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
	22GH	A. BUILDING: _____ B. WING _____	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA LIVING CENTER	1950 GRANDVIEW DRIVE GRENADA, MS 38901

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 04/07/25 through 04/10/25. 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 deficiencies were cited at M500 and M650. The census at the time of the survey was 83 and the facility held a license for 90 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; 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	M 500		5/13/25

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M 500	Continued From page 1	M 500		

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;

6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the

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M 500	Continued From page 2 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 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	M 500		

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M 500	Continued From page 3 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 Based on observation, resident and staff interviews, record review and facility policy review, the facility failed to ensure a call light was accessible to a resident (Resident #45) and failed	M 500	1) On 04/11/2025, an initial Quality Assurance and Performance Improvement (QAPI) was held and Root Cause Analysis was conducted by the Interdisciplinary Team (IDT) on 04/11/2025 and based on findings the call light was not accessible of	

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M 500	Continued From page 4 to honor a resident's choice related to food preferences (Resident #61) for two (2) of 32 sampled residents. Resident #45 and #61 Findings Include Resident #45 Review of the facility policy titled "Call Light/Bell" with a revision date of 1/24 revealed under, "Purpose: To provide the resident with a means of communication with staff members ...To provide staff members with a means of summoning assistance when they are with the resident..." An observation and interview with Resident #45 on 4/07/25 at 10:50 AM revealed he was sitting in his wheelchair inside his room watching television. The right side of the bed was turned against the wall with the call light cord wrapped around the bed rail multiple times, and the end of the call light was hanging down behind the bed, unreachable. The resident verbalized that he used the call light to request help but could not do that with it tied to the bed rail where he could not access it. He revealed that if he needed help, he would roll his wheelchair to the door and shout for help in the hallway. An observation of Resident #45 on 4/07/25 at 1:42 PM revealed him sitting in his wheelchair in his room. The call light continued to be wrapped around the right bed rail, which was up against the wall. An observation and interview with Certified Nurse Aide (CNA) #4 on 4/07/25 at 1:50 PM confirmed Resident #45's call light was inaccessible to him. She revealed the resident used the call light and explained that without it being accessible, he	M 500	Resident # 45 due to the call light being wrapped around the bed rail and the clip being broken. The call light for Resident #45 was straightened and new clip applied on 04/07/2025 by the Administrator. Certified Nursing Assistant (CNA) #4 and Licensed Practical Nurse (LPN) #3 were educated on 04/09/2025 by the Director of Nurses (DON) to ensure the call light is accessible to residents. Resident #45 was assessed on 04/09/2025 by a Registered Nurse (RN) with no adverse effects to not having the call light being accessible. On 04/11/2025, an initial Quality Assurance and Performance Improvement (QAPI) was held and Root Cause Analysis was conducted by the Interdisciplinary Team (IDT) on 04/11/2025 and based on findings the facility failed to honor a residents choice related to food preferences to Resident #61. Resident #61 was assessed on 04/11/2025 by the Registered Nurse (RN) Supervisor to ensure no adverse effects to Resident #61 related to not honoring a residents choice related to food preferences. Resident # 61s food preferences were updated by the Food Services Director on 04/11/2025 related to honoring a residents choice related to food preferences. 2) Residents who utilize the call light and residents with food preferences have the potential to be affected by this deficient practice. 3) On 04/11/2025, an audit was monitored and documented by the Maintenance Director to ensure call lights are	

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M 500	Continued From page 5 would not be able to call for help. An interview with Licensed Practical Nurse (LPN) #3 on 4/07/25 at 1:55 PM revealed the call light should always be in reach for Resident #45, so he could call staff if he needed something. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/17/25 revealed, under section C, a Brief Interview for Mental Status (BIMS) summary score of 10, which indicated Resident # 45 was moderately cognitively impaired. Record review of the "Admission Record" revealed the facility admitted Resident #45 on 2/29/24 with a medical diagnosis of Epilepsy. Resident #61 Record review of the facility policy "Dignity and Respect" with revision date of 07/22 revealed "A facility must...care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life recognizing each resident's individuality. The facility shall protect and promote the rights of the residents...3. All residents should have autonomy of choice, to the maximum extent possible, about how they wish to live their everyday lives and receive care...4...Resident's individual preferences regarding such things as menus...will be elicited and respected by the facility, and efforts will be made to accommodate these wishes..." An observation and interview on 4/07/25 at 12:10 PM with Resident #61 revealed she was sitting in her room eating her lunch meal. She stated that she did not like rice or greens, and they had	M 500	functioning properly and accessible to the resident. Beginning on 04/09/2025, licensed nurses, CNAs, housekeeping, and social services staff were educated by the RN Staff Director to ensure call lights have clips and are accessible to the resident and will be completed by 04/25/2025. Newly hired licensed nurses, CNAs, housekeeping, and social services staff will be educated upon hire on ensuring the call lights have clips and are accessible to the resident. On 04/11/2025, an audit was conducted by the Food Services Director to ensure residents choices are honored related to food preferences. On 04/10/2025, the dietary staff were educated on Alternate Foods for Food Preferences policy by the Registered Nurse (RN) Staffing Director on ensuring residents choices are honored related to food preferences. Beginning on 04/09/2025, the licensed nurses and Certified Nurse Assistants (CNAs) were educated on Alternate Foods for Food Preferences policy by the RN Staffing Director on ensuring residents choices are honored related to food preferences and will be completed by 04/25/2025. Newly hired licensed nurses, CNAs, and dietary staff will be educated on Alternate Foods for Food Preferences policy upon hire and as needed on ensuring residents choices are honored related to food preferences. 4) Beginning on 04/14/2025, the DON	

