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
	29DA	A. BUILDING: _____ B. WING _____	05/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DANIEL HEALTH CARE INC DBA THE MEADOWS	1905 SOUTH ADAMS STREET FULTON, MS 38843

(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 re-certification survey at the facility from 5/27/25 through 5/29/25. 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 M500. The census at the time of the survey was 116 and the facility is licensed for 130 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		7/2/25

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M 500	Continued From page 1 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	M 500		

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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 observations, resident and staff interviews, record review, and policy review, the facility failed to ensure the promotion and protection of resident rights for three of 21	M 500	M500 Statements contained herein are intended for purposes of compliance with Federal and State law regarding responses to the Statement of Deficiencies. The language herein is not intended to be used by any third party, it is	

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M 500	Continued From page 4 sampled residents (Residents #2, #80, and #87). The facility failed to uphold resident dignity by not providing a catheter bag privacy cover for Resident #2, failed to ensure Resident #80's participation in her plan of care despite cognitive intactness, and failed to honor Resident #87's preference to sleep in, thereby disregarding her right to make choices about her schedule and daily routine. These failures demonstrate the facility's lack of adherence to residents' rights to dignity, self-determination, and involvement in care planning. Findings Include: Resident #2 Review of the facility policy titled "Catheter Placement Policy," with a revision date of August 14, 2017, revealed catheter bags should be placed inside a privacy bag. Review of the facility policy titled "Dignity Policy," with a revision date of September 6, 2010, revealed care should be provided in a manner and in an environment that maintains or enhances each resident's dignity with respect in full recognition of his or her individuality. On 5/27/25 at 9:40 AM, observation of Resident #2 revealed the resident lying in bed with a urinary catheter bag hanging at the bedside, uncovered and lacking a privacy cover. Record Review of physicians's revealed Resident #2 had an order for a suprapubic catheter. During an interview with Licensed Practical Nurse (LPN)# 1 at Resident 2's bedside on 5/28/25 at 9:42 AM, she confirmed that the resident should have a privacy cover on his catheter bag. She	M 500	solely for the purposes of compliance with participation requirements of Medicare and Medicaid. For Resident #2 1. On 5.27.25, Resident #2 revealed lying in bed with a urinary bag hanging at the bedside, uncovered and lacking a privacy cover. Registered Nurse(RN) Supervisor immediately reported to Director of Nursing and obtained privacy cover for the urinary catheter bag. The privacy cover was immediately placed over Resident #2 urinary catheter bag found on bedside. 2. -All residents that have a urinary catheter bag have the potential to be affected by this deficient practice. -On 5.27.25, the unit Quality Assurance Nurse Supervisors identified all residents who had a current order for a urinary catheter bag and rounded to ensure the privacy bag was in place for the wheelchair and bed. All privacy bags were in place and covering the urinary catheter bag at the time of the rounds. 3. -On 5.28.25, the Administrator, Director of Nursing, and Education Nurse/Infection Preventionist reviewed the policies titled "Catheter Placement Policy" and the "Dignity Policy" with no recommended changes to the policy noted. -To prevent this from recurring, a mandatory	

