opened a food item was responsible for putting an "opened" date on it item and kitchen staff should dispose of it within three (3) days. The Cook stated the ranch dressing was prepared from a packet and mixed with buttermilk and should have been dated and discarded within three (3) days. She confirmed that kitchen staff received in-service training three (3) times per month on various topics.

On 11/8/23 at 8:06 AM, an interview with the Administrator revealed that she expected the residents to receive food from the kitchen that was safe for the residents to consume.