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M 500	Continued From page 6 those foods on her meal tray today. An observation of the resident's lunch tray confirmed she had rice and mustard greens along with red beans, cornbread, pork chop, yogurt and banana pudding. She admitted that she had told them months ago that she didn't eat rice and greens, but they continued to put them on her plate. She also revealed that greens and rice were listed on her meal ticket under "dislikes". An observation of the resident's meal ticket confirmed that rice and greens were listed under "dislikes". An interview on 4/08/25 at 11:45 AM with Registered Nurse (RN) #1 confirmed that there was a place on the meal ticket's that listed the resident's likes and dislikes, and the residents should not receive those foods. She revealed that staff assisted the residents to fill out their preferences and choices and that the Dietary Manager kept up with them. An interview on 4/08/25 at 1:04 PM with the Dietary Manager (DM) confirmed that Resident #61's Lunch Meal Ticket dated 4/07/25 had dislikes documented that included mustard greens and rice and that she should not have received those two food items. He confirmed that the lunch menu on 4/07/25 consisted of a pork chop, red beans and rice, greens, banana pudding, and cornbread. The Dietary Manager revealed that the kitchen staff were supposed to follow the meal tickets as the plates were being passed down the line and that the greens and rice must have been put on Resident #61's plate by mistake. He revealed that he evaluated residents when admitted, went over their likes, dislikes, and preferences and the dietary staff were supposed to prepare their meal trays accordingly. He confirmed that Resident #61's dislikes were not honored, and she should not	M 500	and/or Administrator will audit resident rooms to ensure call lights have clips and are accessible to the resident on 5 residents 5 times a week for 4 weeks and then 5 residents monthly for 3 months. Audits will be monitored, documented, and maintained by the DON. Areas of concern will be reported to the QAPI Committee for review. The QAPI Committee will convene on 05/12/2025 to discuss further recommendations as needed and once a month for 3 months. Additional training and/or disciplinary action will be considered as warranted. Beginning on 04/14/2025, the Administrator and/or Food Service Director will conduct an audit to ensure residents choices are honored related to food preferences on 5 resident 5 times a week for 4 weeks and then 5 residents monthly for 3 months. Audits will be monitored, documented, and maintained by the Director of Nurses. Areas of concern will be reported to the QAPI Committee for review. The QAPI Committee will convene on 05/12/2025 to discuss further recommendations as needed and once a month for 3 months. Additional training and/or disciplinary action will be considered as warranted.	

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M 500	Continued From page 7	M 500		

have received the greens and rice.

An interview on 4/09/25 at 12:50 PM with the Administrator confirmed that resident food likes, dislikes and preferences were assessed when admitted to the facility and that Resident #61 should not have been served foods that were on her dislike list, stating, "That's on us." The Administrator also revealed that the dietary staff should be reading and following those meal tickets when serving meals and admitted that residents had the right to make food choices.

Record review of Resident #61's "Dietary Admission Interview Form" with admission date of 4/30/21 revealed that Rice, Mustard and Turnip Greens under "Food Preferences" were answered "No."

Record review of Resident #61's "Dislike and Allergy Report" revealed that she disliked Rice, Turnip Greens, and Mustard Greens.

Record review of Resident #61's Lunch Meal Ticket dated 4/07/25 revealed that her dislikes included Mustard Greens and Rice.

Record review of Resident #61's "Admission Record" revealed an admission date of 4/29/21 and that she had diagnoses that included Type 2 Diabetes Mellitus, Unspecified Anemia, and Unspecified Anxiety Disorder.

Record review of Resident #61's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/11/25 revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact.

