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
	81YC	A. BUILDING: _____ B. WING _____	03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YALOBUSHA COUNTY NURSING HOME	630 SOUTH MAIN STREET WATER VALLEY, MS 38965

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M 000	Initial Comments The State Agency (SA) conducted an annual re-certification survey with a Complaint Investigation (CI), CI MS #24428 at the facility from 3/4/24 through 3/7/24. During the survey the SA determined that the facility was not in compliance with the Minimum Standards for Institutions for Aged or Infirm, state licensure requirements. The SA investigated CI MS #24428 for failure to report an allegation of abuse and no deficiencies were cited. The SA also cited M625 related to range of motion and M1010 related to environmental services on the annual survey.	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		4/18/24

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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 resident and staff interview, record review and facility policy review, the facility failed to allow a resident to exercise his right to take a	M 500	"Resident #61 was given a shower on March 5, 2024, by a certified nurse aide. A 100% audit of all residents was conducted by the Director of Nursing to ensure	

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M 500	Continued From page 4 shower as evidenced by the resident not being offered a shower for one (1) of 24 residents reviewed during survey. Resident #61. Findings Include. A review of the facility policy titled "Resident's Rights" with no revision date revealed "Each and every resident has the right to ...9. Receive adequate and appropriate health care and protective support services..." An interview on 03/04/24 at 2:22 PM, with Resident #61 revealed that he gets a bed bath automatically without being asked about a shower and that he would love to have a shower and have water running on him. The resident revealed that he can't remember the last time he has had a shower. The resident revealed that he has asked for a shower before and was told that they don't have a chair to get him in there. An interview on 03/05/24 at 10:38 AM, with Certified Nursing Assistant (CNA) #1 revealed that the resident has the right to get a shower and should have been offered a shower An interview on 03/05/24 at 10:53 AM, Licensed Practical Nurse (LPN) #1, confirmed Resident #61 had not been given a shower by the staff because they did not get the shower chair to take him to the shower. LPN #1 revealed that the facility does have a shower chair that will accommodate Resident #61 and that it is located on the other wing of the facility. LPN #1 went to the other wing and obtained the shower chair and brought it to the south wing of the facility where Resident #61 is located. LPN #1 confirmed that the resident is requesting to receive a shower and that he should have been offered a shower. LPN	M 500	bathing preferences were being honored. All preferences voiced were documented. No other resident bathing preferences were found not to be honored. "All residents receiving assistance with bathing in the facility have the potential to be affected. "A 100% audit of all residents was conducted by the Director of Nursing to ensure bathing preferences are being honored on March 13, 2024. Bathing preferences will be obtained on admission by the admitting Registered Nurse. Bathing preferences will be added to the nurse aide care guide and will be reviewed quarterly and as needed. All staff were in serviced beginning on March 13, 2024 by staff education nurse on Resident□s Rights and honoring resident preferences. The Registered Nurse supervisor on day shift shall monitor all baths scheduled are performed per preference for the shift each day for four weeks then twice weekly for four weeks beginning March 13,2024. The licensed practical nurse supervisor on evening shift shall monitor all baths are performed per preference for the shift each day for four weeks beginning March 13,2024. "The Director of Nursing shall monitor bathing preference/bathing audits for accuracy twice weekly for four weeks then once weekly for four weeks beginning on March 13,2024. Any discrepancies with bathing preferences not being honored shall result in disciplinary action. The Director of Nursing shall bring assigned audits to the Quality Assurance Meeting on April 10, 2024 and monthly for two months then quarterly and as needed.	

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M 500	Continued From page 5 #1 revealed that the staff should have gone and found the chair or asked where it was. An interview on 03/05/24 at 11:06 AM, with the Administrator confirmed that the residents should be offered a shower during their bath time. An interview on 03/07/24 at 11:30 AM, with the Director of Nursing (DON) confirmed that Resident #61 should have been offered a shower and that he absolutely had the right to be offered a shower. A record review of Resident #61's documented baths for the past two weeks revealed he received complete bed baths and did not receive a shower or tub bath. A review of the facility "Face Sheet" for Resident #61 revealed that he was admitted to the facility on 8/03/21 with medical diagnoses that included Quadriplegia. A review of Resident #61's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/23/24 revealed in section C a Brief Interview for Mental Status (BIMS) score of 15 which indicated Resident #61 was cognitively intact.	M 500		
M 625	45.21.5 Range of motion Range of motion. Residents with limited range of motion shall receive treatment and services to increase range of motion or prevent further decline in range of motion. This Statute is not met as evidenced by: Level II	M 625	"Resident # 26 splint was applied to the	4/18/24

