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
	41NM	A. BUILDING: _____ B. WING _____	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NMMC BALDWYN NURSING FACILITY	739 4TH STREET SOUTH BALDWYN, MS 38824

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification along with complaint investigation MS #25852 and MS #26236 at the facility from 1/6/25 through 1/9/25. 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 and cited M 500 for Resident Rights and M 1210 for Environment. The SA found the facility was not in compliance for CI MS #25852 for environment and cited M 1210. The SA found the facility in compliance for CI MS#26236 related to mold in the building. The census at the time of the survey was 103 with a license for 107 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;	M 500		2/15/25

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M 500	Continued From page 1 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 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,	M 500		

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M 500	Continued From page 2 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 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;	M 500		

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M 500	Continued From page 3 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 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:	M 500		

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M 500	Continued From page 4 Level II Based on resident and staff interviews, and facility policy review, the facility failed to honor a resident right to vote in the 2024 election for one (1) of 23 sampled residents. Resident #72 Findings Include: Review of the facility policy titled "Resident Rights: Participation in Groups and Activities of Choice" with a review date of 2/12/24 revealed under, "Procedure:... Residents should be encouraged to exercise their rights to vote in local, state, and national elections." An interview with Resident #72 on 1/8/24 at 8:11 AM revealed she had lived at the facility for over a year and did not get to vote this past election. She explained that she was registered to vote in a different county and had waited for the staff to bring her the necessary forms to complete, but no-one ever did. She revealed she always voted in the past, and it was important for her to continue to do so. An interview with Social Services (SS) on 1/8/24 at 10:10 AM revealed she did not go room to room and speak with the residents individually regarding their desire to vote in the past election. She explained that she spoke with some residents in a resident council meeting and told them, if they wanted to vote, they needed to come talk to her. She revealed Resident #72 did not tell her that she wanted to vote and confirmed that she should have directly spoke with the resident regarding her wishes and acknowledged this was the resident's right to participate and cast her vote.	M 500	1. On 1/9/2025 resident number 72 was spoken with about her rights to vote as required by the Social Services Director. 2. All residents have the potential for the same deficient practice. All residents were rounded on starting 1/9/2025 and completed this date (1/9/2025) to ensure that all residents were honored in their right to vote by the Baldwyn Administrative Leadership. The Social Services Director will continue to ask and document the resident wishes on admission. 3. All social services employees (activities department) will be in-serviced starting by 1/14/25 by the Social Services Director and completed by 2/15/2025. This will be to ensure all residents will be honored in their right to vote. 4. The activities department started rounds on 1/9/2025 with all residents to ensure they are honored in their right to vote. The Social Services Director and/or Activities Director will audit/round (5) residents weekly for one month (January), then every two weeks for one month (February), once monthly (March) to ensure all residents will be honored in their right to vote. The Activities Director will screen and document all new admissions and their wishes as it pertains to voting to help ensure each resident is honored. The results based from verbal exit from the State Survey Team will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee on 1/28/2025. These rounds/results along with the written statement of deficiencies report (CMS-2567) were up for review at our QAPI follow-up meeting on 1/28/2025.	

