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
	20GE	A. BUILDING: _____ B. WING _____	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GEORGE REGIONAL HEALTH & REHAB CENTER	859 WINTER ST LUCEDALE, MS 39452

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M 000	Initial Comments The State Agency (SA) conducted an Annual Recertification Survey at the facility from 4/29/25 through 5/1/25. 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 cited M500 and M1570.	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		5/19/25

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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 observation, interview, record review, and facility policy review, the facility failed to ensure residents' rights to privacy and confidentiality were maintained when personal care signage was posted on the wall for two (2) of three (3) survey days. Resident #10 and Resident	M 500	1. Immediate action taken for the residents found to have been affected include: On May 1, 2025, all signage containing personal and confidential information was removed from resident #10 and #29 rooms to ensure that their right to dignity and privacy are honored.	

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M 500	Continued From page 4 #29. Findings Included: A review of the facility's policy, "Promoting/Maintaining Resident Dignity," dated 10/10/24, revealed, "It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity ...Compliance Guidelines: ... 12. Maintain resident privacy ..." A review of the facility's policy, "Resident Rights," dated 2/10/25, revealed, "... The facility will inform the resident ...of his or her rights and all the regulations governing resident conduct and responsibilities during the stay in the facility ... Resident rights. The resident has the right to a dignified existence, and self-determination ... 7. Privacy and confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. a. Personal privacy includes accommodations, medical treatment ...personal care ... b. The resident has a right to secure and confidential personal and medical records ..." Resident #10 On 4/29/25 at 10:00 AM, during an observation, Resident #10 was lying in bed with positioning pillows and wedges. Two (2) signs were posted above the head of the bed and one (1) on the bathroom door. The signs read, "No more than 2 pads on the bed," and "Don't remove pillows or wedges from the room," the latter bearing the Administrator's signature. The resident was non-verbal. On 4/29/25 at 1:29 PM, during a phone interview	M 500	2. Identification of other residents having the potential to be affected was accomplished by: On May 1, the Certified Nursing Aide Supervisor performed an audit on all occupied resident rooms monitoring for any signage containing person and confidential information. Resident's #10 and #29 were identified as having the potential for harm. 3. Actions taken and systems put into place to reduce the risk of future reoccurrence include: On May 1, 2025 the Staff Development Nurse conducted an in-service with the Certified Nursing Aide Supervisor on the topic of resident rights with focus on Personal Privacy and Confidentiality of Records. On May 5, 2025. The Staff Development Nurse continued to in-service with the Nurses and Nurses' Aides. The incident of Resident 10 and 29 was taken to the Quality Assurance Committee on May 16, 2025. 4. The following corrective action will be monitored to ensure the practice will not reoccur: On May 1, 2025 the Certified Nursing Aide Supervisor began a weekly audit of all occupied resident's rooms to ensure that Resident's rights are honored. The Certified Nursing Aide Supervisor will continue to conduct weekly audits for 12 weeks. He will keep a log of his findings. Beginning on May 2, 2025, the Medical Record clerk will audit the logs weekly. Beginning May 2, 2025, findings of these	

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M 500	Continued From page 5 with Resident #10's family members, both reported they were unaware of the signage on the walls. On 4/30/25 at 9:55 AM, during a follow-up observation, the signage continued to be posted on Resident #10's bathroom door and wall. A record review of Resident #10's "Admission Record" revealed the facility admitted the resident on 9/26/14 with diagnoses including Hypoxia and Traumatic Subdural Hemorrhage without Loss of Consciousness, Subsequent Encounter. A record review of Resident #10's "Quarterly Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of 3/12/25 revealed he required a staff assessment for mental status assessment which indicated his cognitive skills for daily decision making were severely impaired. Resident #29 On 4/29/25 at 8:16 AM, during an observation, Resident #29 was lying in bed and there were two (2) signs posted above the head of the bed and on the bathroom door reading, "No blood pressures or blood sticks in the left arm." On 4/29/25 at 1:00 PM, during an interview with Licensed Practical Nurse (LPN) #3, she reported Resident #29 had a dialysis shunt in her left arm and that this was care-planned. Staff were aware not to use the left arm for blood pressures or sticks. On 4/29/25 at 1:35 PM, during an interview with Resident #29's family member, she stated her mother had a dialysis shunt that was never used and was unaware of the signage posted. She	M 500	logs will be discussed for 12 weeks in the weekly Quality and Performance Improvement Meeting. Beginning in July of 2025, this plan of correction will be monitored quarterly at the Quarterly Quality Assurance Meeting for 6 months.	

