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
	50CH	A. BUILDING: _____ B. WING _____	C 03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHOCTAW RESIDENTIAL CENTER	135 RESIDENTIAL CENTER RD CHOCTAW, MS 39350

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification along with a complaint investigation (CI) MS #26921 at the facility from 3/3/25 through 3/6/25. 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, M 610 M 625, M 705, M 780, M 1010, and M 1210. The SA identified non compliance and cited M 1010 and M 1210 for physical environment and cited M 610 for activities of daily living regarding CI MS#26921. The census at the time of the survey was 109 and the facility is licensed for 116 beds.	M 000		
M 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by: Level II Based on observation, resident and staff interview, record review, and facility policy review, the facility failed to ensure a resident dependent on staff for Activities of Daily Living (ADLs) received oral care and nail care for one (1) of 25	M 610	A. For resident #74 nail care and oral care was performed on 3/06/2025 to ensure nails were trimmed and cleaned and mouth was cleaned. An audit was done by the unit manager on 3/07/2025 on all dependent residents requiring activities of daily living care, with no issues being	4/24/25

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M 610	Continued From page 1 sampled residents. Resident #74 Findings Include: Review of the facility policy titled "Activities of Daily Living Policy" with a revision date of 7/2014, revealed under, "Policy Statement: Based on previous evaluations and current date, the nursing staff, in conjunction with Attending Physician, Consultant Pharmacist, therapy staff, and others, will seek to identify the level of care a resident requires for ADLs." An observation of Resident #74, on 3/03/25 at 12:00 PM, revealed he was lying in bed with fingernails that were approximately 1 inch (in.) in length on the left hand with a brown substance on each nail and one nail that was broken off and hanging inside his palm. The residents' upper and lower teeth and lower gum line were covered in a thick white substance. An observation with interview on 3/05/25 at 7:50 AM with Resident #74 revealed no change in the resident's appearance and he stated that he had asked the staff in the past to brush his teeth. An observation and interview with Registered Nurse (RN) #1 on 3/05/25 at 8:00 AM confirmed Resident #74 had long nails on the left fingers that could cause skin breakdown due to his contracted fingers, which were turned inward toward the palm. She revealed the nurses, or the aides, could trim his nails. RN #1 described the residents' teeth as, "They need brushing." She confirmed that staff failing to do this could cause gingivitis and tooth decay. She revealed the aides were responsible for brushing his teeth daily. An interview with the Administrator (ADM) on	M 610	found. The unit manager will now update activity of daily living kardex at weekly care plan meeting. B. Any dependent residents that require assistance with activities of daily living care could be affected by this alleged deficient practice. C. An in-service was conducted by the Staff Development Coordinator on 3/18/2025 with all licensed employees on the requirement of completing activities of daily living care with dependent residents, also if dependent residents refuse activities of daily living care the importance of documenting refusal and notifying physician of refusal. D. Charge Nurses or Unit Manager will conduct audits on five dependent residents activities of daily living care is being performed starting 3/18/2025 two times a week for four weeks, then weekly for two weeks, then monthly times two months to ensure activities of daily living care is being performed for dependent residents. Director of Nursing or Assistant Director of Nursing will review weekly audits starting 3/18/2025 two times a week for four weeks, then weekly for two weeks, then monthly times two months to validate accuracy of audits. The results of the audit will be reported to the quality assurance/performance improvement committee on 4/24/2025, then quarterly until such time consistent substantial compliance has been met.	

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M 610	Continued From page 2 3/05/25 at 2:00 PM revealed her expectations were for staff to perform the care tasks listed and document accordingly. Record review of the March 2025 "Documentation Survey Report" for Resident #74 revealed the resident requires total dependence for personal hygiene with the assist of 1- two (2) staff. Record review of the "Admission Record" revealed the facility admitted Resident #74 on 2/02/22 with medical diagnoses that included Cerebral Infarction and Hemiplegia Unspecified Affecting the Left Nondominant Side. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/11/25 revealed, under section C, a Brief Interview for Mental Status (BIMS) summary score of 15, which indicated that Resident #74 was cognitively intact.	M 610		
M1010	45.35.1 Housekeeping Facilities and Services Housekeeping Facilities and Services. 1. The physical plant shall be kept in good repair, neat, and attractive. The safety and comfort of the resident shall be the first consideration. 2. Janitor closets shall be provided with a mop-cleaning sink and be large enough in area to store house cleaning supplies and equipment. A separate janitor closet area and equipment should be provided for the food service area. This Statute is not met as evidenced by: Level II	M1010	A. For resident #60 an odor eliminator was	4/24/25

