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
	21MM	A. BUILDING: _____ B. WING _____	C 07/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEAKESVILLE REHABILITATION AND NURSING CEN	1300 MELODY LANE LEAKESVILLE, MS 39451

(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 two (2) Complaint Investigations (CI MS #25319 and CI MS #25545), at the facility from 7/1/24 through 7/2/24. 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. CI MS #25319 was investigated related to dietary food served cold and there were no citations related to the complaint. CI MS #25545 was investigated regarding a resident's right to privacy and M500 was cited.	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	M 500		7/18/24

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M 500	Continued From page 1	M 500		

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 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

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M 500	Continued From page 2	M 500		

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;

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

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M 500	Continued From page 3 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 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, interviews, record review, and facility policy review, the facility failed to	M 500	The preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also	

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M 500	Continued From page 4 ensure a resident's right to privacy as evidenced by a resident who was visible on a video that was posted to a staff member's personal social media account without her consent for one (1) of four (4) sampled residents. Resident #1. Findings include: Review of the facility's policy, "Resident Photographs/Videos," revised 2/14/23, revealed, "Policy: Taking photographs and/or videos of residents or their personal belongings is a violation of residents' rights to privacy and confidentiality. Policy Explanation and Compliance Guidelines: 1. All photographs or videos of residents will only be taken by an employee having written authorization from the Administrator as indicated below ...3. No employees will post pictures, videos, comments, etc., on social media that pertains to anyone within this facility ..." A record review of the "Activity Photograph/Outing Release", dated 5/3/22, revealed Resident #1 signed an "Activity Photograph Release" which indicated, "...For the use of photos, names and/or social information for TV, radio, newspaper articles, facility newsletter, etc... each Resident or Responsible Party will be required to sign a consent form or give verbal consent per phone for each occasion ..." On 7/1/24 at 11:12 AM, during an interview with Resident #1, she was able to communicate using a note pad. She wrote that to her knowledge the facility had not posted any photos or videos of herself on social media. She indicated she had not signed any recent consents allowing pictures or videos other than the one she signed when she was admitted to the facility in 2022. Resident	M 500	not to be construed as an admission of fault by the facility, its employees, agents, or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance. 1. The business office manager deleted the alleged post off of her cell phone and social media post on 7.2.24. The alleged employee was given a one-on-one in-service by the Nursing Home Administrator on cell phone device usage and social media per the employee handbook and the policy on residents rights on 7.2.2024. The resident was unharmed. 2. All resident could have the potential to be affected by the alleged deficient practice. 3. The facility-initiated in-services, on 7.2.2024, to the entire staff on resident's rights with emphasis on privacy. The facility initiated an in-service on cell phone usage and social media 7.2.2024. These in-services will be conducted by the director of nursing or the assistant director of nursing. 4. The facility will monitor for unauthorized use of camera or cell phones in resident areas 3 days a week for 4 weeks. Then we will monitor 4 times a month for 3 months. This will be initiated the week of 7.8.2024.The monitoring will be conducted by the nursing hme administrator, director of nursing, or the assistant director of	

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M 500	Continued From page 5 #1 also indicated that she would not like it much if the facility staff posted a video on their personal social media in which she was in the background. On 7/1/24 at 1:00 PM, during an interview with the Business Office Manager (BOM), she confirmed on 5/15/24, a video was taken of two staff members dancing during nursing home week. Resident #1 was in the background, and she posted it on personal social media. She said she did not realize Resident #1 was visible in the background because when she posted the video, she was more concerned about the staff members being so cute in the video dancing. The BOM stated that she knew posting residents on social media was against facility policy because of resident rights and confidentiality. On 7/1/24 at 1:15 PM, during an observation of the video posted to the BOMs social media, there were two (2) facility staff members dancing and Resident #1 was visible in the background. The video was approximately 5 seconds long. On 7/2/24 at 10:33 AM, during an interview with the Administrator, he confirmed there was a video on the BOM's social media in which Resident #1 was visible in the background. He said it occurred during nursing home week and it was an accident because the staff should have been the only ones to be recorded, but the resident rolled by in her wheelchair into the view of the camera. The Administrator revealed that it was not the facility's policy to have residents on facility staff members personal social media pages and that all residents have the right to privacy and confidentiality. A record review of the "Admission Record" revealed the facility admitted Resident #1 on	M 500	nursing. The results will be reviewed in quality assurance and performance improvement for the next 4 months. The July quality assurance meeting will be conducted on July 17,2024.	

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M 500	Continued From page 6 05/03/2022 and she had current diagnoses including Deaf Nonspeaking. A record review of the Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/25/24, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact.	M 500		