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
	58GR	A. BUILDING: _____ B. WING _____	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PONTOTOC HEALTH & REHAB CENTER	278 WEST EIGHTH STREET PONTOTOC, MS 38863

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M 000	Initial Comments The State Agency (SA) conducted an annual re-certification survey at the facility from 7/23/24 through 7/25/24. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M610 and M780. The facility had a census of 54 and was licensed for 60 beds. .	M 000		
M 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by: Level II Based on observation, staff interview, record review and facility policy review, the facility failed to remove facial hair on a resident requiring assistance with Activities of Daily Living (ADL) for one (1) of 17 residents sampled. Resident #41 Findings Include:	M 610	1. Certified Nurse Aide (CNA) #1 removed resident # 41 facial hair. CNA # 1 was in-serviced on 7/25/2024 by the Director of Nursing to follow the ADL care plan when providing resident care. 2. The facility has determined that all residents requiring assistance with ADL care have the potential to be affected. 3. On 7/25/2024 the Quality Assurance Nurse completed a 100% audit on all	8/23/24

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M 610	Continued From page 1 Record review of the facility policy titled, "Activities of Daily Living (ADL) with a revision date of 9/15/22 revealed "... Policy Explanation and Compliance Guidelines ...3. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene..." During an observation on 07/23/24 at 10:28 AM, revealed Resident #41 sitting up in her wheelchair with 6-8 white hairs on both sides of her chin that were approximately 1/8- 1/4 inch long. During an observation and interview on 7/24/24 at 9:15 AM with Certified Nurse Assistant (CNA) #1 confirmed that Resident #41 had chin hairs on both sides of her chin that should have already been removed. She stated the resident had a doctor's appointment yesterday and she got in a hurry and did not remove them when she gave the resident her shower. She stated most women don't want hair on their face. CNA #1 then stated " I know I would not." An observation and interview on 7/24/24 at 9:25 AM, with the Director of Nurses (DON) confirmed Resident #41 had facial hair that should have been removed with her bath and should have been documented correctly under whether the resident had facial hair. She stated that facial hair removal is part of bathing and she expected it to be done. Record review of Resident #41's documented baths revealed the resident received a bath on 7/23/24 at 10:51 AM. Record review of Resident #41's "Admission Record" revealed the resident was admitted to	M 610	residents for facial hair. Facial hair was removed as residents allowed at the time of observation. All certified nursing staff were in-serviced by the Staff Development Nurse on ADL care. The in-service began on 7/24/2024 and was completed on 7/30/2024. 4. The Quality Assurance Nurse will complete facial hair audits beginning the week of 7/29/2024 to ensure residents are free from unwanted facial hair. These audits will be conducted 2 times per week for 4 weeks, then 1 time per week for 4 weeks, and continue quarterly thereafter. The Quality Assurance Nurse will report any issues identified to the Director of Nursing, who will bring all findings to the Quality Assurance Committee on 08/22/2024 for review and recommendations. The Director of Nursing will continue to bring findings from the audits to the Quality Assurance Committee monthly for 2 months.	

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M 610	Continued From page 2 the facility on 4/12/22 with medical diagnoses that included Unspecified Dementia. Record review of Resident #41's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/11/24 revealed in Section GG the resident was totally dependent on staff for bathing and personal hygiene.	M 610		
M 780	45.27.2 Activity Program Activity Program. Provisions shall be made for suitable recreational and entertainment activities for resident according to their needs and interests. These activities are an important adjunct to daily living and are to encourage restoration to self-care and resumption of normal activities. Variety in planning shall include some outdoor activities in suitable weather. 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 provide weekend activities for three (3) of eight (8) residents reviewed in the resident council meeting. Resident # 7, Resident #29, and Resident #40. Findings include: A record review of the facility policy titled "Activities" with a revised date of 11/28/2017 revealed, "Policy: This facility shall provide ongoing activities in accordance with the interest, physical, mental, and psychosocial well-being of each resident...."	M 780	1. Residents # 7, # 29, and # 40 were interviewed by the Activities Director on 07/26/2024 to determine weekend activity preferences. Structured activities were placed on the Activity Calendar on 07/29/2024. 2. The facility has determined that all residents have the potential to be affected. 3. The Activities Director in-serviced nursing staff on their roles and responsibilities regarding weekend activities beginning on 08/03/2024 and completed on 08/06/2024. Attendance and participation in weekend activities will be documented and maintained in the Activities Office beginning on 08/03/2024. 4. The Activities Director will review activity attendance and participation records	8/23/24

