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
	59LM	A. BUILDING: _____ B. WING _____	04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK NURSING AND REHAB CENTER	100 LAUREN DRIVE BOONEVILLE, MS 38829

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 4/01/24 through 4/04/24. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm and cited M500 and M1570.	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 pharmacy or pharmacist provider in accordance	M 500		5/10/24

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M 500	Continued From page 1 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 record);	M 500		

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M 500	Continued From page 3 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, staff interview, record review, and facility policy review the facility failed to secure electronic health records as evidenced by an Electronic Medication Administration Record (EMAR) was visible while the medication cart was unattended on the Alzheimer's unit for one (1) of 16 residents residing in the unit. Resident #66	M 500	* On April 4, 2024, the Director of Nurse provided education to Licensed Nurse #2 related to safeguarding the privacy of Protected Health Information of Resident #66. * Residents have the potential to be affected by this practice. * April 4, 2024, the Staff Development	

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M 500	Continued From page 4 Findings Include: Review of the facility policy with a revision date of 11/28/2017 titled "Confidentiality of Information" revealed, "This facility shall maintain an individual's right to privacy and confidentiality of information ... Confidentiality of the resident record shall be maintained at all times by keeping the record closed when not in use. If an electronic health record is used, ensure that no other individual can read the screen and log-off the computer when not in use." An observation on 4/2/24 at 10:15 AM, of a computer that was located on a medication cart on the Alzheimer's unit revealed the computer was opened with Resident #66's EMAR information visible on the screen. Licensed Practical Nurse (LPN) #2 was in Resident #66's room and the screen was visible to anyone passing by the medication cart in the hallway. The visible information included Resident #66's name, medications, and room number. An interview on 4/2/24 at 10:18 AM, LPN #2 confirmed that the EMAR for Resident #66 was visible on the screen to anyone walking by and should be closed when she was away from the medication cart to secure private health information. She stated "I have to remind myself every day to close the screen before stepping away from the cart." LPN #2 confirmed that this is a violation of keeping the resident's medical records private and a Health Insurance Portability and Accountability Act (HIPAA) issue. An interview on 4/02/24 at 10:50 AM, the Director of Nursing (DON) confirmed that a resident's information should never be left up on the	M 500	Nurse and the Director of Nurses provided education to the Licensed Nurse and Certified Nurse aides related to the protection of Private Health Information of the Residents. An Ad Hoc Quality assurance meeting was held on April 5, 2024, to discuss the action plan and initiation of audits. * Beginning on April 4, 2024, the Director of Nurses, the Staff Development Nurse, the Quality Assurance Nurse and the Minimum Data Set Nurses shall conduct audits for exposure of Protected Health Information, three (3) time per week for four (4) weeks, then two (2) time per week for two (2) weeks, then one (1) time a week for two (2) weeks. The Administrator will take the results of the audits to the Quality Assurance Committee beginning on May 6, 2024, for two months	

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M 500	Continued From page 5 computer screen while the cart is unattended. The DON stated "there is a privacy button that is supposed to be pushed before the nurse steps away from the computer." The DON confirmed this is a privacy issue and could result in a HIPAA violation. Record review of Resident #66's Admission Record revealed the resident was admitted to the facility on 11/30/2023 with diagnoses that included Alzheimer's Disease, Anemia, and Atherosclerotic heart disease.	M 500		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections	M1570		5/10/24

