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 |
|---|---|---|---|
| | 25CC | A. BUILDING: _____ B. WING _____ | 06/13/2024 |

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| CLINTON HEALTHCARE LLC - SNF | 1251 PINEHAVEN ROAD CLINTON, MS 39056 |

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| M 000 | Initial Comments<br><br>The State Agency (SA) conducted an annual recertification survey at the facility from 6/11/2024 through 6/13/2024. 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<br><br>Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility:<br><br>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;<br><br>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;<br><br>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 | | 7/17/24 |

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| M 500 | Continued From page 1 | M 500 | | |

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;

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| M 500 | Continued From page 2<br><br>7. is free from mental and physical abuse;<br>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;<br>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;<br><br>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;<br><br>11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;<br><br>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<br>record);<br><br>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);<br><br>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);<br><br>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<br><br>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.<br><br>This Statute is not met as evidenced by:<br>Level II<br><br>Based on observation, interviews, record review, and the facility policy review, the facility failed to ensure a residents' right to privacy by posting a sign regarding resident's care in view, above the bed (Resident #28) and ensure a resident's right to reasonable accommodation and needs regarding a call light (Resident #39) for two (2) of | M 500 | M 0500<br><br>1. Resident #28, sign above the bed was removed on 6/12/24 by the Director of Nursing (DON).<br>Resident #39 was assessed on 06/13/2024, by the Director of Nursing (DON) for soft touch call light pad. A soft touch call pad was placed for resident #39 | |

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| M 500 | Continued From page 4<br>24 sampled residents.<br><br>Findings include:<br><br>A review of the facility's policy "Resident's Rights" dated 4/2012 revealed, "... Employees shall treat all residents with kindness, respect, and dignity. Policy Interpretation and Implementation 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: ... d. Privacy and confidentiality..."<br><br>Review of the facility's booklet, "A Matter of Rights: A Guide to Your Rights and Responsibilities as a Resident" that is provided to residents upon admission, page four (4) revealed, "Dignity and Respect ... This includes the right ...to expect care in a residential setting that ...promotes your quality of life ...reflects your individual needs and preferences ..."<br><br>Resident #28<br><br>On 06/11/24 at 10:35 AM, in an observation, Resident #28 was lying in bed and there was a sign above the bed which indicated, "*Aspiration Risk* Please ensure pt (patient) is pulled up in bed and head is raised for all Meals- Speech therapy." Resident #28 reported he was not aware of the signage on the wall.<br><br>On 06/12/24 at 5:00 PM, during an interview, Licensed Practical Nurse (LPN) #2 confirmed Resident #28 had a sign in view above his bed with private information regarding aspiration precautions. LPN #2 was unsure how long the sign had been on the resident's wall.<br><br>On 06/13/23 at 11:05 AM, during an interview with | M 500 | use on 06/16/2024 by the Director of Nursing (DON). Resident has the ability to touch the pad.<br><br>2. All residents have the potential to be affected.<br><br>3. On 6/13/24, the Administrator in-serviced/educated the Speech Therapist on residents right to privacy and confidentiality (resident rights) in regards to posted signage above the residents bed. Speech Therapist verbalized understanding of resident care information cannot be posted visual to the public, and communication is to be given to the Director of Nursing or MDS Coordinator to add to Kardex for communication to staff.<br>On 6/14/2024, 100% audit of all rooms, was completed by Administrator, DON, and Register Nurses to ensure no signage was posted that violates a residents rights to privacy and confidentiality. No signs noted.<br>On 6/13/2024 Additional soft touch pad call lights were ordered by the Administrator. On 6/14/24, a 100% Audit of all resident for accommodation of needs related to the ability to use call light was completed by the Director of Nursing. Two (2) of 117 residents was identified. The two (2) resident identified as being aware of use of call light but unable to utilize, have a soft touch call pad placed for the residents by Director of Nursing or/and Administrator on 06/25/2024, to accommodate needs.<br>Nursing staff educated to residents rights to privacy and confidentiality, no | |

