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
	25MA	A. BUILDING: _____ B. WING _____	C 05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANHATTAN NURSING AND REHABILITATION CENTI	4540 MANHATTAN RD JACKSON, MS 39206

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M 000	Initial Comments The State Agency (SA) conducted Complaint Investigations (CI), MS #24910 related to accidents for falls, CI MS #24950 regarding resident left wet for extended periods, call light not answered, resident assessment, and facility not clean, CI MS #25059 regarding Quality of Care/Treatment for resident left wet for extended periods and CI MS#25058 regarding resident abuse at the facility from 5/14/24 through 5/16/24. 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 M620 was cited related to CI MS #25059 and M500 was cited related to CI MS #24950.	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	M 500		6/25/24

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M 500	Continued From page 1	M 500		

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 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,

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M 500	Continued From page 2 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; 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;	M 500		

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M 500	Continued From page 3 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); 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	M 500	1. On 5/16 /2024, Call lights were audited	

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M 500	Continued From page 4 Based on observation, interview and record review the facility failed to ensure residents were provided call light access for communication and resident requests as evidenced by, call lights were out of the reach of residents for two (2) of nine (9) sampled residents. Resident #4 and Resident #5. Findings include: Resident #4 On 5/14/24 at 9:00 AM, during a telephone interview with the facility Ombudsman, she revealed that during her visits she had identified concerns related to call light availability, which she said she had reported to the facility Administrator. On 5/14/24 at 9:25 AM, in a telephone interview with a family member of Resident #4, she revealed she continued to have concerns related to the resident's call light not being available and the resident not receiving assistance as required. The family member stated she was concerned that with the resident not having access to her call light could increase the resident's potential for falls or injury. On 5/14/24 at 3:35 PM, during an observation and interview with Resident #4 revealed she was seated in her wheelchair in her room next to her bed with floor mat between her and her bed. The resident's call light was laying on her nightstand behind her and out of her reach. Resident #4 stated that she needed assistance with incontinence care. When the resident attempted to reach the call light, she was unable to do so.	M 500	and within resident□s reach for access for communication and resident□s requests for Resident #4 and Resident #5. No resident had any ill effects from this deficient alleged practice 2. All residents had the potential to be affected by this alleged deficient practice. 3. An In-service was done by the Executive Director on 5/17/2024 for all Department Heads and staff on ensuring that residents were provided call light access for communication and resident requests. An 100% audit of all call lights was conducted on 05/17/2024. Any call lights out of residents reach were placed within reach of the resident. 4. Beginning 05/17/24, the Executive Director will audit 15 Resident call lights 2x/day for 3 weeks and then 1x/day for 3 weeks to ensure residents are provided call light access for communication and resident requests. The Executive Director will review the call light audit daily and any issues will be addressed immediately. The Executive Director will forward the results of the call light audits to the monthly Quality Assurance Committee. The Quality Assurance Committee will monitor results of call lights for 2 months. The Quality Assurance Committee met on 05/20/24. The next Quality Assurance Meeting will be held 06/21/24. The Quality Assurance Committee will recommend changing the frequency of audits based upon the results achieved.	

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M 500	Continued From page 5 During an interview on 5/14/24 at 3:40 PM, with Certified Nurse Aide (CNA) #4, she confirmed that Resident #4's call light was not within reach, and all resident's call lights should be within their reach while in their rooms to summon assistance if needed. CNA #4 confirmed that Resident #4 needed her call light to request incontinence care. Record review of the Face Sheet, for Resident #4, revealed the facility admitted the resident on 3/29/24. The resident's diagnoses included Hemiplegia following Cerebral Infarction, Affecting Left Nondominant Side and Cerebellar Stroke Syndrome. Record review of the 5 Day Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 4/05/24, for Resident #4, Section GG revealed the resident had been assessed as requiring set-up assistance for eating, substantial/maximal assistance for toileting hygiene, dressing and personal hygiene and total dependence on staff for surface-to-surface transfers. Section H revealed she was always incontinent of bowel and bladder. Resident #5 An observation on 5/14/24 at 11:31 AM, revealed Resident #5 was sitting in her wheelchair next to her bed. The resident's call light was hung over the wall mounted light fixture on the side of the room opposite the resident's bed and out of her reach. Resident #5 confirmed that she could not reach her call light. Record review of the Face Sheet, for Resident #5, revealed the facility admitted the resident on 7/21/11, with diagnoses of Major Depressive	M 500		

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M 500	Continued From page 6 disorder and Osteoarthritis. Record review of the Annual MDS with ARD 3/23/24, for Resident #5, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident had moderate cognitive impairment. On 5/16/24 at 3:00 PM, during an interview with the Director of Nurses (DON), stated that it was very important for all residents to have access to their call lights and that it was the responsibility of each staff member to place call lights within the residents' reach upon exiting their rooms. On 5/16/24 at 4:45 PM, an interview with the Administrator revealed she was surprised that call lights were positioned out of reach of residents. She confirmed staff were supposed to make rounds daily to ensure residents had call lights within reach. She stated that it was unacceptable for call lights to be positioned over the wall-mounted light fixtures. The Administrator stated that the facility did not have a policy specific to call lights or call light placement, however, it was common knowledge that according to current standards of practice, residents' call lights were to be placed within their reach to ensure residents could summon assistance as needed.	M 500		
M 620	45.21.4 Urinary incontinence Urinary incontinence. Residents with urinary incontinence shall be assessed for need of bladder retraining program. An indwelling catheter will not be used unless the resident ' s clinical condition indicates that catheterization is necessary. These residents shall receive	M 620		6/25/24

