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
	09SR	A. BUILDING: _____ B. WING _____	C 10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEARER-RICHARDSON MEMORIAL NURSING HOMI	512 ROCKWELL DRIVE OKOLONA, MS 38860

(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 with a complaint investigation (CI) MS#26480, at the facility from 9/30/24 through 10/3/24. During the survey the SA determined that the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm for CI MS #26480 related to resident's rights and cited M500. During the survey, the census at the facility was 68 with a license for 73 beds.	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		11/8/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09SR	A. BUILDING: _____ B. WING _____	C 10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEARER-RICHARDSON MEMORIAL NURSING HOMI	512 ROCKWELL DRIVE OKOLONA, MS 38860

(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 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09SR	A. BUILDING: _____ B. WING _____	C 10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEARER-RICHARDSON MEMORIAL NURSING HOMI	512 ROCKWELL DRIVE OKOLONA, MS 38860

(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 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09SR	A. BUILDING: _____ B. WING _____	C 10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEARER-RICHARDSON MEMORIAL NURSING HOMI	512 ROCKWELL DRIVE OKOLONA, MS 38860

(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 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, staff and resident representative (RR) interview and facility policy	M 500	On 10/2/2024 the administrator spoke with the caregivers of Resident #39 and Resident #2 which included two (2) nurses and eight (8) nursing assistants, about the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09SR	A. BUILDING: _____ B. WING _____	C 10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEARER-RICHARDSON MEMORIAL NURSING HOMI	512 ROCKWELL DRIVE OKOLONA, MS 38860

(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 500	Continued From page 4 review revealed the facility failed to ensure residents were treated with dignity and respect as evidence by staff members calling the residents by their last name only and failing to use a salutation for two (2) of 18 residents sampled during this survey. Resident #2 and Resident #39. Findings Include Record review of the facility policy review titled, "Promoting/Maintaining Resident Dignity" with a revision date of 10/2/23 revealed "Policy: It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances resident's quality of life by recognizing each resident's individuality". Resident #2 A phone interview on 9/30/24 at 11:20 AM, with Resident #2's Resident Representative (RR) revealed he has complained numerous times to the Director of Nurses (DON) and Administrator regarding issues with his mother. He revealed he complained most recently about the way the aides call her by her last name only and do not use a salutation and they take personal phone calls while in her room, during times when they are changing and cleaning her. He stated that a week ago when he tried to file that complaint, the DON told him he was just hard to get along with and confirmed that he has never heard back from the facility regarding a resolution to any of his complaints. An interview on 10/02/24 at 8:56 AM, with Certified Nurse's Assistant (CNA) #1 confirmed that she does call some of the residents by their	M 500	need to address these residents with respect, as evidenced using a salutation of (Mr./Ms.) with his or her first or last name prior to engaging with either resident. On 10/10/24 social services contacted the spouse of Resident #39 and staff's use of a preferred name that is not indicated in this residents' medical record, with her stating that he is known by the community, friends and family by two other names and gave permission for use of these names. Resident #39's medical record and care-plan was updated on 10/10/24 to include the agreed upon names per Interdisciplinary Team. Resident #2's representative had been informed that the staff member he referenced had been counseled with and that other staff members had been instructed to utilize salutations when engaging with his mom. Between 10/7/24 and 10/11/24, the social and activity directors conducted interviews with all sixty-eight (68) residents and/or resident representative if needed to identify accuracy of the resident(s) preferred name. It was identified that twenty-seven (27) of 68 residents wanted their preferred name reflective within their medical record. On 10/7/24 the Interdisciplinary Team (IDT) met to initiate a Performance Improvement Plan (PIP), which indicated the need for further education of all staff on the facility's Resident Rights policy regarding the need to provide dignity and respect when addressing a resident, along with where to locate the residents' name preference within the electronic health	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09SR	A. BUILDING: _____ B. WING _____	C 10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEARER-RICHARDSON MEMORIAL NURSING HOMI	512 ROCKWELL DRIVE OKOLONA, MS 38860