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M 500	Continued From page 6 confirmed the facility placed the signs to notify staff not to use the left arm and agreed this information should be in the care plan, not on the walls. On 4/30/25 at 10:00 AM, during an observation, the signs continued to be posted in Resident #29's room. A record review of Resident #29's "Admission Record" revealed the facility admitted the resident on 10/18/21 with diagnoses including Unspecified Dementia. A record review of the "Medication Review Report" revealed Resident #29 had a Physician's Order, dated 5/28/24 for "Graft can be used if needed for dialysis." A record review of Resident #29's "Quarterly Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of 4/9/25 revealed she had a Brief Interview for Mental Status (BIMS) score of 4, indicating she was severely cognitively impaired. A record review of the "Care Plan Detail" revealed Resident #29 had an individual care plan for the dialysis port located on the left forearm, with interventions to protect the site and avoid any blood pressures or restrictive items on that limb. On 4/30/25 at 10:10 AM, during an observation and interview with Certified Nurse Aide (CNA) #2, she confirmed signage in both residents' rooms included information already documented in the medical record or care plan. She was unsure why certain instructions were posted but confirmed the details pertained to personal care.	M 500		

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M 500	Continued From page 7 On 4/30/25 at 10:30 AM, during an interview with LPN #2, she confirmed Resident #10 had been at the facility for years, was totally dependent, and non-verbal. She was not aware of why signage was posted in the room. She confirmed Resident #29 had a shunt in the left arm, no dialysis, and confirmed the signs for "no blood pressure/sticks" were still posted. She stated the care plan contained this information and signage was unnecessary. On 4/30/25 at 2:00 PM, during an observation with the Administrator and Director of Nursing (DON), both confirmed the signage contained medical information that should not be posted. The Administrator reported she signed the signage but did not know it was displayed on the walls. The DON stated the signs would be removed, and an audit would be completed to remove similar signs from other rooms. Both agreed residents' rights, dignity, and privacy must be honored.	M 500		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a	M1570		5/19/25

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M1570	Continued From page 8 mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by: Level II Based on observation, interview, record review, and facility policy review, the facility failed to prevent the possible spread of infection by not following manufacturer guidelines for cleaning and disinfecting the glucometer for one (1) of two (2) residents observed for blood glucose monitoring, Resident #95. Findings include: A review of the facility's policy, "Blood Glucose Monitoring," dated 2/15/25, revealed, "It is the policy of this facility to perform blood glucose monitoring to diabetic residents as per physician's orders ... Policy Explanation and Guidelines ... 2. The nurse will perform the blood glucose test utilizing the facility's glucometer as per manufacturer's instruction. 3. The nurse will abide by the infection control practices of cleaning and disinfection of the glucometer as per the manufacturer's instructions and in accordance with the facility's glucometer disinfection policy. 4. If possible, glucometers should not be shared between residents, but if this is not possible, the	M1570	1. Immediate action taken for the residents found to have been affected include: On May 1, 2025 the Infection Control Nurse provided demonstration of proper glucometer sanitation to Licensed Practical Nurse #4 with a proper demonstration in return. 2. Identification of other residents having the potential to be affected was accomplished by: On May 1, 2025 the Medical Records Nurse performed an audit of all residents receiving accu-checks. All residents receiving accu-checks were identified as having potential to be affected by this deficiency. 3. Actions taken and systems put into place to reduce the risk of future reoccurrence include: On May 1, 2025 the Infection Control Nurse provided one-on-one in-servicing to Licensed Practical Nurse #4 on following the manufacturer’s guidelines for cleaning	