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M 650	Continued From page 8	M 650		
M 650	45.21.10 Hydration Hydration. Each resident shall be provided sufficient fluid intake to maintain proper hydration and health. This Statute is not met as evidenced by: Level II Based on staff interviews, record review, and facility policy review, the facility failed to ensure accurate monitoring and documentation of fluid intake for a resident on fluid restriction for one (1) of (4) four residents reviewed for fluid restrictions (Resident #20). Findings include: Review of the facility policy titled, "Fluid Restriction," last reviewed February 2022, revealed the policy statement: "Fluids will be restricted for residents as directed by the physician orders... Procedure: 3. Nursing service will document intake..." Record review of the "Order Summary Report" for Resident #20 revealed an order dated 8/26/24 for a 1000 milliliter (ml) fluid restriction. The order directed that fluid intake must be documented and specified the following shift limits: day shift not to exceed 450 ml, evening shift not to exceed 450 ml, and night shift not to exceed 100 ml. Record review of the Intake and Output (I&O) forms for Resident #20 from 3/30/25 through 4/7/25 revealed incomplete documentation. Daily 24-hour totals ranged from 240 ml to 400 ml. The (I&O) records lacked documentation necessary to determine if the resident's prescribed fluid restriction was being maintained.	M 650	1) On 04/11/2025, an initial Quality Assurance and Performance Improvement (QAPI) was held and Root Cause Analysis was conducted by the Interdisciplinary Team (IDT) on 04/11/2025 and based on findings facility did not accurately monitor and document fluid intake for Resident #20 on fluid restriction. Resident #20 was assessed with no adverse effects on 04/11/2025 by a Registered Nurse (RN) Supervisor related to not accurately monitoring and documenting fluid intake for a resident on fluid restriction. 2) Residents who have fluid restrictions have the potential to be affected by the deficient practice. 3) On 04/11/2025, an audit was conducted by the Director of Nurses (DON) to ensure accurately monitoring and documenting fluid intake for residents on fluid restriction. Beginning on 04/11/2025, licensed nurses and Certified Nursing Assistants (CNAs) were educated on Fluid Restriction policy by the DON and/or RN Staffing Director on ensuring accurately monitoring and documenting fluid intake for residents on fluid restriction and will be completed by 04/25/2025. Newly hired licensed nurses and CNAs will be educated on Fluid Restriction policy upon hire and as needed on ensuring	5/13/25

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M 650	Continued From page 9 During an interview with Certified Nurse Assistant (CNA) #2 on 4/8/25 at 3:11 PM, she stated she was aware that Resident #20 was on a fluid restriction. CNA #2 further stated that CNAs are expected to report the amount of fluids the resident consumes during meals to the nurse. She confirmed that she had not been reporting the resident's fluid intake to the nurse. During an interview with Licensed Practical Nurse (LPN) #3 on 4/8/25 at 3:15 PM, she revealed she was assigned to Resident #20 on the day shift. LPN #3 stated she was aware the resident was receiving dialysis but was not aware the resident was on a fluid restriction. She also confirmed that the CNAs do not notify her of how much fluid the resident consumes during meals. During an interview with LPN #4 on 4/8/25 at 3:20 PM, she stated she provided care for Resident #20 during the evening shift. LPN #4 confirmed she was aware the resident was on a fluid restriction but was unsure of the prescribed fluid restriction amount. She also confirmed that the CNAs do not report the resident's fluid intake to her during the shift. She stated she only documented the fluids she directly gave to the resident. During an interview with the Director of Nursing (DON) on 4/8/25 at 3:25 PM, she confirmed that upon review of the I&O forms from 3/30/25 to 4/7/25, staff were not accurately documenting the total amounts of fluid consumed by Resident #20. She stated that CNAs are responsible for informing nurses of the amount of fluids the resident drinks during meals, and nurses are expected to ensure the intake is documented correctly and that the resident's prescribed fluid restriction is followed. She acknowledged that the	M 650	accurately monitoring and documenting fluid intake for a resident on fluid restriction. 4) Beginning on 04/14/2025, the DON and/or Minimum Data Set (MDS) Nurse will review documentation on fluid intake for residents on fluid restriction for 5 residents 5 times a week for 4 weeks and then 5 residents monthly for 3 months. Audits will be monitored, documented, and maintained by the DON. Areas of concern will be reported to the QAPI Committee for review. The QAPI Committee will convene on 05/12/2025 to discuss further recommendations as needed and once a month for 3 months. Additional training and/or disciplinary action will be considered as warranted.	

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M 650	Continued From page 10 current documentation was inaccurate and incomplete, and therefore staff had no way to accurately assess how much fluid the resident was consuming. The DON expressed that concerns from this deficient practice could result in the residents consuming too much or too little fluid, potentially leading to fluid overload or dehydration. Record review of the Admission Record revealed Resident #20 was admitted to the facility on 10/11/22 with diagnoses including Hypertensive Heart and Kidney Disease with Heart Failure and Stage 5 Chronic KidneyDisease and End-Stage Renal Disease. Record review of Resident #20's Quarterly Minimum Data Set (MDS) dated 2/11/25, Section O, revealed the resident was receiving dialysis while in the facility.	M 650		