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
	61BH	A. BUILDING: _____ B. WING _____	01/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAR HILL REST HOME	1201 GUNTER ROAD FLORENCE, MS 39073

(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 licensure survey at the facility 1/8/18 to 1/12/18. During the survey, the SA determined the facility was not in compliance with State Licensure Regulations for the Aged or Infirm, and cited State Statutes at M500, M815, and M825. At the time of the survey, the census was 55, and the facility held a license for 60 beds.	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		2/20/18

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M 500	Continued From page 1 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	M 500		

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M 500	Continued From page 2 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,	M 500		

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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 observation, staff interview, resident interview, record review, and facility policy review, the facility failed to honor resident food	M 500	M 500 1. Immediate action(s) taken for the resident(s) found to have been affected include: Resident # 28 was assessed by the	

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M 500	Continued From page 4 preferences for one (1) of four (4) residents observed and interviewed for food choices; Resident #28. Findings include: A review of the facility's policy entitled, "Resident Rights", undated, revealed a resident has the right to have input into your assistance/service plan which guides the services delivered to you. Resident also has the right to recommend changes in policies and services. Review of the booklet entitled, "A Matter of Rights", which is given to each resident upon admission, revealed the resident has the right to freedom of choice in the medical decisions they make and may exercise this right free from interference, coercion, discrimination, or reprisal. Resident #28 Review of the dietary notes for the most recent quarterly assessment revealed an interview was conducted with Resident #28 to update preferences. In that interview with the Dietary Manager, Resident #28 stated she did not want meat to be sent on the tray. Interview and observation on 01/08/18 at 12:27 PM, revealed Resident #28 stating the facility serves meat at meals and she does not eat meat. Resident #28 further revealed she has not eaten meat in a long time. The current meal observation revealed Resident #28 was served meat and the menu listed it as country fried steak. On 01/11/18 at 03:01 PM, Resident #28 revealed to a different surveyor that she does not eat meat or eggs. On 01/12/18 at 09:47 AM, Resident #28 revealed that she had bacon on her tray this morning.	M 500	Director of Nurses on 01/11/2018 to ensure there was no negative outcome related to receiving meat on her tray. Resident denied complaints. The Administrator in-serviced the Dietary manager on 01/11/2018 to ensure preferences for likes and dislikes of food and drinks is indicated on resident #28s meal ticket and corrections were made. 2. Identification of other residents having the potential to be affected was accomplished by: The facility has determined that all residents that have food preferences have the potential to be affected. 3. Actions taken/systems put into place to reduce the risk of future occurrence include: Dietary staff were in-serviced on the facilitys Residents' Food Preference policy and procedure and Resident Rights by Dietary Consultant on 02/14/2018. The Dietary Manager interviewed 25 Residents 02/13/2018 through 02/15/2018 for food preferences. A Validation Checklist was completed on 02/15/2018 by the dietary consultant determining if the dietary manager documented the likes and dislikes correctly on meal tickets. The facility will terminate the Dietary Manager on 2/19/2018. 4. How the corrective action(s) will be monitored to ensure the practice will not recur: The Director of Nursing Services, Registered Nurse Supervisor or Dietary Consultant will complete a Validation	

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M 500	Continued From page 5 In an interview on 01/11/18 at 02:31 PM, the Dietary Manager revealed she had discussed with the resident about her preference of not wanting meat and that it had been discussed in care plan. The Dietary Manager further revealed Resident #28's dislike for meat is not indicated on her meal ticket. An interview on 01/12/18 at 11:34 AM, with Certified Nursing Assistant (CNA) #1, revealed she delivered the breakfast tray to Resident #28 this morning. CNA #1 stated Resident #28 had "Rice Krispies, toast, bacon, orange juice, milk and coffee." An interview on 01/12/18 at 12:34 PM, with the Director of Nursing (DON), revealed "if a resident doesn't want something, I would expect for the resident's wishes to be honored." A review of the most recent quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/05/17, revealed Resident #28 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated no cognitive impairment.	M 500	Checklist on Resident #28 and four other meal trays 2 x a week for 2 weeks then monthly for 2 months to determine if food preferences are honored. Validation Checklists will be reviewed by the Quality Assurance Committee monthly or until such time consistent substantial compliance has been achieved as determined by the committee.	
M 815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This Statute is not met as evidenced by: Level II	M 815	M 815 1. Immediate action(s) taken for the	2/20/18