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M 500	Continued From page 5 An interview with the Administrator (ADM) on 1/8/24 at 10:43 AM confirmed the facility should have spoken with Resident #72 regarding her desire to vote and ensured she was able to vote. Record review of the "Face Sheet" revealed the facility admitted Resident #72 on 11/29/23. Record review of the Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/27/24, revealed under, section C, a Brief Interview for Mental Status (BIMS) summary score of 15, which indicated Resident #72 is cognitively intact.	M 500	Recommendations from this committee will be reviewed on the (1/28/2025) QAPI Meeting and on-going for the next 2 scheduled quarterly QAPI meetings (April 2025 and August 2025) to ensure solutions are sustained.	
M1210	45.40.7 Walls and Ceilings Walls and Ceilings. All walls and ceilings shall be of sound construction with an acceptable surface and shall be maintained in good repair. Generally the walls and ceilings should be painted a light color. This Statute is not met as evidenced by: Based on observation, staff interviews, and facility policy review, the facility failed to provide a clean, safe, and homelike environment as evidenced by bugs in ceiling lights, walls and ceiling in disrepair, blind slats broken and bent, broken wood molding, unclean air/heating unit and floors for six (6) of 67 rooms in facility. Findings include: Record review of facility policy titled, " Resident Rights: Dignity and Respect", dated 2/12/24, revealed, "To provide the kind of care to our residents that should maintain and enhance their dignity, individuality, and quality of life by the	M1210	1.Resident rooms A12, C14, E3, B7, B9, and B15 were immediately addressed (1/6/25-1/9/25) to provide a clean, safe, and homelike environment. EVS staff worked in conjunction on 1/8/2025 to address all concerns for rooms A12, C14, E3, B7, and B15. Checklist items such as sweeping, mopping, dusting, trash being emptied, and bathrooms being cleaned were utilized per policy on same day (1/8/2025). Workorders for facility operations were put in immediately following survey rounds (1/8/2025) by the EVS manager to address dirty/dusty air units as well as rooms A12, B7W, B15□s	2/15/25

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M1210	Continued From page 6 following treatment. ... a living environment that is safe, clean, and comfortable". Room A-12 During an initial observation on 1/6/25 at 12:10 PM, room A-12 was noted to be in disrepair and had multiple areas of the room that had paint missing on the walls. Several areas of the room were observed that included an area by door measuring approximately 8 inches x 6 inches, an area near the bathroom counter measuring approximately 4 inches x 5 inches, and other smaller areas scattered around room that were all missing paint. Approximately 15 dead bugs were observed in the ceiling light fixture and multiple water stains were covering most of the ceiling tiles. The wood molding on the center of the wall approximately shoulder high behind the resident's headboard was broken with a sharp point protruding from the wall surface. The window blinds were noted to be in disrepair with multiple bent and broken slats, along with dust and debris that was noted in the corners of the room and on edges of the floor around the floor molding. On 1/8/25 at 9:30 AM, during an interview and observation of room A-12, the Environmental Service (EVS) Manager confirmed the areas of concern in this room which included missing paint, water stains on ceiling tiles, bugs in light fixture, blind slats bent and broken, floor with dust and debris, and broken wood molding with sharp point that could cause an injury. She stated their process for repairs was for staff to note these concerns and notify her and she would put in a work order for maintenance and this process was not followed for this room. She confirmed the facility failed to maintain the room in good repair and to ensure each resident had a safe, clean, comfortable, and homelike environment.	M1210	light fixture (bugs) that was completed on 1/9/2025 by the facility technician. Room C14 bathroom floors were immediately addressed following survey rounds by EVS staff same day (1/7/2025). Room E3W□s broken electrical outlet cover was replaced by the facility operations technician same day (1/6/2025), and a work order has been placed for the room to be painted. 2.All residents have the potential to be affected by this practice. All resident rooms were audited on 1/9/2025, by Baldwyn Leadership to assess for possible cleanliness and environment concerns. Upon audit the facility will address as required. 3.The Environmental Services Manager will in-service all EVS staff starting 1/14/2025 and to be completed by 2/15/2025. These in-services address the significance of providing a safe, clean, and homelike environment for each resident. 4.Baldwyn Leadership will utilize Angel Rounds and screen (3) residents□ rooms weekly for one month (January) starting 1/20/2025, then every two weeks for one month (February), and once monthly (March) for possible significant changes. The results based from verbal exit from the State Survey Team will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee on 1/28/2025. These rounds/results along with the written statement of deficiencies report (CMS-2567) were up for review at our QAPI follow-up meeting on 1/28/2025. Recommendations from this committee will be reviewed on the (1/28/2025) QAPI	