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M1010	Continued From page 3 Based on observation, resident and staff interviews, record review and facility policy review, the facility failed to provide a safe, clean, homelike environment for Residents #11, and #60. This was for one (1) of four (4) hallways. Findings include: A record review of facility policy titled "Safe and Homelike Environment," dated 2024, revealed, "In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment..." A record review of the facility policy titled, "Deep Cleaning Rooms" undated revealed, (6) "Check all room curtains if it needs taking to laundry for washing." Resident #60 During an observation on 03/03/25 at 1:06 PM, an overwhelmingly strong and foul-smelling urine odor was noted in the hallway near Resident #60's room with the smell covering approximately 15 - 20 feet of the hallway from the resident's doorway. Upon opening the door to the resident's room, the foul smell was overpowering. Neither of the residents living in that room were in the room at the time. During an interview on 3/4/25 at 12:20 PM, Certified Nursing Assistant (CNA) #1 revealed Resident #60 frequently urinated on the floor while he attempted to use the toilet. She stated they have tried to mop the floor every hour or two and replaced the flooring in his bathroom, but the smell is still overwhelming. An observation during the interview confirmed that the urine smell in the	M1010	placed on 03/05/2025 in close proximity to the resident's room to help eliminate the odor in the hallway. On 3/06/2025 the housekeeping supervisor put into place twice a day cleaning round to resident #60's room. For #11 the curtain was removed and cleaned on 3/06/2025. A 100% audit was done by the housekeeping supervisor of all curtains in the facility was completed on 3/06/2025. B. All residents on pink unit hall 2 in close relation to the smell of this room have the potential to be affected by the alleged deficient practice. All residents in facility who have curtains in their room have the potential to be affected by this alleged deficient practice. C. An in service was conducted by the Staff Development Coordinator on 3/18/2025 to all staff to report to supervisor any need for repairs to any rooms in the facility, any curtains that need to be cleaned, and any lingering odors that may be observed throughout the facility. D. Housekeeping supervisor to conduct an audit of four rooms throughout the facility and one room on hall two on the pink unit two times a week for four weeks starting 3/18/2025, then weekly times two weeks, then monthly to ensure solutions are sustained. The Administrator will review the audits two times a week for four weeks starting 3/18/2025, then weekly for two weeks, then monthly times two months to ensure solutions are sustained. The	

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M1010	Continued From page 4 hallway of Resident #60's room was still foul and overpowering. An interview on 3/4/25 at 12:25 PM, with CNA #3 confirmed that Resident #60's room and hallway near the resident's room had a strong smell of urine present. She stated she felt that the resident attempted to urinate in the toilet but would frequently miss and urinate on the floor. Her interview revealed that housekeeping mopped the floor every hour or two, but there was still a strong and very unpleasant smell, and she had several residents complain about the bad smell. During an interview on 3/4/25 at 12:30 PM, Licensed Practical Nurse (LPN) #3 confirmed that the urine smell in and near Resident #60's room had been an ongoing problem. She acknowledged that the resident "pees on the floor", and even though unintentional, it still smelled terrible and "it is not fair to other residents. This is their home, and they should not have to live in a stinky home." She stated she did not know what else could be done to improve the situation, but they have had residents and family members complain about the awful smell. During an interview with the Director of Nursing (DON) on 3/5/25 at 10:30 AM, he revealed he and the staff had worked with Resident #60 to try to improve this concern. They had assisted him with voiding in the toilet and even tried to encourage him to sit down while toileting. The resident was unwilling to try that and was unwilling to be prompted by staff to toilet more often. The DON stated the resident would go into the bathroom but before he was positioned properly, he would urinate on the floor. The DON confirmed that he was aware of the terrible smell	M1010	results of the audit will be reported to the quality assurance/performance improvement beginning on 4/24/2025, then quarterly to ensure that consistent substantial compliance has been met.	

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M1010	Continued From page 5	M1010		

in the resident's room as well as in the hallway surrounding the resident's room and had tried multiple things to help improve the smell. The floor was replaced which helped for a while, but he confirmed there was a foul odor in that area of the facility which had not been successfully resolved.