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M 815	Continued From page 6 Based on observation, record review, staff interview, and facility policy review, the facility failed to ensure staff were able to use and calibrate correct food thermometers and acknowledge and correct thermometer temperature; and failed to provide reference ranges for a three (3) compartment sink and dishwasher, for two (2) of (2) dietary tours. Findings include: Review of the facility's policy, "Guidelines For Using Thermometers", with a revision date of 02/17, revealed thermometers are calibrated before each use. The type of thermometers used include the bimetallic stemmed thermometer, thermocouples/themistors and infrared/laser thermometers. The bimetallic stemmed thermometer uses a calibration nut to calibrate the thermometer at least in two (2) degree increments to measure large amounts of food. Review of the "Auto-Chlor System" policy related to dishmachine temperatures, undated, revealed the Parts Per Million (PPM) temperate reading for the sanitizer should be at 50 Parts Per Million (PPM). Review of the facility's policy related to Manual Warewashing, with a revision date of 02/17, revealed the third sink, if using chemical sanitizing, the sanitizer must be mixed to the proper concentration. Follow the manufacture recommendations. The employee immersing the test strip into the chlorine solution for seven (7) seconds in the 100 degree Fahrenheit water, and records the PPM on the "Pot and Pan Sink Chemical/Temperature Log." Review of the facility's policy, "Machine	M 815	resident(s) found to have been affected include: The facility did not identify residents affected by the deficient practices. Dietary Manager was in-serviced on Calibration of Thermometers policy and procedure by the Administrator and Corp Nurse on 1/11/18. The Dietary Manager in-serviced the dietary staff on Calibration of Thermometers policy and procedure on 1/26/2018. The Dietary Manager and Dietary Staff were in-serviced and checked off on the proper procedures for Calibration of food thermometers and Safe Food Handling Practices/Food Temperatures by the Dietary Consultant on 1/24/18. The Dietary Consultant in-serviced on proper temperature and sanitizing solution levels for dish machine and three compartment sink on 02/14/2018. The Dietary Manager did skills assessment/Evaluation on dietary staff 02/14/2018 and 02/15/2018 for Thermometer and checking PPM range for dish machine and three compartment sink. The Auto-Chlor representative in-serviced 01/12/2018 the dietary staff on the correct reference ranges of the parts per million "PPMs", and what to do when the PPM range for the third compartment sink and dishwasher is not in the required ranges. A procedure for the PPM reference ranges and what to do when the PPMs are out of the required range was posted in the dishwashing room on 1/12/18. 2. Identification of other residents having the potential to be affected was accomplished by: The facility has determined that all	

