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
	03AC	A. BUILDING: _____ B. WING _____	C 08/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMUNITY LIVING CTR	323 INDUSTRIAL PARK DRIVE LIBERTY, MS 39645

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey and a Complaint Investigation (CI), MS #26192, at the facility from 08/19/2024 through 08/22/2024. The SA investigated CI MS #26192 for Physical Environment related to equipment not maintained and Quality of Care related to resident safety. During the annual recertification survey, the SA determined the facility was compliance with the Minimum Standards of Operation for Alzheimer's Disease/Dementia Care Unit and there were no deficiencies cited.	M 000		
M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey and Complaint Investigation (CI), MS #26192, at the facility from 08/19/2024 through 08/22/2024. The SA investigated CI MS #26192 for Physical Environment related to equipment not maintained and Quality of Care related to resident safety. During the annual recertification 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 cited M500, M655, M815, and M1570.	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	M 500		9/19/24

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M 500	Continued From page 1	M 500		

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 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

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M 500	Continued From page 2 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; 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	M 500		

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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 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

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M 500	Continued From page 4 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, interview, record review, and facility policy review, the facility failed to assist a resident with eating in a dignified manner during a dining observation, as evidenced by a Certified Nurse Aide (CNA) was observed standing over a resident while assisting the resident to eat during one (1) of two (2) meal observations. Resident #21 Findings Include: A review of the facility's policy titled "Resident Rights," revised and implemented 11/28/16, revealed, " ...The resident has a right to a dignified existence ...A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident ..." On 08/22/24 at 8:50 AM, during a dining observation, CNA #1 was observed standing while feeding Resident #21.	M 500	M 500 • Certified Nursing Assistant (CNA) #1 was in-serviced byt the Director of Nursing (DON) on resident rights and dignity on 8/22/2024. Resident #21 was assessed by the Director of Nursing (DON) and no harm was found. * All residents that require assistance with meals have the potential to be affected. • All nursing staff were in-serviced by the Assistant Director of Nursing (ADON) on 8/22/2024 on resident rights and dignity. On 8/22/2024, the Housekeeping Supervisor performed an audit of all rooms in the building, and any room without a chair at bedside there was one place. • The Quality Assurance Performance Improvement (QAPI) Team met on 8/22/2024 and discussed the possibility of the ngative outcome of the CNA, and the deficient practice found, reviewed the policy and procedure with no changes deemed necessary. The Director of Nursing and Assistant Director of Nursing will begin the monitoring of staff during	

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M 500	Continued From page 5 On 08/22/24 at 9:05 AM, during an interview, CNA #1 acknowledged she was standing while feeding Resident #21. CNA #1 stated she was aware the proper way to assist a resident with feeding is to sit. CNA #1 reported she was not trained to sit during assisted feeding at this facility but had learned the importance of sitting while assisting residents while eating from her years of experience as a CNA. On 08/22/24 at 9:16 AM, during an interview, the Director of Nursing (DON) stated that CNAs are trained to position themselves in front of the residents, observe, and make eye contact during assisted feeding. The DON reported that the staff should not be standing while feeding but may sit depending on the resident's level. The DON confirmed that her expectation is to ensure the staff are trained to sit while performing assisted feedings. On 08/22/24 at 12:52 PM, during an interview, the Administrator acknowledged that a staff member had assisted the resident in feeding while standing. The Administrator stated that the staff would be in-serviced on the proper way to assist the residents in feeding. A record review of the facility's "Admission Record" revealed the facility admitted Resident #21 on 12/28/17. The resident's diagnoses included Vascular Dementia, Unspecified Severity, with Other Behavioral Disturbances, and Dysphagia, Pharyngoesophageal Phase. A record review of Resident #21's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/29/24 revealed a Brief Interview for Mental Status (BIMS) should	M 500	feeding 2 meals per resident day for 12 weeks beginning on 8/23/2024, and will continure for 12 weeks. The monitoring for the audit will be brought before the QAPI team monthly for monitoring and recommendations. The next QAPI meeting will be September 18, 2024, and this monitoring will continue for 3 months.	