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M 500	Continued From page 5 stated, "It can be embarrassing for the resident, and it's a dignity issue." During an interview with Director of Nursing on 5/28/25 at 11:47 AM, she stated, "All staff know that they should have a catheter cover for dignity. We have enough catheter bag covers for the wheelchair and bed." Review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/14/2025, revealed Section C0500: BIMS score was an 8, indicating the resident's cognitive status was moderately impaired. Section H0100: Appliances revealed A. Indwelling catheter. Review of the Record of Admission revealed the facility admitted Resident #2 on 8/19/2017, with medical diagnosis of Urinary Retention. Resident #80 Review of the "Care Plan Invitation Policy" unrevised, revealed, "It is the policy of this facility that invitations to care plan conferences will be handled in the following manner: The resident and/or the responsible party will be invited to attend the care planning conference by one week prior to the scheduled date ... A formal interdisciplinary care planning conference will be held weekly on Thursday. All members present are to provide input and sign the care plan verifying attendance." Review of the "Resident Rights Policy" with a revision date of 12/06/10 revealed under, "Exercise Rights: Each resident will be able to exercise his/her rights as a resident in this facility and as a citizen of the United States." 11. "To participate in his/her total care plan preparation and implementation." ...	M 500	in-service/education for all staff was held on 6.3.25, 6.4.25, 6.5.25 and 6.8.25 titled "Resident Rights" with F550 Regulation and the policies titled "Catheter Placement Policy" and "Dignity Policy" being covered to ensure residents with an urinary catheter bag has a privacy cover at all times in order to maintain residents' dignity and privacy. -A make-up in-service/education has been set for 6.11.25 and also 1-on-1 in-service/education will be available to ensure that all staff will be in-serviced/educated by 6.30.25. 4. -The unit Quality Assurance(QA) Nurses will conduct daily rounds beginning 6.9.25 for four weeks to ensure that the residents with an order for an urinary catheter bag has a privacy cover at all times. If satisfactory compliance is found during the four weeks, the QA Nurses will then begin weekly rounds on 7.14.25 for a period of two months. All findings will be reported to the Director of Nursing and deficient practices will be corrected immediately. -The Director of Nursing will report findings of facility compliance on a monthly basis to the Quality Assurance Committee for a period of three months beginning 7.1.25. The Quality Assurance Committee may decide to stop the weekly resident rounds once the three months is over and when no further deficient evidence has resulted in the prior 30 days.	

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M 500	Continued From page 6 On 5/27/25 at 10:06 AM, an observation and interview with Resident #80 revealed she was lying in bed. She stated she was bed bound and did not attend her care plan meetings. The resident explained she had never been invited to a meeting, and the facility had not mentioned anything about having one. She stated her family was not involved with her care. Record review of Resident #80's "Care Conference Summary" dated 3/27/25 revealed the resident was invited and did not attend. On 3/27/25 at 2:12 PM, an interview with Social Services (SS) #1 revealed the facility has care plan meetings every Thursday. She explained that she notifies the residents of their upcoming care plan meeting when she goes into their rooms to do their Brief Interview for Mental Status (BIMS) and mood assessment. She stated the resident's son-in-law came to the first couple of care plan meetings but has not come in quite a while. SS #1 stated the resident prefers not to come out of her room and confirmed the team did not accommodate for the resident by holding the meeting in her room. She acknowledged the resident should be involved and make decisions regarding her care. During an interview with the Director of Nursing (DON) on 5/29/25 at 8:12 AM, she confirmed the staff should involve Resident #80 in care plan meetings and explained the resident should have a direct voice regarding how her care was managed. Record review of the "Record of Admission" revealed the facility admitted Resident #80 on 10/31/23 with a medical diagnoses that included	M 500	-The Director of Nursing will be responsible for implementation and monitoring of this process. For Resident #80: 1. Social Services Director(SSD) spoke with Resident #80 on 5.27.25 to explain the care plan conference and her rights to attend and to participate in her plan of care. SSD informed her that in-room meetings can be held in order to participate if she so chooses. Resident #80, "Care Plan Authorization" form has been updated to reflect her participation choice. -Resident #80 next care plan conference is scheduled for 6.19.25. SSD will meet with resident #80 - one week in advance and will be given the option to attend the care plan conference in her room or in a designated area per her choice. 2. All residents have the potential to be affected by this deficient practice. 3. -On 5.28.25, the Administrator, Director of Nursing, and Social Services Director reviewed the policy titled "Care Plan Invitation Policy". Revisions to the policy were recommended and policy has been updated with a revision date of 5.28.25. -An in-service/education was held on 6.10.25 by the Administrator with the Director of Nursing, Social Services Department, MDS Coordinator and Case	