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M 620	Continued From page 7 treatment and services to prevent urinary tract infections. This Statute is not met as evidenced by: Level II Based on observations, interviews, record review, and facility policy review the facility failed to ensure a resident admitted with incontinence of bladder received appropriate treatment and services in a manner to prevent a possible urinary tract infection for one (1) of nine (9) sample residents. Resident #4 Findings include: Record review of the facility policy titled, "INCONTINENT CARE," reviewed 1/15, revealed, " ...Procedure ... 11. When washing perineal area, wash the entire area moving from front to back ...while using a clean area of the washcloth for each stroke. 12. Rinse the perineal area and other skin surfaces washed with warm water and a washcloth from front to back ..." On 5/15/24 during a continuous observation of Resident #4 from 10:35 AM through 1:30 PM, revealed the resident was seated in her wheelchair in the day room. The resident was not taken to her room for incontinence check/care until 1:30 PM. On 5/15/24 at 1:35 PM, observation revealed Certified Nurse Aide (CNA) #1 brought a mechanical lift into Resident #4's room and at 1:40 PM, CNA #1 and CNA #2 assisted Resident #4 with transfer from wheelchair to bed to provide incontinence care. During incontinence care, CNA #2 used the same side of the same disposable	M 620	1. On 5/16/2024 Resident #4 was assessed and received incontinent care. Resident #4 did not have any ill effects from the alleged deficient practice. The CNA #2 was inserviced immediately on 5/16/24 by the Staff Development and Infection Preventionist related to provision of incontinent care to prevent infection. 2. All Residents have the potential to be affected by this alleged deficient practice. 3. An In-service was done by the Executive Director, Staff Development Coordinator, and Infection Preventionist starting on 5/16/24 for all Department Heads and licensed nursing staff ensuring that a resident admitted with incontinence of bladder received appropriate treatment and services in a manner to prevent a possible urinary tract infection. 4. Beginning 05/17/24 the Director of Nursing and Assistant Director of Nursing will conduct incontinent care rounds on 5 residents x5 days for 6 weeks. The results of the rounds will be reviewed with the Executive Director and any care issues will be corrected immediately to ensure appropriate treatment and services are provided to residents receiving bowel/bladder incontinent care. Beginning 05/20/24, incontinent care competencies will be conducted with CNA staff to ensure appropriate treatment and services are	

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M 620	Continued From page 8 cleansing cloth and wiped back to front three (3) times, with the resident laying on her back, then disposed of the visibly soiled cloth. After assisting the resident to turn on to her right side, CNA #2 used the same side of another disposable cleansing cloth to wipe three (3) times before disposing of the soiled cloth. On 5/15/24 at 2:28 PM, an interview with CNA #1 she confirmed she was assigned to the care of Resident #4 for the 7:00 AM through 3:00 PM shift on 5/15/24. CNA #1 stated that she had "checked" Resident #4 prior to 10:30 AM on 5/15/24, after which incontinence care had not been provided for Resident #4 until approximately 1:35 PM. CNA #1 stated that incontinent residents required incontinence care every two (2) hours and as needed. She reported that resident care instructions were available to the CNAs on the Daily Care Guide. On 5/15/24 at 2:33 PM, an interview with CNA #2 revealed the facility provided in-service training and competency checkoffs on incontinence care during orientation at the time of hire and at least annually thereafter. She confirmed that each cleansing cloth should be used for one wipe, especially if obviously soiled, and that cleansing should always be done front to back during incontinence care to prevent the risk of infection. On 5/16/24 at 3:00 PM, during an interview with the DON, she confirmed incontinence care was to be provided for residents with incontinence every two hours and as needed. She also confirmed that the facility provided in-service training to all nursing staff that included the facility approved procedure for incontinence care, which included wiping with a clean surface in a front to back manner for each wipe/stroke to prevent urinary	M 620	provided to residents receiving bladder/bowel incontinence care. The Executive Director will forward the incontinent care audit results to the monthly Quality Assurance Committee. The Quality Assurance Committee will monitor results of incontinence care audits for 2 months. The Quality Assurance Committee met on 05/20/24. The next Quality Assurance Meeting will be held 06/21/24. The Quality Assurance Committee will recommend the frequency of audits based upon the results achieved monthly.	

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M 620	Continued From page 9	M 620		

tract infection. The DON confirmed that the Create Date documentation of care and on the Elimination Report were automatically entered upon input and did not represent the time care was provided. She also confirmed that documentation entered at 11:02 AM for Resident #4 indicated one episode of incontinence care provided.

On 5/16/24 at 4:45 PM, an interview with the Administrator revealed that she expected each CNA to follow facility procedure for incontinence care in a manner to prevent urinary tract infections. She confirmed that the facility provided in-service training for nursing staff regarding appropriate procedure for incontinence care and provision of care in a timely manner.

Record review of the Daily Care Report revealed documentation that Resident #4 received incontinence care one time on 5/15/24 prior to 11:00 AM, the time at which the documentation was entered into the computer software program by CNA #1.

Record review of the 5 Day Minimum Data Set (MDS) with an Assessment Reference Date (ARD) 4/05/24, revealed in Section H that Resident #4 was always incontinent of bowel and bladder.