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
	35KC	A. BUILDING: _____ B. WING _____	05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS CARE CENTER OF DEKALB	220 WILLOW AVENUE DE KALB, MS 39328

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 5/6/24 through 5/8/24. 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 requirements and deficiencies were cited at M500 and M640.	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 participate in the planning of his medical treatment, to not be limited in his/her choice of a	M 500		6/3/24

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M 500	Continued From page 1 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 responsibility to the facility for any period of time in conformance with State law;	M 500		

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M 500	Continued From page 2 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 documented by his physician or nurse practitioner/physician assistant in his medical	M 500		

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M 500	Continued From page 3 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: Based on observation, resident and staff interview, and facility policy review, the facility failed to honor a resident right, as evidenced by, failure to provide an appropriately sized wheelchair for one (1) of fifty-three residents residing in the facility during the survey. Resident #37 Findings Include:	M 500	1. Upon being made aware of Resident #37s complaint, the Director of Nursing (DON)/Assistant Director of Nursing (ADON) And Occupational Therapist (OT) assessed the resident and a larger wheelchair was located and care planned for resident. A customized wheelchair was ordered 5/22/2024 for Resident #37. 2. Facility determined that there are 46	

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M 500	Continued From page 4 Review of the facility policy titled "Resident Rights Policy" with a revision date of 9/2022 revealed under, "Reasonable Accommodations of Needs/Preferences: The resident has the right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents." Resident #37 On 5/6/2024 at 10:57 AM, an observation and interview with Resident #37 revealed she was sitting in a wheelchair and slightly slouched forward. There was not enough seating space and the residents' hips, and outer thighs were tight against the edges of the wheelchair. The resident voiced that her wheelchair was too small. An observation and interview, on 5/7/2024 at 10:54 AM, with the Director of Nursing (DON), confirmed Resident #37's wheelchair was too small. She revealed the family brought the wheelchair into the facility on admission, but the resident had gained weight and the chair no longer fit. She confirmed the resident should have an appropriately sized chair to ensure comfort and prevent skin concerns. Record review of the "Face Sheet" revealed the facility admitted Resident #37 on 10/3/2023 with medical diagnoses that included morbid obesity, chronic pain, and unspecified dementia.	M 500	residents in wheelchairs that could be affected of which 20 are customized chairs. 3. DON/OT Assessed 46 residents in wheelchairs (5/9/24)to ensure wheelchairs are appropriately sized for the residents occupying those wheelchairs. Quarterly assessment of residents having a Minimal Data Set (MDS) review will have wheelchairs assessed to make sure wheelchairs are properly fitting conducive to the individual's need by DON/OT. Resident counsel was apprised of findings of Survey 5/28/24. 4. Residents are evaluated at least quarterly to include an evaluation of proper fitting wheelchair by DON/OT ---or sooner if excessive weight gain/loss or change of condition is warranted. The Quality Assurance Performance Improvement (QAPI) Team will monitor weekly/monthly beginning 5/9/2024 x 3 week excessive weight gain/loss of all residents. DON/OT will be involved in assessing any resident that is in a wheelchair to ensure proper fitting and, with Social Services, discuss with family and resident the need to either have family replace their personal wheelchair or have a wheelchair purchased that will ensure adequate and appropriate care. Beginning 5/9/2024 QAPI findings are reviewed by Quality Assurance (QA) Team monthly x 3 weeks to ensure compliance. QA meeting June 3, 2024 to discuss findings and ensure compliance.	
M 640	45.21.8 Accidents	M 640		6/3/24

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M 640	Continued From page 5 Accidents. The facility shall ensure that the residents ' environment remains as free of accident hazards as possible, and adequate supervision shall be provided to prevent accidents. If an unexplained accident occurs, this injury must be investigated and reported to appropriate state agencies. This Statute is not met as evidenced by: Level II Based on observation, staff interview, and facility policy review the facility failed to provide residents with a safe environment, as evidenced by various spray bottles and cans of chemical disinfectant, cleaning, and insecticide sprays, found unsecured on two hanging shelves on the B hallway for one (1) of three (3) days of survey. Findings include: Review of the facility policy titled, "Storage of Chemicals", undated, revealed, "Policy: The facility ensures the quality and safety of our residents through accepted storage practices. Procedure: 1. Chemicals are stored in a storage area, designated only for chemicals that can be locked. 2. Chemicals are safely stored for the protection of others by placing in locked carts while on halls during housekeeping procedures ..." On 5/06/24 at 10:40 AM, observation during the initial tour revealed on the B-Hall two (2) wooden shelves hanging approximately six (6) feet up on the right side of the wall. Shelf #1 had three chemical spray bottles: Cleaner/ Disinfectant, deodorizer, and fungicide. A label with "HALT Danger" on the bottles was noted. Shelf #2 revealed a can of chemical crawling insecticide	M 640	1. Chemicals were immediately removed (5/6/2024) from high shelf on A-Hall and B-Hall and placed in a locked closet to prevent harm to 53 residents. 2. Facility determined that 53 (All) Residents have potential to be affected by the deficient practice. 3. Quality Assurance Performance Improvement (QAPI)/Safety Director reviewed and updated Storage of Chemical/Equipment policy discussed the removal of the chemicals from the hallways and completed in-service 5/20-21/2024 with all staff to ensure their awareness of the necessity of use and where chemicals are now stored. Resident Council was apprised of Survey findings 5/28/24. 4. Environmental Manager and Safety Manager began hall monitoring 5/9/2024 and will walk the halls daily to ensure chemicals are properly stored. Managers will then report findings x 3 Weeks to Quality Assurance (QA) Team (6/3/2024) to enforce the need to keep chemicals locked away from residents. Safety Meeting, Environmental QAPI will continue their monitoring indefinitely. QA Team will review findings as presented by Safety Committee for 3 weeks on 6/3/2024 to ensure compliance.	

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M 640	Continued From page 6 spray and four chemical sprays labeled with "HALT Danger." An interview on 5/06/24 at 10:50 AM, Housekeeper #1 confirmed the items were used to sanitize and clean and one was also an insecticide spray. She revealed we used those when we had COVID-19 and they have always stayed up on the wall in the hallway. During an observation and interview on 5/06/24 at 11:00 AM, the Environmental Manager revealed we keep the supplies up there so the staff can spray the equipment off. He confirmed that the chemical supplies were accessible to anyone and that residents could access the shelf with the chemicals on it. Observation and interview on 5/06/24 at 11:05 AM, the Administrator (ADM) confirmed the unsecured chemicals could be an accident hazard and should be kept locked up and away from the residents and visitors. Record review of the accident and incident log for the last year revealed there were no incidents related to chemicals being left unsecure.	M 640		