During an interview on 3/5/25 at 10:35 AM, the Administrator stated she was aware of the foul urine odor in and near Resident #60's room. She stated multiple options had been tried such as replacement of the floor and wall in bathroom, resealing the toilet, mopping frequently, education and encouragement of resident with different techniques of voiding, but none of these led to a permanent solution to the problem. She confirmed this concern had continued to occur and an acceptable and permanent solution had not been established. She also confirmed it was not fair for the other residents to have to accept this strong, foul urine smell in their home. She confirmed that each resident had the right to a clean, comfortable, homelike environment and the facility failed to provide this for the residents in that area.

Record review of Resident #60's "Admission Record" revealed the facility admitted him on 3/25/2019. Diagnoses included Chronic Obstructive Pulmonary Disease and Borderline Intellectual Functioning.

Record review of the MDS with an ARD of 1/10/25 revealed a Brief Interview for Mental Status (BIMS) score of 11 which indicated that Resident #60 had a moderate cognitive impairment.

Resident #11

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M1010	Continued From page 6 An observation and interview on 3/03/25 at 12:05 PM, revealed multiple large splotched discolored areas to the privacy curtain visible upon entering Resident #11's room. Resident #11 revealed that "This curtain needs cleaning; they don't ever clean it." An observation on 3/04/25 at 10:10 AM and again on 3/5/25 at 8:20 AM revealed the privacy curtain remained dirty with multiple large, discolored splotches throughout the fabric on the curtain. During an observation and interview on 3/05/25 at 8:30 AM, LPN #2 confirmed the privacy curtain in Resident #11's room was dirty and stained and needed to be pulled down and cleaned. She revealed it is not a home-like environment and wasn't sure when it was last cleaned. During an observation and interview on 3/05/25 at 9:45 AM, the Administrator confirmed the privacy curtain in Resident #11's room was extremely dirty and stated, "I was just in this room yesterday and didn't even notice it." Resident #11 revealed "It's been dirty like this for a long time." A record review of Resident #11's "Admission Record" revealed the facility admitted the resident on 02/24/2012 with diagnoses that included Major Depressive Disorder, Unspecified Kidney Failure, and Anxiety Disorder. A record review of Resident #11's MDS Section C with an ARD of 1/23/2025 revealed a BIMS score of 15, indicating that the resident is cognitively intact.	M1010		

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M1210	Continued From page 7	M1210		
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: Level II Based on observation, resident and staff interviews, record review and facility policy review, the facility failed to provide a safe, clean, homelike environment for one (1) of 109 residents in the facility. Residents #6. Findings include: A record review of facility policy titled "Safe and Homelike Environment," dated 2024, revealed, "In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment..." Resident #6 During an observation and interview on 03/03/25 at 3:10 PM, Resident #6's room was noted to have a large section of the wall (approximately 3 feet by 3 feet) with scratches and paint missing. Behind the resident's headboard of her bed, a piece of plywood measuring approximately 4 feet by 3 feet was noted to be attached to wall. The plywood had large chunks of wood missing which left uneven and splintered edges on the broken part as well as on the edges of the plywood. Resident #6 stated she would like for it to be repaired.	M1210	A. For resident #6 the plywood section behind the headboard was removed and the wall was repaired on 03/07/2025. B. All residents in the facility that have a plywood wall protector behind their bed has the potential to be affected by the alleged deficient practice. C. An in service was conducted by the Staff Development Coordinator on 3/18/2025 to all staff to report to supervisor any need for repairs to any rooms in the facility. D. Housekeeping supervisor to conduct an audit of five rooms two times a week for four weeks starting 3/18/2025, then weekly times two weeks, then monthly to ensure solutions are sustained. The Administrator will review the audits two times a week for four weeks starting 3/18/2025, then weekly for two weeks, then monthly times two months to ensure solutions are sustained. The results of the audit will be reported to the quality assurance/performance improvement beginning on 4/24/2025, then quarterly to ensure that consistent substantial compliance has been met.	4/24/25

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M1210	Continued From page 8 On 3/5/25 at 1:30 PM, during an observation and interview, the Administrator confirmed the paint on the wall was in disrepair and the broken and splintered plywood on the wall behind the resident's bed could cause an injury. She confirmed each resident should have a safe, clean, and homelike environment and the facility failed to provide this for Resident #6. Record review of "Admission Record" revealed the facility admitted Resident #6 on 12/16/2020. Diagnoses included Hemiplegia and Hemiparesis following Cerebral Infarction, Type 2 Diabetes Mellitus, and Dementia. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/19/24 revealed Resident #6 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact.	M1210		