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
	59AL	A. BUILDING: _____ B. WING _____	08/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LONGWOOD COMM LIVING CENTER	200 LONG STREET BOONEVILLE, MS 38829

(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 an annual recertification survey at the facility from 8/20/24 through 8/22/24. 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 M500.	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 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		9/11/24

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M 500	Continued From page 1 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;	M 500		

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M 500	Continued From page 2 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 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 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 staff interview, record review, and facility policy review, the facility failed to ensure accuracy of a code status based on the Power of Attorney for one (1) of 14 residents sampled. Resident #19 Findings include:	M 500	1. After consulting with Resident # 19, the Advanced Directive was clarified and corrected by the Power of Attorney on 8/22/2024. A 100% audit of all charts was conducted and completed on 9/5/24 by the Social Services Director with no additional issues were found. 2. All residents have the potential to be	

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M 500	Continued From page 4 Record review of facility policy titled, "Advanced Directives" reviewed 11/2022, revealed, "Policy Statement: The resident has the right to formulate an advance directive, including the right to accept or refuse medical or surgical treatment. Advance directives are honored in accordance with state law and facility policy ...If the Resident has an Advance Directive: 1. If the resident or the residents representative has executed one or more advance directive(s), or executes one upon admission, copies of these documents are obtained and maintained in the same section of the residents medical record and are readily retrievable by any facility staff. 2. The director of nursing services (DON) or designee notifies the attending physician of advance directive (or changes in advance directives) so that appropriate orders can be documented in the residents medical record and plan of care ..." Record review of Resident #19's "Durable Power of Attorney for Health Care" signed and dated by the resident on 2/20/24, revealed, "Special Instructions: Do not resuscitate after one (1) hour of trying. No life support machine(s) in any town city, or state". Record review of electronic physician's order dated 4/1/24, revealed an order for DNR (Do Not Resuscitate)". Record review of "Order Details" dated 4/124 revealed a physician's telephone order for a DNR, which was signed by the physician. Record review of "Code Status" form for Resident #19 signed by a family member and not the Resident's Representative on admission 4/1/24, revealed "Do Not Attempt Resuscitation (DNR)".	M 500	affected. 3. On 8/22/2024, a one-on-one in-service was conducted for the Social Services Director and the Business Office Manager by the Administrator to make sure that the Advance Directive matches the residents' wishes, the Doctor's orders, and the order is properly entered in the Electronic Medical Record. 4. New admissions will be audited weekly for the Advanced Directives; Doctor's orders and electronic medical records by the Medical Records Specialist or the Administrator for compliance of F578 beginning 8/22/24 x 3 months. The Social Services Director will review advanced directives with resident and/or resident representative during resident's quarterly assessment period for all residents beginning 8/22/24 and ongoing to ensure advanced directives wishes are still being followed and will update as needed. The Administrator will report the results of the audit to Quality Assurance Performance Improvement Committee (QAPI) monthly x three months starting 9/11/24 and as needed for review and/or revision.	

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M 500	Continued From page 5 During an interview on 8/22/24 at 9:15 AM, the Administrator revealed the special instructions on Resident #19's Power of Attorney document for "Do not resuscitate after one (1) hour of trying. No life support machine(s) in any town city, or state" would indicate the Cardio-Pulmonary Resuscitation (CPR) should be initiated. She confirmed the physician's orders and code status form did not reflect the wishes conveyed in Resident #19's "Durable Power of Attorney for Health Care" document concerning his end-of-life care. She acknowledged this could lead to a resident not receiving the end-of-life care desired. She confirmed that record accuracy of end-of-life care was necessary to ensure the information concerning end of life care was reflective of the resident's wishes and the facility failed to accurately indicate Resident #19's choice for end-of-life care. Record review of Resident #19's "Admission Record," revealed the facility admitted the resident on 4/1/24. Diagnoses included Dysphagia following cerebral infarction and Chronic kidney disease. Record review of Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 7/3/24 revealed a Brief Interview for Mental Status (BIMS) of 12 which indicated the resident was moderately impaired cognitively.	M 500		