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
	34JC	A. BUILDING: _____ B. WING _____	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES CO REST HOME	683 COUNTY HOME ROAD ELLISVILLE, MS 39437

(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 along with two (2) Complaint Investigations (CI MS #27722 and CI MS #27860) at the facility from 3/17/25 through 3/20/25. CI MS #27722 was investigated regarding facility staffing, falls, and resident safety. CI MS# 27860 was investigated regarding neglect, quality of care, and accidents. There were no citations related to the CIs. During the annual recertification survey, the SA determined the facility was not in compliance with the 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	M 500		4/16/25

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M 500	Continued From page 1 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, free from restraint, interference, coercion, discrimination, or reprisal;	M 500		

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M 500	Continued From page 2 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; 12. may associate and communicate privately	M 500		

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M 500	Continued From page 3 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: Level II	M 500	M500 (1) On 3/17/25 the tray for Resident #58	

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M 500	Continued From page 4 Based on observation, interviews, record reviews, and facility policy review, the facility failed to honor resident food dislikes by placing food items on meal trays that were identified as dislikes for one (1) of four (4) days of observation. Resident #58. Findings included: A review of the facility's "Resident Rights Policy," revised 12/4/2016, revealed, "... Responsibilities...The facility must support the resident in the exercise of his or her rights... Procedure... 6. Resident Rights. The resident has the right to a dignified existence, self-determination..." A review of the facility's booklet titled "A Matter of Rights: A Guide to Your Rights and Responsibilities as a Resident" with a copyright date of 2017 revealed, "... Freedom of Choice - You are entitled to make decisions, whenever possible, for yourself based on your interests and preferences..." On 03/17/2025 at 12:27 PM, during an interview and observation, Resident #58 was observed eating lunch independently. The lunch tray included lasagna and mashed potatoes with gravy. Resident #58 stated that she has told kitchen staff repeatedly not to serve certain items, yet they continue to send her food she requested not to receive. She explained the staff ask her multiple times what she wants but still brings her the wrong meal. An observation of the resident's tray card revealed lasagna was listed as a dislike. Resident #58 stated she now relies on her own food because she is tired of telling staff to bring something else.	M 500	was removed and replaced with a tray that honored her food preferences. (2) The facility has determined that all residents have the potential to be affected by failure to honor food preferences. (3) In-services began on 3/17/25 by the Registered Dietitian (RD) with kitchen staff regarding the need to honor food dislikes, providing a substitution, and ensuring all add ons were on trays. In-services to be completed by 4/10/2025. On 3/26/25, the Quality Assurance and Assessment (QAA) Committee met and reviewed the Resident Rights Policy and approved with no changes. Kitchen employee numbers one (1) and seven (7) will plate the food and be responsible for reading the meal ticket and providing a substitution for all dislikes listed on the ticket. Kitchen employee numbers four (4) and nine (9) will place the trays on the carts for delivery and be responsible for checking the tray for accuracy to make sure substitutions for dislikes and add on food items were provided. (4) Beginning 3/24/2025, the RD or Dietary Manager (DM) will conduct tray audits weekly, for three (3) months, on twelve (12) residents to verify that the tray matches the diet order, was prepared correctly, and that preferences were observed. Corrective action will be taken at the time if issues are identified. Audit reports will be reviewed by QAA monthly beginning 4/16/25, for 3 months. The committee will make any changes if needed to ensure compliance.	

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M 500	Continued From page 5 On 03/17/2025 at 12:40 PM, during an interview, Certified Nurse Aide (CNA) #1 confirmed that lasagna was listed as a dislike on Resident #58's meal ticket, yet she received it for lunch. On 03/19/2025 at 8:25 AM, during an interview, the Dietary Manager (DM) stated she could not recall whether she completed Resident #58's likes and dislikes documentation. She explained that likes and dislikes documentation should be completed for all new admissions and updated as needed. She stated that CNAs or nurses should notify the kitchen when residents are not eating or when changes to the meal ticket are required. She confirmed the Cook is responsible for reading meal tray tickets and honoring preferences during tray line setup. The DM was not aware Resident #58 received lasagna on 03/17/2025 and stated that this was an error by the cook. She confirmed her expectation that all residents' likes and dislikes are honored. On 03/20/2025 at 1:00 PM, during an interview, the Administrator stated that all staff are expected to honor residents' rights and choices at all times to ensure high-quality care. A record review of Resident #58's Admission Record revealed the facility admitted the resident on 01/13/2025 with diagnoses including Limb-Girdle Muscular Dystrophy. A record review of Resident #58's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/21/2025 revealed she had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact. A record review of Resident #58's meal tickets	M 500		

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M 500	Continued From page 6 dated 03/17/2025 and 03/18/2025 revealed lasagna listed as a dislike.	M 500		