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
	05BE	A. BUILDING: _____ B. WING _____	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHLAND HEALTH AND REHABILITATION	16056 BOUNDRY DRIVE ASHLAND, MS 38603

(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 2/24/25 through 2/27/25. 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 655. Census at the time of the survey was 53 and the facility had beds for 60 residents.	M 000		
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 resident and staff interview, record review, and facility policy review, the facility failed to complete a trauma informed care assessment for a resident with a diagnosis of Post Traumatic Stress Disorder (PTSD) for one (1) of 53 residents residing in the facility. Resident #45 Findings Include: Review of the facility policy titled "Trauma Informed Care" with a revision date of 10/22 revealed, "Standard: It is the standard of this facility to provide care and services which, in	M 655	1. On 2/27/2025 and by the Administrator, Resident #45 had a Trauma Informed Care Evaluation completed including triggers or trigger-specific interventions for Post Traumatic Stress disorder. 2. Fifty-three (53) residents had the potential to be affected. 3. On 3/10/25, Audits on Social Service Progress notes were completed by Social Services and Director of Nurses to ensure that triggers or trigger-specific interventions for positive Trauma Informed Care evaluations, Post Traumatic Stress Disorder diagnosis and all specified traumas are documented, and care plans	3/25/25

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/11/25

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M 655	Continued From page 1 addition to meeting professional standards, are delivered using approaches which are culturally-competent, account for experiences and preferences, and address the needs of trauma survivors by minimizing triggers and/or re-traumatization..." Record review of the "Admission Record" revealed the facility re-admitted Resident #45 on 10/02/24 with medical diagnoses that included Post Traumatic Stress Disorder (PTSD), Generalized Anxiety Disorder, and Major Depressive Disorder. Record review of the "Admission Social History" dated 10/03/24 for Resident #45 revealed there was no documentation regarding Post Traumatic Stress Disorder. Record review of the "Trauma Screen" for Resident #45 dated 11/21/23 revealed, under, "2. Have you ever experienced a type of event that was unusually or especially frightening, horrible, or traumatic? No" was answered. Also revealed under, "C. War? No and "D. Physical, emotional or sexual abuse at any age? No" was answered. An interview with Resident #45 on 2/26/25 at 8:50 AM revealed he did suffer from Post Traumatic Stress Disorder and explained that certain things bothered him (triggers). He revealed that he served 4 years in the marines and served in combat. Resident #45 explained he also experienced traumatic events and was mistreated as a child, and was out on his own at the age of 16. He stated that if he does not get enough sleep at night, his anxiety increases and his mood suffers. He admitted that he has had roommates in the past that kept him up at night, which exacerbated his symptoms and confirmed that	M 655	are person-centered for each of the four (4) positive residents. On 3/4/2025, Inservice was completed by Administrator to Social Services Director and Assistant on Trauma Informed Care policy and on specified positive Trauma Informed Care Evaluations, Post Traumatic Stress Disorder diagnosis and all specified traumas and triggers are documented. 4. Audits on new admits and readmissions will be conducted weekly for (4) four weeks, then monthly for three (3) months to identify triggers on residents with positive trauma screen, Post Traumatic Stress Disorder and Catastrophic events to ensure proper Social Services documentation is completed on 3/04/2025. The report of audit findings will be reviewed weekly by the Administrator and brought to Quality Assurance/Performance Improvement Committee for review recommendations monthly for three (3) months starting on March 20, 2025. The Administrator will be responsible for monitoring and compliance.	

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M 655	Continued From page 2	M 655		

loud noises and a noisy environment bothered him (triggers). Resident #45 stated that he would love to have more freedom in the facility and explained it was difficult to transition from being at home.

An interview with Licensed Practical Nurse (LPN) #1 on 2/26/25 at 8:55 AM revealed she was not aware Resident #45 had any triggers. She stated that the resident had not reported anything to her.

An interview with Registered Nurse (RN) #1 on 2/26/25 at 9:02 AM confirmed that Resident #45 did get upset and anxious at times and would pick at his skin. RN #1 revealed when the resident was upset, he would come and tell the staff, and they would talk it out, but admitted that she was not aware of any triggers.

An interview with Certified Nurse Aide (CNA) #1 on 2/26/25 at 9:05 AM confirmed that Resident #45 did not like loud noises and explained that the resident gets irritated with a lot of people around in his room.

An interview with Social Services (SS) #1 on 2/26/25 at 9:09 AM confirmed that she was aware Resident #45 had Post Traumatic Stress Disorder. She confirmed that her social assessment did not mention the residents' history of combat/military service or traumatic childhood events. She acknowledged that she did not discuss his potential triggers. SS #1 explained that she knew the resident was in the military and voiced that was all she knew, and confirmed she did not make a note of it. She confirmed the residents' trauma assessment should have identified his history and potential triggers so that staff were aware of what things could cause re-traumatization.

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M 655	Continued From page 3 An interview with the Director of Nursing (DON) on 2/26/25 at 9:18 AM confirmed that the trauma assessment should have reflected his history along with his triggers. She admitted that Resident #45 had some adjustment issues after re-admitting to the facility and confirmed that the resident got nervous and picked at his skin sometimes. An interview with the Administrator (ADM) on 2/26/25 at 9:24 AM confirmed that Resident #45 should have had a trauma screen on admit that accurately reflected his history of trauma and triggers so that staff would know how to care for the resident. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/13/25 revealed, under section C, a Brief Interview for Mental Status (BIMS) summary score of 15, which indicated Resident #45 was cognitively intact.	M 655		