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M 625	Continued From page 6 Based on observation, resident and staff interview, record review and facility policy review, the facility failed to apply a physician ordered brace for one (1) of six (6) residents sampled for range of motion. Resident #26. Findings include: A review of the facility policy titled "Range of Motion" with no revision date, revealed: ... "The facility shall assist the resident to maintain the highest level of functional ability and range of motion. ... Devices shall be donned and doffed as ordered by the physician. The use of the devices shall be documented in the residents' medical records and shall be reflected on the resident's care plan". During an observation and interview on 03/04/24 at 02:49 PM, of Resident #26 revealed the resident sitting up in his wheelchair. The residents' left arm was hanging down to the inside of the wheelchair. The resident stated, " I have a brace for my arm over in the chair in the corner. Therapy will put it on me when I ask for it, but nobody else knows how to apply it". Record review revealed that the Physician Orders List revealed an order dated 01/24/19 "Brace to the left upper extremity to be donned in AM (morning) upon awakening and removed before going to bed in PM (evening)." An observation on 03/05/24 at 9:20 AM, revealed Resident #26 up in his wheelchair with no brace noted to his left arm. An interview and observation on 03/06/24 at 8:57 AM, with Resident #26 and Licensed Practical	M 625	resident on March 6, 2024, by the Licensed Practical Nurse. "All residents requiring splint placement to prevent a decrease in range of motion have the potential to be affected. "100% audit of all residents requiring devices to aid in the prevention of a decrease in range of motion for splint placement was conducted on March 6, 2024, by the Director of Nursing. All nursing staff shall be in-serviced on range of motion and splint application on March 12,2024 by the Educational Nurse. "A 100% audit of all residents requiring splint placement shall be conducted by the Registered Nurse Supervisor or Licensed Practical Nurse supervisor daily for two weeks, then twice weekly for two weeks, then once weekly for 4 weeks, starting March 13, 2024. The Director of Nursing shall present the findings of the audit at the Quality Assurance Meeting April 10, 2024, monthly for two months, then quarterly and as needed.	

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M 625	Continued From page 7 Nurse (LPN) #2 revealed Resident #26 was sitting up in his wheelchair with no brace noted to his left arm. Resident #26 confirmed that he has not had his brace applied in several days. LPN #2 confirmed that Resident #26 does not have a brace on his left arm and that his order is to have the brace donned in AM upon awakening and removed before going to bed. LPN #2 confirmed that she was the nurse caring for Resident # 26 today and yesterday and did not apply the resident's brace. LPN #2 confirmed that the purpose of the brace is to prevent the residents' hand from becoming more contracted and that without wearing it his contractures would get worse. LPN #2 confirmed that she is aware of how to apply the resident's brace and she should have applied it. An interview on 03/06/24 at 9:37 AM, with the Occupational Therapist (OT) confirmed that Resident #26 should have a brace on his left arm/wrist to prevent further contracture on the left hand. OT confirmed that therapy has shown the nursing staff how to put the brace on the resident and they all know he is supposed to have it every day. An interview and observation on 03/06/24 at 9:55 AM, with the Director of Nursing (DON) confirmed that the purpose of Resident #26's brace was to prevent further contractures to his left hand. The DON confirmed that the resident did not have his brace on and that he was supposed to have it on daily. A review of the facility "Face Sheet" for Resident #26 revealed that he was admitted to the facility on 06/19/17 with a diagnoses of Stiffness of left shoulder and Stiffness of left elbow.	M 625		

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M 625	Continued From page 8 A review of Resident #26's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/30/24 revealed in section C a Brief Interview for Mental Status (BIMS) score of 15 which indicated Resident #26 was cognitively intact. Section O indicated "Splint or brace assistance number of days coded as zero (0)."	M 625		
M1010	45.35.1 Housekeeping Facilities and Services Housekeeping Facilities and Services. 1. The physical plant shall be kept in good repair, neat, and attractive. The safety and comfort of the resident shall be the first consideration. 2. Janitor closets shall be provided with a mop-cleaning sink and be large enough in area to store house cleaning supplies and equipment. A separate janitor closet area and equipment should be provided for the food service area. This Statute is not met as evidenced by: Level II Based on observation, staff interview, and facility policy review the facility failed to provide a safe, clean environment, as evidenced by a dirty wheelchair with torn armrest for Resident #10 and dirty privacy curtains for room numbers 118 and 120 for three (3) of four (4) survey days. Findings include: Record review of facility policy titled "Equipment Needs and Maintenance" undated, revealed, "The equipment shall be kept and maintained in good repair and optimal level of cleanliness. ... Equipment shall be monitored for cleanliness and	M1010	"Resident #10 wheelchair was cleaned by the Registered nurse supervisor on March 5, 2024. Privacy curtains in rooms 120A and 118A were removed and washed on March 5, 2024. "All residents that require the use of appliances and privacy curtains have the potential to be affected. "A 100% audit of all privacy curtains was conducted on March 5, 2024, by the Housekeeping Director. 100% audit of all wheelchairs was conducted on March 5, 2024, by the Restorative Nurse. A 100% audit of all wheelchairs for cleanliness shall be conducted three times a week starting March 13, 2024 by the Registered	4/18/24

