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
	57CE	A. BUILDING: _____ B. WING _____	11/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMELLIA ESTATES	1714 WHITE STREET MCCOMB, MS 39648

(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 an annual recertification survey from 10/31/18 to 11/02/18. The SA determined the facility was not in compliance with State Licensure Regulations for the Aged and Infirm and cited State Statute M950. The facility's census was 23 at the time of entrance, and held a license for 30 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 nurse practitioner/physician assistant in his medical record), is afforded the opportunity to	M 500		11/23/18

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		11/16/18

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M 500	Continued From page 1 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 transactions made on his behalf should the facility accept his written delegation of this	M 500		

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M 500	Continued From page 2 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, and send and receive his personal mail unopened, unless medically contraindicated (as	M 500		

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M 500	Continued From page 3 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, record review, staff interview and facility policy review, the facility failed to ensure Resident #122's right to receive care and services for the treatment and management of a diagnosis for Deoression as	M 500	The care plan for Resident #122 has been updated to address Depression on 11/2/2018, by the LPN MDS Nurse. - All residents with a diagnosis of Depression have the potential to be affected.	

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M 500	Continued From page 4 evidenced by failure to develop a comprehensive care plan to address Depression. This concern was identified for one (1) of 15 records reviewed. Findings Include: Review of the facility's policy titled, "Care Plan Process", revised 08/17, revealed the facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing and mental and psychosocial needs. "The comprehensive care plan is an interdisciplinary communication tool. The care plan must be reviewed and revised periodically, on an ongoing basis to reflect the services provided or arranged." A review of the Baseline Care Plan, dated 10/22/18, for Resident # 122 revealed there was not a care plan initiated to address Depression, or to indicate Fluoxetine, an antidepressant, had been started. Review of the Face Sheet revealed Resident #122 was admitted by the facility, on 10/22/18, with diagnoses which included Depressive Disorder, Cerebral Infarction and Aphasia. Review of the Physician Orders for Resident #122, revealed an order was written, on 10/26/18, for Fluoxetine 20 milligrams (mg) per 5 milliliters (ml), give 10 ml per tube daily for Depressive Disorder. An observation, on 11/01/18 at 2:21 PM, revealed Resident #122 lying in bed awake, but appeared sad. An interview, on 11/02/18 at 3:30 PM, with	M 500	- Staff completing care plans has been in-serviced by the Director of Nurses on developing a comprehensive care plan including Depression on 11/7/2018. - The Director of Nurses will audit weekly to ensure that residents with a diagnosis of Depression has a care plan for four weeks and then monthly for two months. Any observed issues will be corrected and then forwarded to the Quality Assurance and Improvement Committee monthly for three months and then quarterly until resolved. By submitting the enclosed materials we are not admitting the truth or accuracy of any specific findings for allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit the responses pursuant to our regulatory obligations.	

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M 500	Continued From page 5 Licensed Practical Nurse (LPN) #1, who serves as the Minimum Data Set (MDS) Nurse, revealed she is responsible for updating the care plan when an order is written. LPN #1 revealed the nurse noting the order puts it in the computer, and then she gets the pink copy of the order to update the care plan. LPN #1 stated, they use the Baseline Care Plan until the final comprehensive care plan is completed. Upon reviewing the Baseline Care Plan for Resident #122 as well as looking at the computerized care plans, LPN #1 confirmed she could not locate where the order for Fluoxetine was updated to the care plan, or where there was a care plan to address Depression. LPN #1 stated, "It's not there." An interview, on 11/02/18 at 5:15 PM, with the Director of Nursing (DON), revealed the MDS Nurse is suppose to update the care plan when new orders are written. The DON revealed orders are suppose to be done on a daily basis, but they make sure all orders are reviewed, and put on the care plan on Wednesday. Review of the five (5) day Admission MDS assessment, with an Assessment Reference Date (ARD) of 10/29/18, revealed this resident was unable to complete the Brief Interview for Mental Status (BIMS). Section I (Active Diagnoses) revealed Resident #122 was coded for Depression.	M 500		
M 950	45.33 SANITATION & MEDICAL WASTE: SANITATION SANITATION AND MEDICAL WASTE: SANITATION Level II	M 950	- The right lid of the outside waste container was closed on 11/2/2018, by the	11/23/18

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M 950	Continued From page 6 Based on observation, staff interview and facility policy review, the facility failed to ensure the dumpster lid was closed for two (2) of three (3) days of environmental tours. Findings include: Review of the facility's policy titled, "Waste Disposal", revealed: "Outside storage areas are: (b) kept covered at all times." An environmental tour, on 11/01/18 at 1:35 PM, revealed an observation by both surveyors of the right lid on the outside dumpster was open. During an environmental tour, on 11/02/18 at 8:35 AM, an observation revealed the same lid was still open on the outside dumpster, and was again observed by both surveyors. On 11/02/18 at 11:14 AM, an interview with the Maintenance Supervisor (MS), revealed that a "strong wind" had blown the top open on the dumpster. The MS confirmed that he was aware the lid was open on yesterday (11/1), but did not close it. The MS stated, "It's my memory" when asked why he didn't close it. The MS revealed the problem with leaving the top open was that "water could build up" and "there are some small animals running around."	M 950	Maintenance Supervisor. - All residents have the potential to be affected. - Associates responsible for taking trash out to the outside waste container has been in-serviced on keeping the containers covered and closed by the Nursing Facility Administrator on 11/2/2018 thru 11/16/2018. - The Maintenance Supervisor will round weekly to ensure the outside waste container is covered and closed for four weeks and then monthly for two months. Any observed issues will be corrected and then forwarded to the Quality Assurance and Improvement Committee for review and follow up including any needed corrective actions or change to the current plan at least quarterly.	