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M 500	Continued From page 6 not be conducted. Further review revealed the staff's assessment of the resident's cognitive status indicated the resident was severely impaired regarding cognitive skills for daily decision making.	M 500		
M 655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This Statute is not met as evidenced by: Level II Based on observations and staff interviews, the facility failed to store and date respiratory equipment in a manner that prevented possible cross-contamination and consistent with professional standards of practice, as evidenced by, undated tubing and a face mask not being bagged when not in use, for two (2) of four (4) observations. Resident #171. Findings Include: A record review of the facility's "Oxygen Administration" policy, dated August 25, 2014, revealed "Purpose: The purpose of the procedure was to provide guidelines for safe oxygen administration ..." The policy did not address handling and storage of oxygen tubing. On 08/19/24 at 11:41 AM, an observation of	M 655	M 655 • Resident #171 was observed on 8/19 and 20/2024 that the oxygen tubing was not dated and the O2 mask was hanging from the wall and not placed in a plastic bag while not in use. There were no negative outcomes. All Oxygen tubing was changed and dated by the nurses on 8/20/2024. • All residents that reside in the facility with Oxygen tubing had the potential to be affected. • The Director of Nursing (DON) and Assistant Director of Nursing (ADON) created a sign off sheet to be completed after tubing is changed and dated weekly. In-services were conducted with Licensed Nurses and Certified Nurse's Assistants for education on the correct policy and procedures defining which days tubing is to be changed, date placement, and	9/19/24

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M 655	Continued From page 7 Resident #171 revealed that the oxygen tubing attached to the resident was not dated, and the face mask, which was not in use, was hanging from the wall and not placed in a bag. On 08/20/24 at 8:50 AM, duirng an observation revealed the oxygen tubing attached to Resident #171 remained undated, and the face mask, still not in use, continued to hang from the wall without being bagged. Record review of Resident #171's Order Summary Report with active orders as of 8/22/24, revealed an order dated 7/23/24 " O2 (oxygen) BNC (by nasal cannula) at 4 LPM (liters per minute) cont. (continuously) every shift related to Chronic Obstructive Pulmonary Disease with Acute Exacerbation (J44.1)." Record review of an order dated 3/11/24 revealed BiPAP (Bilevel Positive Airway Pressure) QHS (every hour of sleep) and PRN (as needed) ...related to Chronic Obstructive Pulmonary Disease ..." A record review of Resident #171's "Admission Record" revealed the facility admitted the resident on 05/29/24, with an original admission date of 01/05/24, and the resident had diagnoses including Chronic Obstructive Pulmonary Disease with Acute Exacerbation and Chronic Systolic (Congestive) Heart Failure. On 08/20/24 at 9:36 AM, during an interview, Licensed Practical Nurse (LPN) #1 stated the facility's policy requires replacing all respiratory tubing weekly, and the tubing should be dated and stored in a dated plastic bag when not in use. She mentioned that she had never seen a bag for storing the tubing since she began working at the	M 655	proper storage of the mask while not on the resident's face by the DON and ADON. The documentation of tubing replacement, dating the tubes, and proper storage of equipment not in use began on 8/22/2024 in the facility health care information system, "Point Click Care." • Quality Assurance Performance Improvement (QAPI) was conducted on 8/22/2024 to educate staff on policy and procedure of Respiratory care and review the plan. The Quality Assessment Performance Improvement team members will monitor the policies and procedures during monthly the meeting beginning September 18, 2024 for 3 months. The ADON and DON will monitor that two residents per week on Oxygen to ensure their tubing changed weekly and dated every Sunday night by nurses on 8/25/2024. Education on tubing changing and dating will be monitored and followed up every month for 3 months and continue on-going beginning August 18, 2024.	