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M 780	Continued From page 3 During the resident council meeting held on 7/24/24 at 1:30 PM, with 8 residents in attendance, 3 residents revealed that they do not have activities on the weekend and stated there is really nothing for them to do. They stated they wished they had more things to do like they do during the week. Resident #7 During an interview in the resident council meeting, Resident #7, who is also the resident council president, revealed "we don't have activities on the weekends. We have a preacher who comes in at 10 AM on Sundays and has Sunday School, but other than that, we really don't have anything to do." She revealed it would be nice to have something to do. Record review of Resident #7's Admission Record revealed an admission date of 12/04/2020. Record review of Resident #7's Minimum Data Set (MDS) with an Assessment reference date (ARD) of Oct 17, 2023, Section C, revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #7 is cognitively intact. Review of Section F Preferences for Customary Routine and Activities F0500 revealed "While you are in this facility how important is it to you to do things with groups of people? And how important is it to you to do your favorite activities? revealed that Resident #7 considered this to be "Somewhat Important." Resident #29 Resident #29 revealed in an interview, during the resident council meeting, "We don't have	M 780	weekly for 4 weeks, then bi-weekly for 4 weeks beginning on 08/05/2024. The Activities Director will interview 2 residents to determine weekend activity preferences and to guide activity planning weekly for 4 weeks beginning on 08/05/2024, then monthly in the resident council. The Activities Director will report any issues identified to the Administrator, who will bring all findings to the Quality Assurance Committee on 08/22/2024 for review and recommendations. The Activities Director will continue to bring findings from the audits to the Quality Assurance Committee monthly for 2 months.	

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activities on the weekend. There's really nothing to do. We understand the Activities Director must spend time with her family, but it would be nice to have something to do."

Record review of Resident #29's Admission Record revealed an admission date of 11/02/2018.

Record review of Resident #29's MDS with an ARD of Apr 23, 2024, Section C, revealed a BIMS score of 15, which indicated Resident #29 is cognitively intact. Review of Section F Preferences for Customary Routine and Activities F0500 revealed "While you are in this facility how important is it to you to do things with groups of people? And how important is it to you to do your favorite activities? revealed that Resident #29 considered this to be "Somewhat Important."

Resident #40

Resident #40 revealed in an interview during the resident council meeting, "We have coloring books and games that we can come in here and do by ourselves, but we don't have something to do as a group." She revealed that a lot of times, families come and visit on the weekends. Resident #40 stated,"I guess that's why we don't have any activities. We just mainly stay in our rooms."

Record review of Resident #40's Admission Record revealed an admission date of 04/11/2022.

Record review of Resident #40's MDS with an ARD of 06/24/24, Section C, revealed a BIMS score of 15, which indicated Resident #40 is cognitively intact. Review of Section F

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M 780	Continued From page 5 Preferences for Customary Routine and Activities F0500 revealed "While you are in this facility how important is it to you to do things with groups of people? And how important is it to you to do your favorite activities? revealed that Resident #40 considered this to be "Very Important." In an interview on 7/24/24 at 3:08 PM, the Activities Director revealed she is aware the weekend activities are lacking and confirmed the residents could benefit from organized activities. She revealed the residents have complained to her that there is nothing to do on the weekends, and she tried to come in at times and do activities with them, but it is not consistent. She revealed Resident #40 specifically voiced to her again recently that there is nothing to do on the weekends and has told her that it's boring on the weekends and the only thing they do is sit in their rooms. In an interview on 7/24/24 at 3:32 PM, the Director of Nurses (DON) revealed she was aware there had been complaints in the past from some residents wanting more activities on the weekend. She revealed she thought that the Activities Director was leaving "stuff" with the charge nurse at the desk for them to do on the weekends, but she admitted she was not sure. In an interview on 7/24/24 at 4:40 PM, the Administrator confirmed the weekend activities are lacking. She revealed that we recently added an extra nurse to help with weekend activities but confirmed that they had not fully implemented it yet.	M 780		