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
	74BR	A. BUILDING: _____ B. WING _____	03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BILLDORA SENIOR CARE	314 ENOCHS ST TYLERTOWN, MS 39667

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 03/03/25 through 03/06/23. 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 and M655.	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		4/6/25

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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 facility policy review, interviews, and record review, the facility failed to provide residents with mail on Saturday's for Resident #25 and failed to provide prompt resolution for a grievance for Resident #22 for two (2) of (17) sampled residents.	M 500	45.17.2 Residents' Rights 1. Charge Nurse was assigned on 3/5/2025 to collect the mail from the front desk mailbox on Saturday. The Charge Nurse will sort the mail by resident names and deliver directly to resident's room. The Charge Nurse will record mail delivery using the Weekend Mail Delivery Log.	

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M 500	Continued From page 4 Findings included: A record review of the facility policy "Communications Within and External to the Facility" revised in August 2024, revealed, "The facility will protect and facilitate the resident's right to communicate with individuals and entities within and external to the facility. The facility will ensure the resident has the ability to ...receive mail, letters, packages, and other materials delivered to the facility ..." On 03/04/2025 at 10:10 AM, during a resident council meeting, members stated that residents in the facility does not receive mail on weekends. On 03/04/2025 at 10:20 AM, during an interview, the facility Administrator stated that the Activities Director distributes mail during the weekdays. The Administrator further stated that the front desk receptionist, nurses, or Certified Nurse Aides (CNAs) distribute mail on weekends when it is received at the front desk. The Administrator suggested that Resident #25 be interviewed, as she consistently receives mail. On 03/04/2025 at 10:27 AM, during an interview, Resident #25 stated that she never receives mail on weekends. She stated that even if mail arrives on the weekend, it is stored in the front office, and the Activities Director delivers it to her on Mondays. Resident #25 stated that no CNA or nurse has ever brought her mail on weekends. On 03/04/2025 at 10:22 AM, during an interview, the front desk receptionist stated that she does not work on weekends. She stated that nurses and CNAs usually retrieve the mail and distribute it on weekends.	M 500	2. All Residents receiving mail on Saturday have the potential to be impacted by this deficient practice. 3. Charge Nurse was in serviced by Administrator on 3/5/25 on Saturday mail delivery. All Staff in serviced on weekend mail delivery on 3/14/25 by the Staff Development Nurse. 4. Weekend Mail Delivery Log will be monitored by Administrator on Mondays beginning on 3/10/2025 for four weeks, then monthly for three months, then quarterly for six months to ensure compliance. The Results of these audits will be reviewed by the Quality Assurance Performance Improvement Committee on 3/27/25 and then monthly for twelve months and changes will be made as needed to ensure compliance. Residents will be encouraged to report any concerns regarding mail delivery to the charge nurse or through the resident council. Grievances 1.Administrator ordered a Saints Jersey on 3/4/2025 for resident #22. 2.Residents who reported missing property have the potential to be affected by this deficient practice. 3.Regional Administrator in serviced Administrator and the Grievance Official, Social Services Director on 3/4/2025 on the facility policy and procedure on Missing Property. On 3/18/2025 Staff	

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M 500	Continued From page 5 On 03/04/2025 at 10:30 AM, during an interview, Licensed Practical Nurse (LPN)# 1 stated that she was unaware of who retrieves the mail on Saturdays and distributes it to residents. LPN #1 stated that she had never delivered mail on weekends and had never seen any residents receive mail on Saturdays. On 03/04/2025 at 10:35 AM, during an interview, CNA #1 stated that she did not know what happens with mail on weekends. She stated that she had never been instructed to retrieve mail from the front office or distribute it to residents on weekends. On 03/04/2025 at 10:47 AM, during an interview, the facility's Social Services Director stated that the Activities Director distributes residents' mail Monday through Friday but was unsure who distributed mail on weekends. On 03/04/2025 at 10:53 AM, during an interview, Activities Staff #1 stated that she distributes residents' mail Monday through Friday. She stated that the charge nurse is responsible for distributing mail on weekends when she is not there. However, she stated that when she arrives on Mondays, packages are often waiting in the office to be distributed. On 03/04/2025 at 11:01 AM, during an interview, Registered Nurse (RN)# 1 stated that she had never distributed mail on weekends. She further stated that, to her knowledge, if mail is delivered to the facility on the weekend, it is stored in the front office until it is distributed on Monday. On 03/04/2025 at 11:05 AM, during an interview, the Director of Nursing (DON) stated that Activities Staff #1 distributes the mail during the	M 500	Development Nurse in serviced all staff on the Missing Property policy and the location of Missing Property Forms. 4.Beginning on 3/10/2025 Administrator and Social Services Director will review all Missing Property Forms weekly times four weeks, then monthly for three months, reviewed by the Quality Assurance Performance Improvement Team on 3/27/2025 and then monthly for twelve months and changes will be made as needed to ensure compliance.	

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M 500	Continued From page 6	M 500		

week. When asked who delivers mail on weekends, the DON stated that she assumed it would be distributed by social services or activities staff. The DON confirmed that nurses and CNAs do not retrieve or distribute mail on weekends.