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M 655	Continued From page 8 facility. On 08/20/24 at 10:36 AM, during an interview, Assistant Director of Nursing (ADON) stated that nurses should review the oxygen tubing policy if unsure of the correct procedures. She confirmed that tubing is supposed to be changed weekly and turned off when not in use. She emphasized that the policy is in place to decrease the risk of potential or direct exposure to infectious diseases, air contaminants, and bacterial exposure. She stated that it is ultimately the responsibility of all nurses caring for residents on oxygen therapy. On 08/20/24 at 11:20 AM, during an interview, the Director of Nursing (DON) stated that both she and the ADON educate nurses on the care of oxygen tubing. She mentioned that new employees receive a copy of the policy and procedures on changing oxygen tubing and keeping it in a bag when not in use. The DON confirmed that it is the cart nurse's responsibility to change, label, and care for oxygen/nebulization tubing, with the tubing usually being changed on the Sunday night/Monday morning shift.	M 655		
M 815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This Statute is not met as evidenced by: Level II Based on observation, interviews, and facility	M 815	M 815 " The Dietary Supervisor acknowledged outdated food, opened food, and undated	9/19/24

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M 815	Continued From page 9 policy review, the facility failed to store food in accordance with professional standards for food service safety related to food items not dated, exposed foods, and expired foods in one (1) of two (2) kitchen observations. Findings Include: A review of the facility's policy titled "Labeling and Dating for Safe Storage of Food," revised 03/06/2020, revealed " ...All products should be dated when opened... Use Use-By dates on all food once opened... When food is taken out of an original container... write... the Use-By date..." The facility did not provide a policy that specifically addressed exposed food products. On 8/19/14 at 10:31 AM, an observation of the kitchen revealed Refrigerator #1, revealed the following: one (1) 46-ounce carton of orange juice with an "open on" date of 4/11/24 and a manufacturer's "best if used by" date of Feb 2024; one (1) opened gallon of 1 percent milk with a manufacturer's "best by" date of Aug 18 and a facility date of 7/30/24 with no indication of what the date meant; and one (1) five (5)-pound tub of pimento cheese spread with a facility "opened on" date of 7/8 and a manufacturer's "use by" date of 08/04/24. An observation of Refrigerator #2 revealed the following: four (4) unopened gallons of whole milk with a manufacturer's "best by" date of Aug 14; one (1) plastic storage bag of cheese slices with the date rubbed off, leaving the date illegible; one (1) container of leftover beef and gravy with a facility "use by" date of 8/16/24; and one (1) container of leftover rice with a facility "use by" date of 8/18/24. An observation of the freezer revealed seven (7) four (4)-ounce cups of rainbow sherbet	M 815	food immediately disposed of it on 8/19/2024. There were no negative outcomes. " All residents that reside in the facility have the potential to be affected by the undated, exposed, and outdated foods. " The Dietary Supervisor did an in-service all employees on 8/20/2024 on leftover storage, use by dates, labeling and dating for safe storage of food. The Dietary Supervisor and her staff will check foods/drinks daily for expiration dates. The focus will be to ensure products are dated and labeled. Expired products will be removed from the kitchen. Employees will be educated on the observation, education, and disposal of undated, opened, and outdated food. " The Registered Dietitian will monitor the refrigerators as part of her weekly visits beginning 8/30/2024 for 12 weeks. The Quality Assurance Performance Improvement (QAPI) team met on 8/22/2024 to monitor the policy and procedures for the proper dating and storage of foods along with disposal of opened, not dated, and outdated foods within the policies and procedures outlined and will continue on a monthly meetly schedule. This will continue monthly along with observation of logs to ensure resident and food safety. The results of the monitoring will be taken to the QAPI Committee for review for 3 months beginning on 9/18/2024.	