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M 500	Continued From page 7 Seizures and Unspecified Sequelae of Nontraumatic Subarachnoid Hemorrhage. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/24/25 revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 15, which indicated Resident #80 was cognitively intact. Resident #87 Review of the "Resident Rights Policy" with a revision date of 9/06/10 revealed under, "Exercise Rights: Each resident will be able to exercise his/her rights as a resident in this facility and as a citizen of the United States." On 5/27/25 at 10:56 AM, an observation and interview with Resident #87 revealed she was sitting in her wheelchair in her room. She stated she did not sleep well last night and explained that they made her get up early this morning. She revealed, "I told them I would rather not get up, and I wanted to sleep in." The resident explained they made her get up anyway. On 5/28/25 at 9:50 AM, an interview with Resident #87 revealed she was 90 years old, and depending on how she felt, she might not want to get up early every morning. The resident stated she would like to make those care decisions for herself. During an interview with Licensed Practical Nurse (LPN) #2 on 5/28/25 at 10:02 AM, she revealed Resident #87 was on the get-up list for the 11-7 shift to get her up. She explained that the night shift started getting the residents up around 5:30 AM. She confirmed the resident did voice at times she did not want to get up early, but the daughter	M 500	Management nurses to review the updated Care Plan Involvement Policy and the F553 Regulation. Education was also provided on the importance of each resident having the opportunity to participate in their plan of care. Social Services will ensure that the facility supports the resident's right to be informed of, and participate in his/her care planning and treatment. 4. -The SSD will audit the careplan calendar weekly times 12 weeks beginning 6.10.25 to ensure that letters are being mailed/emailed to Responsible Representatives, that resident's are being informed and invited to participate in care plan conference and that documentation of the care plan conference is reflected in the resident's medical record. -The SSD will report findings on a weekly basis to the Administrator for four weeks and then monthly for a period of three months. -The SSD will report findings to the Quality Assurance(QA) Committee on a monthly basis x three months beginning 7.1.25. The Quality Assurance Committee may decide to stop the audits after three months if satisfactory compliance has been evidenced and if no further deficient practice has resulted in the prior 30 days. -The Administrator will be responsible for implementation and monitoring of this process.	

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M 500	Continued From page 8 wanted her up for all meals. LPN #2 acknowledged it was the residents' right to make care choices, and the facility should honor that request. During an interview with the Director of Nursing on 5/29/25 at 8:12 AM, she confirmed Resident #87 should be able to make decisions regarding her care that were important to her, such as sleeping in late if she wanted to. Record review of the "Record of Admission" revealed the facility admitted Resident #87 on 5/03/24 with a medical diagnosis that included Mixed Anxiety Disorder. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/04/25 revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 10, which indicated Resident #87 was moderately cognitively impaired.	M 500	For Resident #87: 1. On 5.28.25, the unit Quality Assurance(QA) Nurse Supervisor met with Resident #87 to discuss her get up preferences. Resident #87 was moved from the 11p-7a "get up list" to the 7a-3p list on 5.28.25. Plan of Care was updated on 6.10.25. QA nurse explained to resident that she has the right to make her decisions and if she wishes to remain in bed for a desired amount of time, then her wishes will be honored. 2. All residents have potential to be affected by this deficient practice. 3. -On 5.28.25, the Administrator, Director of Nursing(DON) and Social Services Director(SSD) reviewed the "Resident Rights Policy". No recommended changes noted to the policy. -A mandatory in-service/education for all staff was held by the Education Director on 6.3.25, 6.4.25, 6.5.25 and 6.8.25 titled "Residents Rights". Staff were educated on resident's rights and the importance of ensuring that each resident is able to exercise their right to make care-related decisions. -A make-up in-service/education has been set for 6.11.25 and also 1-on-1 in-service/education will be available to ensure that all staff will be	

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M 500	Continued From page 9	M 500	in-serviced/educated by 6.30.25. 4. -The unit Quality Assurance Nurse Supervisors will interview all residents weekly beginning the week of 6.9.25 for three months to ensure that residents' are actively participating in their plan of care and that their preferences are being attained. The Quality Assurance Nurses will report findings to the Director of Nursing weekly and deficient practices will be corrected immediately. -The Quality AAssurance Nurse Supervisors will report findings on a weekly basis to the Director of Nursing x four weeks and then monthly for two months for a total of three months total. -The Director of Nursing will report findings of facility compliance on a monthly basis to the Quality Assurance(QA) Committee for a period of 3 months beginning 7.1.25. The Quality Assurance Committee may decide to stop the weekly resident rounds once the three months is complete and when no further deficient evidence has resulted in the prior 30 days. -The Director of Nursing will be responsible for implementation and monitoring of this process.	