A record review of Resident #25's "Admission Record" revealed an admission date of 05/10/2017 with a diagnoses that included Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Right Dominant Side.

A record review of Resident #25's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/31/2024 revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact.

Grievances

A review of the facility's policy titled "Missing Property," dated 4/17, revealed "It is the policy of the facility to safeguard resident' property (to the extent possible) to assure there is no misappropriation...."

On 03/03/25 at 12:24 PM, in an interview, Resident #22 stated that a Saints jersey was missing from her closet. She was unsure when it went missing. She reported that Social Services (SS) initially told her they would order a replacement jersey but later informed her in January 2025 that they would need to reorder it. She further stated that SS told her they would check on the status of the jersey but never followed up with her.

On 03/04/25 at 1:10 PM, in an interview, SS stated that she typically completes a grievance

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when residents report missing items. She confirmed that Resident #22 had reported her missing jersey late in 2024, during football season. She stated she completed a grievance but acknowledged that there was no record of the grievance in the grievance book. She further stated that she discussed the issue with the Nursing Home Administrator (NHA) and that the plan was to replace the jersey. The last time she spoke with NHA about the issue was at the end of 2024.

On 03/04/25 at 1:22 PM, in an interview, NHA stated she planned to contact the resident's family to verify that Resident #22 owned a Saints jersey. She stated the resident never reported the missing jersey to her directly, but that SS had informed her about it. She confirmed she had not yet contacted the family for verification but planned to order a replacement jersey in size 2XL (extra large). However, she acknowledged that she had not verified Resident #22's size before placing the order.

On 03/04/25 at 2:03 PM, in a phone interview, Resident #22's Resident Representative (RR) stated she was informed by both the resident and SS about the missing jersey. She stated the incident occurred late last year and assumed the facility had already replaced it. She confirmed that SS had contacted her and that she verified the jersey was missing. She also confirmed that the jersey was not at the resident's home.

On 03/06/25, in a follow-up phone interview, the RR stated that a 2XL jersey would not fit Resident #22. She expressed concern that the facility did not contact her to confirm the appropriate size before ordering the replacement.

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M 500	Continued From page 8 A record review of Resident #22's inventory sheet, dated 11/25/24, documented the presence of one Saints jersey with #9 and "Brees" on it. A record review of Resident #22's Admission Record revealed an admission date of 07/15/21 with diagnoses including Major Depressive Disorder. A record review of Resident #22's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/07/25 revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident is cognitively intact.	M 500		
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 observation, interview, record review and facility policy review, the facility failed to ensure a resident requiring oxygen therapy had an "Oxygen in Use" sign placed on the resident's door as specified in the facility policy for one (1) of four (4) days of survey observations. (Resident #107). Findings Include:	M 655	45.21.11 Special Needs 1. Oxygen in use sign placed on door of resident #107 on 3/3/25 by Licensed Practical Nurse #1. 2. All residents receiving oxygen has the potential to be affected. 3. Record review of all residents, as well as room checks of all residents were completed by Quality Assurance Nurse	3/28/25

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M 655	Continued From page 9 A record review of the facility's "Oxygen Concentrator" policy, revised April 2017, revealed Policy: To administer oxygen for the treatment of certain diseases or conditions. Policy Explanation and Compliance Guidelines: 1. Care of the Resident... h. Place an oxygen warning sign on the resident's door..." On 03/03/25 at 11:30 AM, an observation of Resident #107 in her room, up in a wheelchair, revealed that oxygen was flowing at 3 milliliters per hour. However, there was no "Oxygen in Use" signage on the door. On 03/03/25 at 11:32 AM, during an interview, Licensed Practical Nurse (LPN)#1 confirmed that there was no oxygen signage on the door. She stated that an "Oxygen in Use" sign should have been placed on the door upon admission on 2/17/25 to alert staff and visitors not to enter with flammable materials. On 03/05/25 at 11:45 AM, during an interview, the Director of Nursing (DON) confirmed that oxygen signage should have been placed on the door. She stated that the purpose of the signage is to alert staff and visitors that oxygen is in use to prevent fire hazards. A record review of Resident #107's "Admission Record" revealed an admission date of 2/17/25 with diagnoses including Dysphagia and Shortness of Breath. A record review of Resident #107's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/24/25 revealed a Brief Interview for Mental Status (BIMS) score of 99, indicating the resident was unable to complete the interview.	M 655	and Director of Nursing Services on 3/3/25 to identify residents with oxygen. Doors of all residents receiving oxygen was checked on 3/3/25 by Quality Assurance Nurse and Director of Nursing Services to ensure oxygen in use signs were in place. Staff Development Nurse initiated education to all nursing staff on 3/6/25 addressing the significance of alerting staff and visitors when oxygen is in use to prevent fire hazard as oxygen has the potential to be flammable. 4. Quality Assurance Nurse and/or Director of Nursing Services will monitor all residents receiving oxygen for presence of "Oxygen in Use" sign on door beginning on 3/4/25 five times a week for three weeks, then monthly for three months. Results of monitoring will be reported to the Quality Assurance Performance Improvement Committee on 3/27/25 then monthly for three months. Changes will be made as needed and determined by the committee to ensure and sustain substantial compliance.	

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