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M 815	Continued From page 10 containing dairy that had been removed from the original box and had no date. An observation of the pantry revealed one (1) box of tea bags not individually wrapped, with the tea bags exposed. The dry bins revealed the lid on the sugar bin was not securely on the bin, leaving the sugar exposed. On 08/19/24 at 10:31 AM, during an interview, the Dietary Supervisor (DS) acknowledged the outdated, exposed, and undated foods. The DS stated it was her responsibility to monitor the foods for expiration dates and quality. She reported that it was the responsibility of the staff who opened the food item to write an "opened on" date on the food package. The DS further explained that she in-serviced the staff on kitchen safety once a month. On 08/22/24 at 12:52 PM, during an interview, the Administrator acknowledged he had been made aware of the expired, exposed, and undated food items that had been observed during the kitchen observation. The Administrator reported that his expectation was for the kitchen staff to regularly check the food, ensuring that foods are dated, labeled, and expired foods are removed from the kitchen.	M 815		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases.	M1570		9/19/24

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M1570	Continued From page 11 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by: Level II Based on observations, interviews and facility policy review the facility failed to prevent the potential for the spread of infection as evidenced by, facility staff observed transporting linen in an unsanitary manner for two (2) of six (6) hall observations. Findings Include: Review of the facility's policy titled, "Departmental (Environment Services) - Laundry and Linen", revised August 2009, revealed " ...The purpose of this procedure is to provide a process for the safe and aseptic handling, washing and storage of linen ... In Resident Rooms 1. Do not allow linen clean or soiled to touch clothing or uniform. 2. Handle all linen as though it is potentially infectious ..."	M1570	M 1570 • The contaminated linen was returned to the laundry by the Certified Nurses Assistants (CNA's) that contaminated it to be washed, disinfected, and dried on 8/21/2024. • All residents that reside at the facility have the potential to be affected. • In-services were initiated by the Administrator, the Director of Nursing, and the Assistant Director of Nursing with all staff handling linen, infection control and policy and procedures for the proper handling of linen: nurses, CNA's, Dietary, Housekeeping. Infection Control, Proper Usage of Personal Protective Equipment (PPE's) and Infection Control policies and procedures were used for education. All linen is to be transported by staff in plastic bags held far enough away from the	

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	03AC	A. BUILDING: _____ B. WING _____	C 08/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMUNITY LIVING CTR	323 INDUSTRIAL PARK DRIVE LIBERTY, MS 39645

(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
M1570	Continued From page 12 On 08/21/24 at 10:20 AM, an observation of Certified Nursing Assistant (CNA) #2 revealed the CNA hugging clean linen to her uniform going down the 400 hall and placing it on the laundry cart in the hallway. The laundry consisted of bed linen, towels and pads. On 08/21/24 at 1:57 PM, in an interview with CNA #2, she stated she had 2 towels, 2 fitted sheets and 2 pads. She stated she was not paying attention to how she carried the laundry. She confirmed that her actions contaminated the laundry by carrying it against her uniform. On 08/21/24 at 12:54, CNA #1 was observed carrying 2 towels wrapped up in her arms against her uniform down the 100 hall. On 08/21/24 at 2:12 PM, in an interview with CNA #1 stated she was moving fast and was not thinking. She stated carrying the towels next to her uniform contaminated the towels. She stated she has been trained to carry the linen away from her uniform, she just forgot. On 08/21/24 at 2:20 PM, in an interview the Assistant Director of Nursing (ADON)/Infection Preventionist (IP) stated staff are supposed to transport clean and dirty laundry in a bag away from their uniform. She stated the uniform is considered dirty and by holding clean linen against their uniform, they contaminated the clean laundry, which could spread infection. On 08/22/24 at 12:56 PM, in an interview, the Administrator stated he expects the CNAs to follow policy when transporting linen.	M1570	employees' body to prevent contact. • The Assistant Director of Nursing (ADON) and Director of Nursing (DON) will monitor the hallways along with other areas of the facility to ensure the proper handling of laundry to prevent further contamination. Monitoring began on 8/21/2024 of each hall will be monitored twice daily before and after lunch. This practice will continue for 12 weeks. Quality Assurance Performance Improvement met 8/22/2024 and will continue to meet monthly to review policies and procedures along with the review of in-services to ensure the proper handling of linen and to prevent any contamination of linen that could potentially harm residents. The QAPI team will meet for review on 9/18/2024 and continue for 3 months.	