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
	48RP	A. BUILDING: _____ B. WING _____	05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER PLACE NURSING CENTER	1126 EARL FRYE BOULEVARD, SOUTH AMORY, MS 38821

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M 000	Initial Comments The State Agency (SA) determined during an annual recertification survey conducted from date 05/28/24 through 05/30/24. The SA found that the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm with deficiencies cited at M500. Census at the time of the survey was 55 and the facility had beds for 60 residents.	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	M 500		7/7/24

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M 500	Continued From page 1 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 transactions made on his behalf should the	M 500		

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M 500	Continued From page 2	M 500		

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, and send and receive his personal mail

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M 500	Continued From page 3 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 resident and staff interviews, record review, and facility policy review the facility failed to document a summary of the resident's repeated grievances regarding showers and any	M 500	Grievance was written for resident # 39on 5-28-2024 by the Social Services Director. The facility determined that all residents in the facility have the potential to be affected by this alleged deficient practice.	

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M 500	Continued From page 4 corrective actions and follow-up for the grievances for one (1) of 14 sampled residents. Resident #39. Findings include: Review of the facility policy titled, "Resident and Family Grievances", with a review date of 2/3/2023 revealed, "Prompt efforts to resolve include facility acknowledgment of a complaint/grievance and actively working toward resolution of that complaint/grievance. D ...The Grievance official will take steps to resolve the grievance, and record information about the grievance, and those actions, on the grievance form." An interview on 5/28/24 at 10:35 AM, Resident #39 revealed he is supposed to get his showers on Tuesday, Thursday, and Saturday but is lucky if he gets a shower two times a week. He revealed, "I didn't get one this past Saturday and usually don't get them if Certified Nurse Aide (CNA) #3 is not here. CNA#3 is the shower aide but misses a lot because of her sick child. I've been telling the Social Services Director/Grievance Officer and Registered Nurse (RN) #2 but nobody has come to discuss this with me. I complain about it all the time to everyone, they know it's a problem." An interview on 5/29/24 at 12:45 PM, Resident #39 revealed, that he has talked with the Administrator (ADM) and the Social Worker/Grievance Officer multiple times about not getting his showers as scheduled. During an interview on 5/29/24 at 2:10 PM, RN #1 revealed she developed a sign-off sheet for showers and confirmed through review of the	M 500	An in-service for all staff was conducted beginning 5-28-2024 by Staff development and the Administrator on the Grievance process and who the Grievance officer is. The administrator conducted an Inservice with the Social Services director on the Grievance process on 5-28-2024. Registered Nurse will review the shower log for Resident #39 to ensure that resident #39 receives showers three times per week beginning 5-28 -2024 for three months. Beginning June 1st, 2024, the previous months Grievances will be reviewed monthly by the administrator and sent to the corporate nurse for 6 months. Beginning June 14th, 2024, Grievance records will be reviewed by the Risk Management /Quality Assurance Committee for 6 months Social Services director will interview resident #39 weekly beginning 6-14-2024 for three months to identify any issues or grievances that have occurred. Audit results will be shared with the Resident Council for comment and suggestion.	

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M 500	Continued From page 5	M 500		

documented sign-off sheets that Resident #39 did not always get his three showers a week.

During an interview on 5/29/24 at 3:15 PM, CNA #1 and CNA #2 both confirmed Resident #39 had complained about not getting his showers in the past. CNA #1 and CNA #2 confirmed if Resident #39 told you he didn't get a shower Saturday or was only getting showers two times a week then he was being truthful with you and stated, "He shoots it straight."

In an interview on 5/29/24 at 3:20 PM, the Social Services Director revealed she is also the Grievance
Officer and revealed Resident #39 has voiced not getting showers many times. She confirmed that she did not fill out a formal grievance form and therefore it was not followed up on and validated therefore was no resolution to his grievance.

During an interview on 5/29/24 at 3:30 PM, RN #2 stated, "I don't think there's a soul in this building that Resident #39 hasn't told about not getting his showers."

An interview on 5/29/24 at 4:05 PM, the Director of Nurses (DON) revealed she was unaware that Resident #39 was making specific complaints about his showers and confirmed if he was specifically complaining to staff about his lack of showers then he should have had a grievance filled out so his concerns could have been appropriately addressed and followed up on.

During an interview on 5/29/24 at 4:25 PM, the Administrator revealed she was aware of the bathing concerns with Resident #39 and confirmed that it was not properly addressed through the grievance process and that there was

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M 500	Continued From page 6 no resolution or follow-up done for the complaint for Resident #39. Record review of the "Face Sheet" revealed Resident #39 was admitted to the facility on 11/02/22 with diagnoses that included Encephalopathy, Disorder of the skin and subcutaneous tissue, and Dementia. Record Review of Resident #39's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/21/24 revealed under "Section C" a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident is cognitively intact.	M 500		