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| M 500 | Continued From page 5<br>the Speech Therapist (ST), she confirmed she placed the sign above Resident#28's bed regarding aspiration precautions. She explained she had educated the staff on how to position the resident for meals and then placed the sign. The ST reported she was informed by the Administrator the signs could not stay up due to privacy and she stated she would no longer place signs in view in resident's rooms.<br><br>On 06/13/24 at 2:21 PM, during an interview with the Administrator and the Director of Nursing (DON), the Administrator reported she was made aware yesterday there was signage in view in Resident #28's room. She confirmed information posted did not honor the resident's right to privacy and both she and the DON reported they expected the facility staff to always respect the privacy and dignity of all residents.<br><br>Record review of the "Admission Record" revealed the facility admitted Resident #28 on 04/13/23 and he had current diagnoses including Dysphagia.<br><br>Record review of the Annual Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of 04/12/24, revealed Resident #28 had a Brief Interview for Mental Status (BIMS) summary score of 12, which indicated moderate cognitive impairment.<br><br>Resident #39<br><br>During an observation and interview, Resident #39 was observed lying on her side in bed on 6/11/24, at 09:10 AM, with the call light attached to her blanket just below her hands. The resident mentioned she frequently finds it difficult to get staff members to check on her. She admitted that | M 500 | signs to be posted in resident rooms regarding care or care instructions, on 6/13/24 - 6/25/24 by Registered Nurse.<br>Upon Admission and quarterly, the Care Plan Coordinator or Registered Nurse, will assess and review resident with contractures and/or ability to use call light, through the Risk for Skin Assessment beginning 6/25/24 (ongoing).<br>All licensed nursing staff were in-serviced on accommodation of needs on 6/13/24-6/25/2024 by the Registered Nurse.<br><br>4. Beginning week of 6/17/24, Department heads (Admission, Business Office Manager, Social Service Director, Director of Nursing, Care Plan Coordinators, Staff Development Coordinator, Medical Record Nurses, Activities Staff, and Nurse Managers) will make rounds to assigned areas, at least weekly x Eight (8) weeks, to assure no signage that violates resident rights of privacy or confidentiality are posted. Any signs found are to be reported to the Director of Nursing and/or Administrator, the Rounds are to be turned into the Director of Nursing for review weekly. The Director of Nursing will submit the completed rounds to the Administrator for Review.<br>The Administrator will report/submit findings to the Quality Assurance Performance Improvement (QAPI) Committee on a monthly basis x Two (2) months, for review, revisions or resolution of plan. | |

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| M 500 | Continued From page 6<br>she cannot operate her call light because the right and left fingers of her hands are contracted. The call light was observed to be a standard call light in which a button must be pressed for the light to activate and indicate assistance was required by the resident.<br><br>On 6/12/24 at 12:28 PM, in an interview with Resident # 39, she reiterated her inability to use the call light due to her contracted hands. She shared her usual method of seeking assistance involved waiting for someone to pass by and calling out for help. She expressed her dissatisfaction with the situation and stated that she had learned to accept it as the norm.<br><br>On 6/12/24 at 1:19 PM, in an interview with Certified Nursing Assistant #2 (CNA), she acknowledged the resident's inability to use her call light due to her contracted hands. CNA #2 explained rounds were completed every two hours and if the resident required immediate assistance, the resident could call out to any staff member passing by the door for help.<br><br>In an interview with the Director of Nursing (DON) on 6/12/24 at 4:04 PM, she disclosed that the call light served as a means for residents to alert staff members when they required assistance. The DON explained the type of call light required for a resident was determined at the time of admission for each resident. The DON stated the facility typically offered residents a pancake light (a type of call light for residents with limited mobility) who might have problems utilizing the standard call light. She explained that if Resident #39 could not activate the call light, it could keep her from getting the care she needed.<br><br>On 6/12/24 at 4:33 PM, during a follow-up | M 500 | Beginning 6/25/24, The Director of Nursing or Medical Records Nurses will review admission and quarterly Risk for Skin assessments to ensure completion and/or accommodation of needs of resident with contractures is addressed, by visual review of Electronic Medical Record (EMR).<br>Beginning week of 6/17/24, Department heads (Admission, Business Office Manager, Social Service Director, Director of Nursing, Care Plan Coordinators, Staff Development Coordinator, Medical Record Nurses, Activities Staff, and Nurse Managers) will make rounds to assigned areas, at least weekly x Eight (8) weeks, to assure residents who are aware of call light and need accommodations with soft touch pad are identified and are reported to the Director of Nursing and/or Administrator, the Rounds are to be turned into the Director of Nursing for review weekly. The Director of Nursing will submit them to the Administrator for Review and report findings to Quality Assurance Performance Improvement (QAPI) Committee monthly x Two (2) months, this plan was reviewed by QAPI committee meeting on 6/18/24, with recommendations to revise Risk for Skin Assessment Form to include Contractures to evaluate accommodation of needs for change of call light. This revision was approved and revision occurred on 6/25/2024.<br>(next QAPI meeting is July 16, 2024) for review, recommendations, revision or resolution by the QAPI committee. | |

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| M 500 | Continued From page 7<br>interview in the resident's room with the DON, she confirmed Resident #39 had contracted hands which prevented her from using her present call light. She stated she would get the resident a more functional call light, such as a pancake light, because it would allow the resident to alert staff members by touching the light instead of pressing a button.<br><br>A record review of the "Admission Record" revealed the facility admitted Resident #39 on 9/20/2021 with current diagnoses including Contracture of Muscle, left Upper Arm, Contracture, Left Hand, and Muscle Weakness.<br><br>A record review of the Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 3/11/24 revealed Resident #39 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated her cognition was moderately impaired. | M 500 | | |