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M1570	Continued From page 6 and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by: Level II Based on observation, staff interview, record review, and facility policy review, the facility failed to use the appropriate Personal Protective Equipment (PPE) while providing care for a resident on contact isolation and failed to dispose of contaminated linens and trash into the designated biohazard containers in the room for one (1) of four (4) residents reviewed for Transmission-Based Precautions (TBP). Resident #72 Findings include: Review of the facility policy titled "Transmission-Based Precautions" with a revision date of 10/10/2022 revealed "Policy: It is our policy to take appropriate precautions to prevent the transmission of pathogens based on the pathogens' modes of transmission...Policy Explanation and Compliance Guidelines: ... 8. Contact Precautions- ... c. Healthcare personnel caring for residents on Contact Precautions wear a gown and gloves for all interactions, that may involve contact with the resident or potentially contaminated areas in the resident's environment. d. Donning personal protective equipment (PPE) upon entry and discarding before exiting the room is done to contain pathogens, especially those that have been implicated in transmission through environmental contamination..." Resident #72	M1570	* On April 3, 2024, The Director of Nurse provided education to Certified Nurse Aide #1 and Certified Nurse Aide #2 related to contact precaution procedures when providing care to a Resident with an order for contact isolation. * Residents with orders for contact isolation have the potential to be affected by this practice. * On April 4, 2024, The Director of Nurses, the Staff Development Nurse, the Infection Prevention Nurse, or the Quality Assurance Nurse provided education to the Licensed Nurses and Certified Nurse Aides related to the use of contact precaution procedures when providing care to a Resident with an order for contact isolation. An Ad Hoc Quality Assurance meeting was held on April 5, 2024, to discuss action plans and audits for this deficient practice. * Beginning on April 5, 2024, the Director of Nurses, the Staff Development Nurse, the Infection Prevention Nurse, or the Quality Assurance Nurse will conduct audits related to staff utilizing contact precautions, four (4) times per week for four (4) weeks, three (3) for two weeks and then two (2) time per week for two (2) weeks. The Administrator will take the results of the audits to the Quality Assurance Committee beginning on May 6, 2024, for two months.	

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M1570	Continued From page 7 An observation outside Resident #72's door revealed a sign "Contact Precautions -apply gown and gloves." Observed a designated plastic container outside the room door with the required PPE that included gown and gloves. An observation inside the resident's bathroom revealed two (2) biohazard containers designated for linen and trash disposal. Record review of the "Culture Miscellaneous with Stain" dated 3/27/2024 revealed Methicillin Resistant Staphylococcus Aureus (MRSA) of wound drainage for Resident #72. Record review of the "Order Summary" for Resident #72 revealed an order dated 3/31/2024, "Contact Isolation due to MRSA to right hand". An observation of catheter care for Resident #72, on 4/03/2024 at 9:55 AM, with Certified Nurse Aide (CNA) #1 and #2 revealed, they entered the resident's room and did not apply a gown. CNA #2 performed catheter care with the assist of CNA #1. Following the completion of catheter care, they turned the resident over on his side and changed his brief, repositioned the bed pad and pulled the resident up in the bed. CNA #2 gathered the soiled linen and trash in clear trash bags, exited the room, and threw them into the dirty linen and trash container on 200 hall. An interview with Certified Nurse Aide (CNA) #2 on 4/03/2024 at 10:20 AM, revealed she spoke with the charge nurse on Sunday 3/31/2024 and was told that the resident was "contagious," but she did not have to wear a gown. She confirmed that she read the sign outside the resident's door that indicated to wear a gown but did not think anything about it. She stated she knew to place the linen and trash in the biohazard containers in	M1570		

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M1570	Continued From page 8 the room but got nervous and messed up. CNA #2 revealed the purpose of separating the linen and trash from other residents was to prevent the spread of infection throughout the facility. An interview with the Director of Nursing (DON) on 4/03/2024 at 10:35 AM, revealed for a resident in contact precautions, the staff were expected to dress out in a gown and gloves. He stated the linen and trash were to be discarded in the room to prevent the spread of infection to others in the facility. An interview with the Infection Preventionist (IP) on 4/03/2024 at 10:39 AM, revealed the resident was in contact isolation for MRSA on the right hand. She revealed it was the facility policy to start contact precautions when a culture came back with MRSA. She explained that the staff were expected to wear gowns while providing care. The IP revealed the linen and trash should have been disposed of in the biohazard barrels in the room to prevent the spread of infection. Record review revealed the facility admitted Resident #72 on 2/27/2024 with medical diagnoses that included Alzheimer's disease and Major Depressive disorder.	M1570		