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
	19ME	A. BUILDING: _____ B. WING _____	C 05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADVILLE CONVALESCENT HOME	300 HWY 556/ROUTE 2 BOX 66 MEADVILLE, MS 39653

(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 a Complaint Investigation (CI), MS #25150 at the facility on 5/30/24. CI MS #25150 was investigated related to Resident Neglect and Quality of Care/Treatment for call lights not answered by staff in a timely manner and responsible party not notified of change in the condition of a resident. 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.	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	M 500		6/27/24

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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 given at least a quarterly accounting of financial

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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 facility to work for improvements in resident care,

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M 500	Continued From page 3 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 record review, staff, and Resident Representative (RR) interviews and facility policy review, the facility failed to notify the resident's	M 500	" Resident #1 has not required any Resident Representative notification. " The facility has determined that all residents have the potential to be affected. " The Director of Nursing Services	

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M 500	Continued From page 4 RR of change a in the resident's condition for one (1) of four (4) sampled residents. (Resident #1) Findings include: Review of the facility's policy titled, "Notification of Significant Changes," dated 10/17/14, revealed, " POLICY: The facility shall immediately inform the resident, consult with the resident's physician, and if known, notify the resident's legal representative or an appropriate family member of the following: ...Significant change in resident's physical, mental or psychosocial status ..." On 5/30/24 at 12:20 PM, during a telephone interview with the RR for Resident #1, he reported that he had not been notified that Resident #1 had a change of condition on 12/03/23. He stated that he was not notified until the resident experienced another change of condition on 12/06/23. Record review of the "Progress Notes," for Resident #1 revealed that on 12/03/23 at 2:40 AM, the resident had an elevated temperature and productive cough and tested positive for COVID-19. There was no documentation of notification of the resident's RR. Record review of "Progress Notes," for Resident #1 revealed that on 12/06/23 at 1:54 PM, there was a change noted in the resident's condition. The nurse noted a finger stick blood sugar revealed a reading as "High." The Nurse Practitioner was notified, and new orders received regarding the resident's insulin orders. There was documentation, at that time, that there was an unsuccessful attempt to notify the RR. At 3:24 PM, the resident was unresponsive to verbal or tactile stimulation and the resident was	M 500	conducted an in-service on 05/31/2024 with all licensed nursing staff on policy regarding notification of the Physician and Responsible Party of significant changes to a resident's condition. " The Director of Nursing Services will conduct an audit of five (5) residents nurse's notes and the twenty four hour report weekly for 3 months beginning the week of 6/3/24 on any resident that had a change in condition and ensure the family was promptly notified including being documented in the nursing notes. This plan of correction will be monitored monthly at the monthly Quality Assurance meeting beginning 06/27/24 and will continue for 3 months or until such time it is determined that substantial compliance is maintained.	

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transferred to a local acute care facility. Once again, there was an unsuccessful attempt to notify the RR. The RR returned the call at 4:05 PM and was notified of the resident's change of condition and transfer.

On 5/30/24 at 2:25 PM, an interview with the Director of Nurses (DON) revealed that nurses were supposed to notify residents' RR of a change of condition, which would include a positive COVID-19 test. She stated that nurses were also supposed to document in Nurses Progress Notes that the RR was notified along with the time, date, and RR's response. She stated that if the nurse were unable to reach the RR by telephone, the attempt should be documented and passed along with instructions for the on-coming nurse to notify the RR. The DON stated she had not notified the RR of the change of condition for Resident #1 on 12/03/23, and was not able to find any documentation that an attempt was made.

On 5/30/24 at 2:35 PM, during an interview with Charge Nurse #1, she revealed she had not notified the RR for Resident #1 of the resident's change of condition on 12/03/23, or at any time prior to 12/6/23.

On 5/30/24 at 3:00 PM, an interview with Licensed Practical Nurse (LPN) #2, revealed she was not on duty on 12/03/23, but was assigned to the care of Resident #1 on 12/04/23 and 12/05/23. She stated the resident was on infection control precautions for COVID-19, but was alert and oriented with a cough. She stated that she had not notified Resident #1's RR of the change of condition.

Record review of the Admission Record for

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M 500	Continued From page 6 Resident #1, revealed the facility admitted the resident on 12/1/22 and discharged the resident on 12/9/23. The resident had diagnoses that included Unspecified Dementia with Anxiety, Type 2 Diabetes. There was a diagnosis of COVID-19 with an onset date of 12/3/23.	M 500		