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M1210	Continued From page 7 During an interview on 1/8/25 at 11:20 AM, the Assistant Administrator confirmed the environmental and maintenance concerns for this room. He confirmed the facility failed to ensure each resident had a clean, safe, and homelike environment. Room E-3 An observation in Room E-3 on 01/06/25 at 11:45 AM, revealed an area approximately two feet by three feet on the wall behind the resident's bed with paint scraped off, sheet rock peeling and an electrical wall outlet cover broken off with the left half missing. An interview with Maintenance on 01/08/25 at 9:00 AM, revealed that if staff noticed anything needing his attention in the facility, they put in a work order and he got to it as soon as he could. He revealed that when he received work orders, he prioritized their needs and addressed the issues as soon as he could. Maintenance revealed that with the age of the building, it was hard to keep up. Maintenance confirmed that the wall behind the bed in Room E-3 was in disrepair and also confirmed that the electrical wall socket cover was broken. He revealed that he had not received a work order on that room and would get it taken care of. He also agreed that room E-3 was not a homelike environment for the resident. An observation in Room E-3 and interview with Environmental Services (EVS) Manager on 01/08/25 at 9:15 AM, confirmed that the wall behind the head of the bed was in disrepair and in need of painting. She also confirmed that the electrical socket behind the bed was broken and needed to be replaced and revealed that she would put in a work order now. EVS Manager	M1210	Meeting and on-going for the next 2 scheduled quarterly QAPI meetings (April 2025 and August 2025) to ensure solutions are sustained.	

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M1210	Continued From page 8	M1210		

revealed that any concerns with the building in need of repair were supposed to be reported to Maintenance and if he couldn't fix the problem, he contacted someone from the main unit. EVS Manager, stated, "This should have been noticed and reported and we'll take care of it."

An interview with Administrator on 01/08/25 at 10:45 AM, revealed that it was the responsibility of anyone who notices a problem to put a work order in to maintenance. He revealed that this was an older building with challenges and stated, "We need to put work orders in and follow up."

Room B-7, B-9 and B-15

An observation of room B-7 on 1/06/25 at 9:30 AM revealed, a clear rectangular ceiling light covering with 12 dead brown insects inside.

An observation of room B-9 on 1/06/25 at 9:46 AM revealed, the outer plastic airflow vent on the air/heat unit was covered in a black and white substance that was in a droplet pattern.

An observation of room B-15 on 1/06/25 at 11:51 AM revealed, two clear rectangular ceiling light coverings with 15-20 dead brown insects inside.

An observation and interview with EVS Manager on 1/8/25 at 9:30 AM revealed, housekeeping was responsible for cleaning all the resident rooms every day. She explained that cleaning involved sweeping, mopping, dusting, emptying the garbage and whatever else that was needed. She revealed that the rooms were deep cleaned once weekly, which was a more in-depth cleaning such as wiping down the mattresses. The EVS Manager revealed the facility just started doing "angel rounds" a couple of weeks ago, which

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M1210	Continued From page 9 entailed an assigned staff member to every room to do a daily walkthrough and to look for any environmental concerns. She revealed if the residents had a complaint about their room or an issue was identified, a work order must be completed for maintenance to fix. She revealed after maintenance resolved the issue, he was required to sign off on the work order to show completion. During a walkthrough of rooms B-7 and B-15, the EVS Manager confirmed the dead insects in the ceiling light covers and stated, "That's some kind of bug." She revealed maintenance would be responsible for cleaning the light covers. She explained that any staff member who noticed a concern could have reported the issue. During a walkthrough of room B-9, the EVS Manager confirmed the air/heat unit vents were covered in a black and white substance. She explained it could be coming from a dirty filter. She revealed housekeeping was responsible for cleaning the vents daily with a Swiffer duster, and maintenance was responsible for changing and cleaning the filter. The EVS Manager confirmed her expectations were for the residents to have a clean, safe environment.	M1210		