STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25CC	A. BUILDING: _____ B. WING _____	C 12/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLINTON HEALTHCARE LLC - SNF	1251 PINEHAVEN ROAD CLINTON, MS 39056

(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 two (2) Complaint Investigations (CI MS #23561 and CI MS #23609), at the facility from 12/11/23 through 12/13/23. CI MS #23561 was investigated related to resident neglect. CI MS #23609 was investigated for physical environment related to pests. 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 requirements and cited M500 related to CI MS #23561. There were no citations related to CI MS #23609.	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	M 500		1/10/24

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M 500	Continued From page 1	M 500		

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 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

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M 500	Continued From page 2	M 500		

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;

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

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M 500	Continued From page 3 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 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, interview, record review, and facility policy review, the facility failed to	M 500	1. On 12/22/23, the facility Administrator interviewed with Resident #2, who stated employees are knocking and introducing self. On 12/26/23, the Director of Nursing	

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M 500	Continued From page 4 ensure staff treated residents who had visual impairment with dignity and respect, as evidenced by failure to knock on doors and identify themselves prior to entry for two (2) of six (6) residents reviewed. Resident #1 and Resident #2. Findings Include: Review of the facility's policy titled, "Residents' Rights," dated 1/24/2022, revealed, " ...Residents' rights, policies, and procedures shall insure that each resident admitted to the center: ...9. Is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs ..." Resident #2 On 12/11/23 at 4:20 PM, during an interview with Resident #2, the resident reported that she had been diagnosed with Legal Blindness. Resident #2 revealed that staff frequently enter her room without knocking or introducing themselves. She stated that sometimes she could hear someone moving around the room, who said nothing at all unless she called out to them. She stated that the behavior of the staff made her uncomfortable. She commented that she did not appreciate anyone entering her room unannounced, as she could not see to recognize staff. Resident #2 stated that she preferred to have staff knock on the door, make their presence known, and introduce themselves and talk to her and let her know what's going on. On 12/11/23 at 4:30 PM, an observation revealed that Certified Nurse Aide (CNA) #2 entered the room of Resident #2 without knocking or	M 500	(DON) interview with Resident #1, reveals no negative outcomes or concerns. Interview reveals no negative outcomes for Resident #1 or Resident #2. 2. All Visually impaired residents have the potential to be affected. On 12/26/23, an audit was completed by the Director of Nursing and the Licensed Practical Nurse (LPN) Care plan Coordinator identifying four (4) of 104 Residents, including Resident #1 and Resident #2 who have significant visual impairment. The Director of Nursing (DON) interviewed identified residents revealing no other residents were affected. 3. On 12/18/2023, The facility Administrator, Environmental Supervisor, Registered Nurse (RN) Supervisors and the Director of Nursing, initiated Inservice education, provided to all direct care staff, and other staff who may enter residents rooms, on Residents Rights including but not limited too: Dignity and right to privacy, implementation of the plan of care specifically related to knocking on the residents door, introducing self and explaining reason for entry for visually impaired residents. Inservice completed by 12/29/2023, in person or via phone. Direct care Employees will not be scheduled to work until education of resident rights and implementing plan of care on visually impaired resident is completed with Staff Development Coordinator, RN Supervisor, Director of Nursing or Administrator, in person or via phone.	

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M 500	Continued From page 5 introducing herself to the resident. On 12/11/23 at 5:15 PM, during an interview with CNA #2, she revealed she had not received in-service training from the facility regarding the care of residents with visual impairment. However, she confirmed that she was aware that Resident #2 was legally blind and required assistance from staff for Activities of Daily Living (ADL). She also stated that staff were always supposed to knock on the resident's door prior to entering the resident's room. She stated that she was aware that it was very important to knock and introduce oneself upon entry into the room of a resident with visual impairment, so they will know who you are, because those residents cannot visually identify individuals. On 12/11/23 at 5:30 PM, in an interview with CNA #1, she revealed that staff were supposed to knock and introduce themselves upon entering a resident's room. She stated that she was aware that it was very important to knock and introduce oneself upon entry into the room of a resident with visual impairment to prevent confusion for the resident. Record review of the Admission Record for Resident #2 revealed the facility admitted the resident on 3/04/21, with diagnoses that included Legal Blindness, Acute Kidney Failure, and Pulmonary Hypertension. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/8/23, revealed in Section B that Resident #2's vision was severely impaired - no vision or sees only light, colors or shapes. Section C revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated	M 500	4. Director of Nursing and/or RN Supervisors and/or Administrator will monitor through documented observation of at least 3 employees per week times three (3) weeks then monthly times two (2) to ensure employees are knocking when entering room, introducing self and explaining reason for entry, per the resident plan of care initiated 12/15/2023. Observations are not limited to the visually impaired only. The Director of Nursing will ensure review and documentation of the observations and will report findings to the Quality Assurance Performance Improvement (QAPI) committee monthly to a minimum two (2) QAPI meetings, for review, revision and/or resolution by the QAPI Committee. The Plan was reviewed by the QAPI committee on 12/27/23 and approved. The next scheduled QAPI Committee meeting for review is 1/9/2024.	

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M 500	Continued From page 6 Resident #2 was cognitively intact. Section GG revealed Resident #2 displayed dependence on staff for toileting and required partial/moderate assistance to substantial/maximal assistance for all other ADLs, including hygiene, dressing and transfers ..." Resident #1 On 12/12/23 at 10:55 AM, during an interview with Resident #1, the resident reported that staff made it a habit of entering her room without knocking or introducing themselves. Resident #1 stated that she could not identify by name the staff members who failed to do so. Resident #1 revealed that it bothered her that staff were aware that she could not see and did not respect her privacy or provide verbal cues as to their identity and intentions, upon entering her room. On 12/12/23 at 1:00 PM, during an interview with the primary physician for Resident #1 and Resident #2, the physician stated that knocking on the door or residents' rooms and introducing oneself upon entry was important for all residents, because it is their home, their personal space. He stated he considered it very important that staff knock and introduce themselves upon each entry into the rooms of residents with visual impairment because those residents relied on non-visual cues to understand what was taking place. On 12/12/23 at 1:30 PM during an interview with the Director of Nurses (DON), she stated that all staff had received monthly in-service training on Resident Rights which included respect for resident's personal space and introduction of self upon entering each resident's room. She acknowledged that care for a blind resident would include knocking on the resident's door prior to	M 500		

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M 500	Continued From page 7 entering and introducing oneself in order to maintain privacy and dignity and ensure feelings of security for the resident. Record review of the Admission Record for Resident #1 revealed that the resident was admitted by the facility on 3/22/23, with diagnoses that included Type 2 Diabetes Mellitus and Legal Blindness. Record review of the Quarterly MDS with an ARD of 9/25/23, revealed in Section B that Resident #1's vision was "Severely impaired - no vision or sees only light, colors or shapes". Section C revealed a BIMS score of 15, which indicated Resident #1 was cognitively intact. Section GG revealed Resident #1 required "Supervision or touching assistance or Setup or clean-up assistance for ADLs, including eating, hygiene, dressing, and transfers ..."	M 500		