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M1570	Continued From page 9 nurse is responsible for cleaning and disinfection of the machine between residents following the manufacturer's instructions and in accordance with the facility's glucometer disinfection policy ..." A review of the facility's policy, "Glucometer Disinfection," revised 7/24/24, revealed, "The purpose of this procedure is to provide guidelines for the disinfection of capillary-blood glucose sampling devices to prevent transmission of blood borne diseases to residents and employees ... Cleaning is the removal of visible soil from objects and surfaces normally accomplished manually or mechanically using water with detergents or enzymatic products. Disinfection is a process that eliminates many or all pathogenic microorganisms, except bacterial spores, on inanimate objects. Policy Explanation and Compliance Guidelines 1. The facility will ensure blood glucometers will be cleaned and disinfected after each use. 2. The glucometers will be disinfected with a wipe pre-saturated with an EPA (Environmental Protection Agency) registered healthcare disinfectant that is effective against HIV (Human Immunodeficiency Virus), Hepatitis C and Hepatitis B virus. 3. The Glucometer will be cleaned and disinfected after each use ..." A review of the General Guidelines for use of the "Super Sani-Cloth," dated 2021, revealed, " ...3b. Unfold a clean wipe and thoroughly wet surface 4. Allow treated surface to remain wet for two (2) minutes. Let air dry ..." A record review of the "Order Summary Report" revealed Resident #95 had a physician's order, dated 4/22/25, for Accu-Chek AC (before meals) and HS (bedtime). On 4/30/25 at 11:15 AM, during an observation,	M1570	and disinfecting the glucometers. On May 5, 2025 the Infection Control Nurse provided in-service training to all Nurses educating them on the manufacturer's guidelines for cleaning and disinfecting the glucometers. This incident was taken to the Quality Assurance Meeting on May 16, 2025. 4. The following corrective action will be monitored to ensure the practice will not reoccur: On May 1, 20205, the Infection Control Nurse began performing a weekly audit to ensure the nursing staff are following the manufacturer's guidelines for cleaning and disinfecting the glucometers. The Infection Control Nurse will continue to conduct weekly audits for 12 weeks. She will keep a log of her findings. Beginning on May 2, 2025, Director of Nursing will audit the logs weekly. Beginning May 2, 2025, findings of these logs will be discussed for 12 weeks in the weekly Quality and Performance Improvement Meeting. Beginning in July of 2025, this plan of correction will be taken to the Quarterly Quality and Assurance Meeting for six months.	

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M1570	Continued From page 10 Licensed Practical Nurse (LPN) #4 was observed using a glucometer to check Resident #95's blood sugar. After the procedure, she used a Sani wipe disinfectant cloth and rubbed the top of the glucometer for ten (10) seconds. On 4/30/25 at 1:00 PM, during an interview with LPN #4, she confirmed she failed to cleanse the glucometer with the Sani wipe for the required two (2) minutes. She stated she was not familiar with the manufacturer's guidelines that required a two (2) minute contact time. On 4/30/25 at 1:15 PM, during an interview with the Director of Nursing (DON), she stated that all nursing staff had been in-serviced on proper glucometer cleansing. The DON confirmed that the glucometer was shared among residents, and failure to cleanse it properly could lead to the transmission of blood borne diseases. She confirmed the facility did not currently have any residents with a blood borne disease. On 4/30/25 at 2:00 PM, during an interview with the Administrator, she stated that she expected staff to follow the manufacturer's guidelines for using Sani wipes to prevent infections. A record review of Resident #95's "Admission Record" revealed the facility admitted the resident on 4/22/25 with diagnoses including Type 2 Diabetes Mellitus. A record review of Resident #95's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/29/25 revealed a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident was cognitively intact.	M1570		