(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 500	Continued From page 5 last name only and can see now how that might be disrespectful to the resident by not using a salutation. An interview on 10/2/24 at 3:00 PM, with the DON and the Administrator who confirmed they knew that some residents were called by their last names only and can see how that could appear as a dignity issue. The Administrator revealed the staff have been trained to address the residents as Mr. or Mrs. and she wasn't sure why they were doing this. Record review of Resident #2's "Admission Record" revealed the resident was admitted to the facility on 2/10/23. Record review of Resident #2's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/19/24 revealed in Section C a Brief Interview for Mental Status (BIMS) score of 03, which indicated the resident was severely cognitively impaired. Resident #39 During an observation on 9/30/24 at 2:30 PM, it was noted that Resident #39 was in his wheelchair sitting by a window in the dayroom and the resident had called out to CNA #1 for assistance. As CNA #1 was walking towards him, she stated, "You can't get no sugar, (resident's last name)". Then she turned and walked away shaking her head and said, "(resident's last name, resident's last name)." An interview with CNA #1 on 10/2/24 at 9:00 AM, confirmed she called Resident #39 by his last name and acknowledged this could be seen as	M 500	record. That A satisfaction survey should be developed and distributed to all residents or resident representative addressing their opinion with staff's performance in providing dignity and respect. Social services should be responsible for training of all new hires within 5 days of hire on the facility's policy on resident rights. The administrator initiated a mail-out of the satisfaction survey on 10/10/24 to 63 resident representatives, and five (5) self-representatives. A follow-up survey will be distributed by 04/30/2025 and repeated annually to help identify with any noncompliance in providing dignity and respect to all residents. The administrator and social services began in-servicing staff on resident's rights beginning 10/16/24 with 88% of staff attendance as of 10/21/24. All other staff will be in-serviced on resident rights by 11/8/24 or they cannot return to work till they have met this requirement. 10/18/24, the administrator ran a report reflective of thirty-six (36) residents scoring an eight (8) or above on their Brief Interview Mental Status received a satisfaction survey for completion. Beginning the week of 10/20/24, the social service director will be responsible to educate all new hires within 5 days of hire on resident rights with emphasis on honoring all name preferences with emphasis on including a salutation when greeting or engaging in care and will conduct annually an in-service to all staff on Resident Rights. Upon review by the Compliance Officer on 10/21/24, there were no negative findings found regarding the 27 residents that were	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09SR	A. BUILDING: _____ B. WING _____	C 10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEARER-RICHARDSON MEMORIAL NURSING HOMI	512 ROCKWELL DRIVE OKOLONA, MS 38860

(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 500	Continued From page 6 disrespectful since he had not told her that he preferred to be called by only his last name. During an observation and interview on 10/2/24 at 9:30 AM, CNA #2 was observed to be in the dayroom with Resident #39 and said, "Hey (resident's last name)." During the interview, CNA #2 acknowledged she called him by only his last name and thought he preferred that name since that was what everyone called him and she was not sure if he liked being called that or not. During an observation and attempted interview with Resident #39 on 10/2/24 at 1:55 PM, when asked his name and what he preferred to be called, it sounded like he said his first and last name together to both questions. Resident was difficult to interview since he had a BIMS of 4 which indicated he had severe cognitive impairment. During an interview on 10/2/24 at 3:00 PM, the DON and the Administrator confirmed they were aware that some residents were called by their last names only and could see how that could appear as a being disrespectful. The Administrator revealed that the staff know they should call them Mr. or Mrs. The record review of Resident #39's "Admission Record" revealed the facility admitted the resident on 10/30/23. Record review of Resident #39's MDS with ARD of 9/20/24, revealed a Brief Interview for BIMS of 4 which indicated the resident had a severe cognitive impairment.	M 500	identified with name preferences. The Quality Assurance Nurse (QA) will be responsible for monitoring effectiveness of the Performance Improvement Plan (PIP) beginning 10/14/24 through the QAPI Program as outlined per review of all new admissions at least one day a week for eight (8) weeks to ensure any noted name preference has been added to the individuals care plan and interview staff regarding knowledge of preference. Social services will interview at least 15% of current residents weekly for 8 weeks beginning the week of 10/21/24 to ensure staff is utilizing name preferences as indicated per resident. The QA Nurse and the Administrator will review all returned surveys for any negative reviews regarding staff's performance with dignity and respect and apply any actions necessary for compliance. The Administrator will report any negative findings to the governing board (meets the 3rd. Monday of each calendar month), and the Quality Assurance Committee including the Medical Director as scheduled for the 3rd Wednesday of each month, after being held on Friday, October 18, 2024.	