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M 815	Continued From page 7 Warewashing", undated, revealed Chlorine Sanitizing Machines use a chlorine sanitizing machines use a low temperature to clean and sanitize. The sanitizer concentration should be 50-99 PPM. The chlorine concentration is documented on the "Machine Warewashing Temperature Log". Observation and staff interview, on 01/11/18 at 11:05 AM, revealed Dietary Cook #3 saying she needed to calibrate the food thermometer to 39 degrees Fahrenheit, in order to obtain the steam table food temperatures. Dietary Cook #2 said she needed to calibrate the food thermometer to 30 degrees Fahrenheit in order to obtain the steam table food temperatures. Each dietary cook placed the thermometer in a glass of ice water and said they were waiting for the thermometer to drop to the degrees each one stated. The Dietary Manager attempted to calibrate the thermometer and observed the thermometer's reading began at 50 degrees Fahrenheit, and said the thermometer was not the correct food thermometer. She got another food thermometer for which Dietary Cook #3 and Dietary Cook #2 attempted to use the attached wrench, by placing the thermometer in the barrel and not in the wrench's opening. Each one said they could not calibrate the food thermometer. The Dietary Manager attempted to calibrate the thermometer with the thermometer wrench out of the ice water, then placed it back into the cup of ice water, several times while waiting for the thermometer to reach 32 degrees Fahrenheit. Observation and staff interview, on 01/12/18 at 11:35 AM, revealed Dietary Manager (DM) observed Dietary Cook #3 obtaining the PPM of the third compartment sink - rinse sink, which contained the Auto Chlor Sanitizer. Dietary Cook	M 815	residents served meals have the potential to be affected. 3. Actions taken/systems put into place to reduce the risk of future occurrence include: Dietary Manager was in-serviced on Calibration of Thermometers policy and procedure by the Administrator and Corp Nurse on 1/11/18. The Dietary Manager in-serviced the dietary staff on Calibration of Thermometers policy and procedure on 1/26/18. Dietary Staff were in-serviced on the Calibration of thermometers and Safe Food Handling practices/Food temperatures policy and procedures on 1/24/18 by the Dietary Consultant. In-service training and a validation checklist was completed on dietary staff performing the calibration of thermometers on 02/14/2018 and 02/15/2018 by the Dietary Consultant. Thermometer calibration check off dietary staff on 2/6/2018 through 2/13/2018 by Dietary Manager. A Validation Checklist was completed for dietary staff to determine if the dietary staff was performing correct procedure for checking the PPMs ranges for the third compartment sink and dishwasher on 02/11/2018 and 02/13/2018 by Dietary Manager and 02/15/2018 by the Dietary Consultant. New dietary staff will be in-serviced to be capable of thermometer calibration and checking the PPMs required ranges. A procedure was posted for the PPM reference ranges and what to do when the PPMs are out of the required ranges in the dishwashing room on 1/12/18 by the Dietary Manager.	

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M 815	Continued From page 8 #3 said the reading was 200 PPM. When asked what was the normal range for the PPM, the DM and Dietary Cook #3 replied, they did not know. When the DM replied to whether the facility had a chart with the ranges for Auto Chlor Sanitizer, she confirmed she did not have one. Observed DM looking under the sink at the containers of Auto Chlor Sanitizer for the recommended PPM. There were no recommended PPM listed on the containers. The DM confirmed the staff failed to use the correct food thermometer, and failed to correctly calibrate the food thermometer to 32 degrees Fahrenheit using the calibration wrench on 01/11/18. The DM stated she recently ordered new thermometers, but did not realize that they started at 50 degrees Fahrenheit and were the wrong type of thermometers for obtaining food temperatures. Staff interview, on 01/12/18 at 11:45 AM, with Dietary Staff #4, revealed she recorded the PPM of the rinse cycle of the dishwashing machine, and confirmed she would call the maintenance staff to turn-up the water pressure if the PPM was not reading 50 PPM. Said she did not know the the acceptable ranges for the PPM of the dishwasher machine. Staff interview, on 01/12/18 at 11:45 AM, with Dietary Staff #5, revealed him loading dishes into the dishwashing machine. He stated that he worked in the dishwashing area and does not record the PPM and does not know anything about the sanitization process or recording of the PPM. Staff interview, on 01/12/18 at 11:50 AM, with the Dietary Manager, revealed/confirmed there were no PPM charts in the dishwashing areas to alert staff of the correct PPM ranges, and of what to do	M 815	The facility will terminate the Dietary Manager on 2/19/18. 4. How the corrective action(s) will be monitored to ensure the practice will not recur: The Administrator or Dietary Consultant or Interim Dietary Manager will complete Validation Checklists of dietary staff performing Calibration of food thermometers and checking the PPMs for third	

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M 815	Continued From page 9 when the PPM were out of the recommended ranges. She confirmed the dietary staff failed to know the recommended PPM ranges and of what actions to take when the ranges where not met. Staff interview with the Registered Dietician (RD), on 01/12/18 at 01:35 PM, revealed she comes to the facility once a month and spends time in the dietary department checking the sanitizer and temperature logs. She stated on her last visit she observed there being problems with the food thermometers and told the Dietary Manager to order new ones. She stated the DM is responsible for conducting in-services for the dietary staff and she performed inservices with the dietary staff only when problems arise and the Dietary Manager needed assistance. The Registered Dietician said there should be a poster in the dishwashing room to give staff a reference range of the correct PPM's, and what to do when the PPM's are out of the required ranges.	M 815		
M 825	45.30.1 Meal and Nutrition Meal and Nutrition. At least three (3) meals in each twenty-four (24) hours shall be provided. The daily food allowance shall meet the current recommended dietary allowance of the Food and Nutrition Board of the National Research Council of the National Academy of Science adjusted for individual needs. A standard food planning guide (e.g., food pyramid) or Nutrient Based Menu (determined by nutritional analysis) shall be used for planning and food purchasing. It is not intended to meet the nutritional needs of all residents. This guide must be adjusted to consider individual differences. Some residents will need more or less due to age, size, gender,	M 825		2/20/18

