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
	38JC	A. BUILDING: _____ B. WING _____	C 01/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JAMES T CHAMPION	1455 NORTH LAKELAND DRIVE MERIDIAN, MS 39307

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M 000	Initial Comments The State Agency (SA) conducted a Complaint Investigation (CI), MS #27071, at the facility from 01/02/25 through 01//02/25. CI MS #27071 was investigated related to abuse and resident rights. 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 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	M 500		2/7/25

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M 500	Continued From page 1 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 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	M 500		

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M 500	Continued From page 2	M 500		

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 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

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M 500	Continued From page 3 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 interviews, record review, and facility policy review, the facility failed to ensure a resident's right to be treated with respect and dignity when a Certified Nurse Aide (CNA) would not provide assistance requested by the resident for one (1) of five (5) sampled residents.	M 500	Disclaimer: Completion to Licensure Violation Report for James T. Champion Nursing Facility does not represent agreement of the statement of deficiency herein stated. 1. On 1/15/2025, the Licensed Social Worker (LSW) inquired about Resident #1	

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M 500	Continued From page 4 Resident #1. Findings included: A review of the facility's policy titled "Rights and Responsibilities of Residents," revised October 2023, revealed, " ...It is the policy ...to protect and support the fundamental human, civil, and constitutional rights of each resident ...Procedure ...F ...ensure that each resident admitted to the facility is ... (10) Treated with respect and full recognition of their dignity and individuality ..." A record review of the December 2024 "Physician's Orders" revealed Resident #1 had an order dated 11/7/2024, for one-person assistance with transfers, dressing, and bathing tasks to reduce the resident's risk of falls. A record review of the facility's investigation "Vulnerable Adult Act", dated 11/11/2024 and completed on 11/15/2024, revealed that the facility received a complaint on 11/14/2024 regarding an incident involving Resident #1 and CNA #2 that occurred on 11/11/2024 between 8:00 PM and 10:00 PM. The report indicated Resident #1 pressed the call bell to request assistance with changing clothes and getting into bed. CNA #2 entered the room and reportedly refused to assist Resident #1 with the requested tasks, stating, "I am only here to assist with toileting." CNA #2 was observed leaving Resident #1's room without providing the requested assistance. The report noted that Resident #1 was care-planned for staff assistance with transfers, toileting, dressing, and bathing to reduce fall risks. Section X of the facility's investigation confirmed the allegation indicating, "The allegation is supported by a preponderance of the evidence..."	M 500	mental well-being after the occurrence of the incident. Resident #1 denied any psychological distress pertaining to the incident. Resident #1 was informed by the LSW of resident rights and encouraged to report mistreatment. Certified nursing assistant (CNA) #2 is no longer employed by James T. Champion Nursing Facility (JTCNF). CNA #2 resigned on 11/15/2024. 2. All residents have a potential to be affected by this deficient practice of failure to treat residents with dignity and respect. 3. All certified nursing assistants (CNA/s), licensed practical nurses (LPN), and registered nurses (RN), were in-serviced on resident rights from 1/13/2025-1/15/2025 by Staff Educator, RN. On 1/15/2025, LSW questioned all interviewable residents about care rendered and respect shown by staff. All residents interviewed denied issues with care and respect by staff. 4. Beginning on 1/14/2025, the Licensed Social Worker implemented monitoring by interviewing three (3) residents a month for three consecutive months. Beginning 1/21/2025, the Director of Nursing will audit new and current employees for eight (8) weeks to ensure education is received upon hire and annually to promote resident dignity and respect in accordance with center guidelines and regulatory requirements. Observations will be reviewed by the Quality Assurance Committee for three months beginning 2/6/2025 X three (3) for 3 months. This committee will determine if substantial compliance is attained.	

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M 500	Continued From page 5 On 1/2/2025 at 10:15 AM, during an interview, Resident #1 recounted the incident. She stated she pressed her call bell and explained her needs to three CNAs who responded. CNA #2 informed her that only toileting assistance would be provided and refused to help her change clothes or get into bed. Resident #1 described CNA #2's demeanor as condescending and rude, though no foul language was used. Ultimately, another CNA assisted her with changing clothes and getting into bed. Resident #1 expressed dissatisfaction with CNA #2's behavior, calling it dismissive and unprofessional. On 1/2/2025 at 10:50 AM, during an interview, the CNA Supervisor #1 stated CNA #2 worked night shifts but was no longer employed at the facility. She described CNA #2 as a competent aide but noted prior instances of poor attitude toward co-workers. She emphasized that CNAs are responsible for providing safe and respectful care to residents and should not engage in disagreements with residents. She stated that CNAs must consult a nurse if they have questions about care. On 1/2/2025 at 12:30 PM, during an interview, the Nursing Home Administrator explained that the investigation into the 11/11/2024 incident revealed CNA #2 had refused to assist Resident #1 and may have been rude and disrespectful toward the resident. She stated that statements were collected by both her and the Director of Nursing (DON) and were forwarded to the facility investigator. The Administrator noted that CNA #2, a contract worker, was removed from the schedule pending the investigation but resigned on 11/14/2024 before the investigation concluded.	M 500		

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M 500	Continued From page 6 A record review of the "Face Sheet" revealed the facility admitted Resident #1 on 8/23/2024, with current diagnoses including Heart Disease. A record review of the Comprehensive Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/21/24, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, indicating she was cognitively intact.	M 500		