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M1010	Continued From page 9 good repair. Wheelchairs shall be cleaned on the night shift per the wheelchair washing schedule." Record review of facility policy titled, "Resident Room Deep Cleaning" undated, revealed "The deep cleaning shall include ensuring the privacy curtains are maintained clean and in good repair..." Resident #10 An observation on 03/04/24 at 10:42 AM, revealed Resident #10 sitting in a wheelchair that had a brown and gray substance on the frame and the spokes of the wheels. The vinyl on the bilateral armrest was tattered and torn with jagged edges exposed. An observation on 03/05/24 at 8:55 AM, revealed Resident #10's wheelchair remained with a substance on the frame and spokes of the wheels and the bilateral armrest was torn with jagged edges exposed. An interview and observation on 03/05/24 at 10:45 AM, with Licensed Practical Nurse (LPN) #4 revealed the Certified Nursing Assistants (CNA)s on the night shift are responsible for cleaning the wheelchairs and any staff member can let maintenance know about the tattered armrest. She confirmed that the armrests were tattered and needed to be replaced and revealed Resident #10 could get a skin tear from these armrests. She stated, "The wheelchair is dirty, and I will make sure this gets taken care of. " An observation on 03/05/24 at 1:45 PM, Resident #10's wheelchair remained with a brown and gray substance on the frame and spokes of the wheels.	M1010	Nurse supervisor, Licensed Practical Nurse supervisor three times a week for four weeks. A 100% audit of all privacy curtains shall be conducted three times weekly for four weeks by the Registered Nurse Supervisor and Licensed Practical Nurse Supervisor. All Housekeeping staff were in serviced on the deep cleaning schedule and routine for unclean privacy curtains by the Educational Nurse on March 19, 2024. All nursing staff were in serviced on the Equipment cleaning policy and wheelchair cleaning schedule by the Educational Nurse on March 13, 2024. "The Director of Nursing shall monitor the audits of the wheelchairs and privacy curtains twice weekly for 4 weeks, then once weekly for 4 weeks, starting March 13, 2024. Any wheelchair or curtain to be found unclean shall be cleaned immediately. The Director of Nursing shall present the audit findings in the Quality Assurance Meeting on April 10, 2024, monthly for two months then quarterly and as needed.	

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M1010	Continued From page 10 An interview and observation on 03/06/24 at 9:25 AM, the Director of Nurses (DON) revealed it was the responsibility of the CNAs to make sure that the wheelchairs were cleaned. She confirmed that Resident #10's wheelchair was dirty and needed to be cleaned. A record review of Resident #10's Face Sheet revealed the resident was admitted to the facility on 5/06/19 with diagnoses that included Adult Failure to thrive, Acute Embolism and Thrombosis of peroneal vein, bilateral, Acute upper respiratory infection, and Low back pain. A review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/29/2023 revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated Resident #10 was cognitively intact. Rooms S 118 and S 120 An observation on 03/04/24 at 2:32 PM, of resident room S 120 A privacy curtains revealed a brown substance on the bottom half of the curtain that measured approximately one (1) foot in length and approximately two (2) inches wide. An observation on 03/04/24 at 2:45 PM, of resident room S 118 A privacy curtain revealed there were two brown splattered areas on the bottom half of the curtain measuring approximately four inches in length and 12 inches wide. An interview/observation on 03/05/24 at 10:38 AM, with Certified Nursing Assistant (CNA) #1 confirmed that there is a brown substance on the bottom half of resident room S 120 A privacy	M1010		

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M1010	Continued From page 11 curtain and a brown splattered area on the bottom half of resident room S 118 A privacy curtain. CNA #1 stated "the curtain is dirty and needs to be cleaned. CNA #1 revealed that staff is supposed to tell housekeeping when they see a problem. An interview on 03/05/24 at 11:06 AM, with the Administrator confirmed that having a dirty privacy curtain did not provide the residents with a clean, comfortable, homelike environment. The Administrator revealed that they make environmental rounds weekly to identify any issues and get them corrected. The Administrator stated, "Housekeeping has a deep cleaning schedule as well to clean the room completely including the privacy curtains". An interview on 03/05/24 at 12:30 PM, with Housekeeping Supervisor confirmed that they have a deep cleaning schedule for all rooms that housekeeping staff follows and that the dirty curtains should have been found. She confirmed that this keeps the rooms clean and looking nice for the residents and visitors. .	M1010		