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M 825	Continued From page 10 physical activity, or state of health. This Statute is not met as evidenced by: Level II Based on observation, staff interview, resident interview, record review, and facility policy review, the facility failed to revise the menu to accommodate residents' request for food preferences for one (1) of four (4) residents observed and interviewed for food choices, Resident #28. Findings include: A review of the facility's policy entitled, "Menus", revised 06/16, revealed individual meal plans are adjusted for individual differences. Foods will be served as planned on the menu unless there is a legitimate or extenuating circumstance. If a deviation from the planned meal occurs, the Dietary Manager makes the appropriate changes directly on a copy of the menu. Review of the facility's policy entitled, "Resident Rights", undated, revealed a resident has the right to have input into your assistance/service plan which guides the services delivered to you. Resident also has the right to recommend changes in policies and services. Resident #28 A review of the dietary notes for the most recent quarterly assessment revealed an interview was conducted with Resident #28 to update preferences. In that interview with the Dietary Manager, Resident #28 stated she did not want meat to be sent on her tray. Review of the breakfast meal ticket, dated	M 825	M 815 1. Immediate action(s) taken for the resident(s) found to have been affected include: Resident # 28 was assessed by the Director of Nurses on 01/11/2018 to ensure there was no negative outcome related to receiving meat on her tray. Resident denied complaints. The Administrator and Corp Nurse in-serviced the Dietary manager on 1/11/18 to ensure preferences for likes and dislikes of food and drinks is indicated on resident #28s meal ticket and corrections were made. 2. Identification of other residents having the potential to be affected was accomplished by: The facility has determined that all residents that have food preferences have the potential to be affected by the deficient practice. 3. Actions taken/systems put into place to reduce the risk of future occurrence include: Dietary staff were in-serviced 02/14/2018 on Resident Rights, Food Preferences, and adjusting meal plans/menus according to individual differences. A Validation Checklist was completed by the Dietary Consultant on 02/14/2018 to determine if food preferences for six residents were notated on meal tickets and during meal service. 4. How the corrective action(s) will be monitored to ensure the practice will not	

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BRIAR HILL REST HOME	1201 GUNTER ROAD FLORENCE, MS 39073

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M 825	Continued From page 11 01/12/18, revealed Resident #28 was served sausage and eggs for breakfast. There was no indication on the meal ticket menu for resident's preference not to be served meat. An interview and observation on 01/08/18 at 12:27 PM, revealed Resident #28 stating the facility served meat at meals and she does not eat meat. The current meal observation revealed Resident #28 was served meat and the menu listed it as country fried steak. On 01/11/18 at 03:01 PM, Resident #28 stated to a different surveyor that she did not eat meat or eggs. On 01/12/18 at 09:47 AM, Resident #28 stated that she was served bacon on her tray this morning. In an interview, on 01/11/18 at 02:31 PM, the Dietary Manager revealed she had discussed with the resident about her preference of not wanting meat and that it had been discussed in care plan and was brought up during survey last year. The Dietary Manager confirmed Resident #28's dislike for meat was not indicated on her meal ticket/menu. Interview on 01/12/18 at 11:34 AM, with Certified Nursing Assistant (CNA) #1, revealed she delivered a breakfast tray to Resident #28 this morning, which included bacon and eggs. Review of the most recent quarterly Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 12/05/17, revealed Resident #28 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact.	M 825	recur: The Director of Nursing Services, or Dietary Consultant will complete a Validation Checklist 2 x's a week for 2 weeks then monthly for 2 months to determine if food preferences were notated on meal tickets and during meal service. Findings will be reviewed with Dietary Manager to ensure menus meet resident needs. Validation Checklists will be reviewed by the Quality Assurance Committee monthly or until such time consistent substantial compliance has been achieved as determined by the committee	