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
	15CL	A. BUILDING: _____ B. WING _____	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPIAH LIVING CENTER	806 WEST GEORGETOWN STREET CRYSTAL SPRINGS, MS 39059

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M 000	Initial Comments The State Agency (SA) conducted an Annual Recertification Survey at the facility from 5/5/25 through 5/8/25. 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 requirement and cited M500, M620, 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		6/4/25

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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 interviews, record review, and facility policy review, the facility failed to ensure residents' rights for respect and dignity, as evidenced by staff entering resident rooms and providing care while using personal cell phones and wearing earbuds, which residents described as "rude and disrespectful." This deficient	M 500	A. On 05/08/2025, Resident #4 and Resident #43 were assessed by the Director of Nursing on any adverse effects related to how the facility failed to ensure Resident Rights for respect and dignity. There were no adverse effects noted. B. All current residents of the facility have the potential to be affected by the deficient	

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M 500	Continued From page 4 practice affected two (2) of 18 sampled residents, Resident #4 and Resident #43. Findings Included: A review of the facility's policy, "Resident's Rights," dated 3/24, revealed, "Every resident in this facility has the right to...12. Be treated courteously, fairly and with the fullest measure of dignity..." Resident #4 On 5/8/25 at 9:28 AM, during an interview with Resident #4, she confirmed her concerns shared during the Resident Council meeting and explained that staff often entered her room while on the phone or wearing earbuds. She stated that she felt this was disrespectful and rude. A record review of the "Admission Record" revealed the facility admitted Resident #4 on 3/11/21 with diagnoses including Unspecified Atrial Fibrillation. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/10/25 revealed Resident #4 had a Brief Interview for Mental Status (BIMS) score of 15, indicating she was cognitively intact. Resident #43 On 5/8/25 at 9:28 AM, during an interview with Resident #43, she explained that staff frequently entered her room while using phones or earbuds, which she found disrespectful. A record review of the "Admission Record" revealed the facility admitted Resident #43 on	M 500	practice. C. On 5/8/2025,the facility Staffing Coordinator started an in-service on Resident Rights Policy with an emphasis on not using personal cell phones and wearing earbuds while entering Resident's rooms. The facility Administrator and Director of Nursing will ensure that Resident's Rights are not being violated D. Beginning 05/08/2025 the Licensed Practical Nurse and/or Registered Nurse on duty will check All Staff during her shift for personal cellphones and earbuds usage daily times 4 weeks then five days/week times three weeks then three days/week thereafter. Areas of concern will be brought to the Quality Assessment and Improvement Committee for review. The Quality Assessment And Improvement Committee will convene on 06/04/2025 to discuss further recommendations as needed. Additional training and/or disciplinary action will be considered as warranted.	

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M 500	Continued From page 5 3/13/24 with diagnoses including an Unspecified Fracture of Sacrum. A record review of the Comprehensive MDS with an ARD of 2/21/25 revealed Resident #43 had a Brief Interview for Mental Status (BIMS) score of 12, indicating her cognition was moderately impaired. On 5/8/25 at 11:50 AM, during an interview with the Director of Nursing (DON), she explained that she had provided multiple in-services on this issue. She stated that staff should not wear earbuds in resident rooms and acknowledged that it could be irritating to the residents. On 5/8/25 at 12:13 PM, during an interview with the Administrator, she explained that she had also in-serviced staff multiple times regarding not wearing earbuds. She stated that she was unaware the issue was still occurring and emphasized that residents should be given undivided attention because their rooms are their homes.	M 500		
M 620	45.21.4 Urinary incontinence Urinary incontinence. Residents with urinary incontinence shall be assessed for need of bladder retraining program. An indwelling catheter will not be used unless the resident ' s clinical condition indicates that catheterization is necessary. These residents shall receive treatment and services to prevent urinary tract infections. This Statute is not met as evidenced by: Level II Pattern	M 620	A. On 05/07/2025,Residents #20 and #38	6/4/25

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M 620	Continued From page 6 Based on observation, interview, record review, and facility policy review, the facility failed to ensure incontinent residents received appropriate care and services to prevent the possibility of urinary tract infection for two (2) of two (2) residents reviewed for perineal care, Resident #20 and Resident #38. Findings included: A review of the facility's policy, "Perineal Care," revised 1/24, revealed, "Purpose to cleanse the perineum, eliminate odor, prevent irritation and to enhance the resident's dignity and self-esteem ... Female-without catheter ...5. Wash genital area, moving from front to back, while using a clean portion of the washcloth or pre-moistened wash wipe for each stroke ... Male without catheter ...5. Using the other hand gently cleanse from the tip to the base of the penis. Use a clean portion of the washcloth or pre-moisturized wash wipe after each stroke..." Resident #20 A record review of Resident #20's "Admission Record" revealed the facility admitted the resident on 1/11/21 with diagnoses including Hypertension. A record review of Resident #20's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/7/25 revealed she had a Brief Interview for Mental Status (BIMS) score of 5, which indicated her cognition was severely impaired. Further review revealed she was dependent upon staff for toileting hygiene. On 5/5/25 at 1:55 PM, during an observation of perineal care for Resident #20, Certified Nursing	M 620	were assessed by the Director of Nursing on any adverse effects related to how the facility failed to ensure incontinent residents receive appropriate care and services to prevent the possibility of urinary tract infection. There were no adverse effects noted B. All residents that receive incontinent care have the potential to be affected. C. On 05/07/2025, the facility Infection Preventionist Nurse completed one on one in-service with return demonstration on Certified Nursing Assistant #3 regarding Perineal Care Policy. On 05/08/2025, the facility Infection Preventionist Nurse completed a one on one education with return demonstration on Certified Nursing Assistant #2 on Perineal Care Policy. Beginning 05/07/2025, the Infection Preventionist Nurse began in-servicing all Certified Nursing Assistants on the Perineal Care Policy and new hires will be in-serviced with return demonstration upon hire. D. Beginning on 05/07/2025, the Director of Nursing, Infection Preventionist Nurse and/or Registered Nurse Supervisor will observe at least five Certified Nursing Assistants/day times five days/week times four weeks for at least three months then five Certified Nursing Assistants/day times three days/week times four weeks for at least three months then five Certified Nursing Assistants one time week times four weeks on Perineal Care. The Quality Assessment and Improvement Committee will convene on June 4,2025 and monthly	

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M 620	Continued From page 7 Assistant (CNA) #3 removed Resident #20's pants and brief and began care by wiping only the groin area on each side of the vagina. She did not wipe the vaginal area while providing the care. On 5/5/25 at 2:14 PM, during an interview with CNA #3, she acknowledged that she did not give proper perineal care and stated Resident #20 could get a urinary tract infection by not cleaning the perineal area appropriately. She explained she was supposed to clean both sides and the center of the vaginal area for Resident #20. Resident #38 A record review of Resident #38's "Admission Record" revealed the facility admitted him on 4/5/24 and he had current diagnoses including Dementia. A record review of Resident #38's Quarterly MDS with an ARD of 4/18/25 revealed he required a staff assessment for Mental Status and his cognitive skills for daily decision making were severely impaired. Further review revealed he was dependent upon staff for toileting hygiene. On 5/7/25 at 1:20 PM, an observation revealed CNA #2 providing perineal care to Resident #38. CNA #2 removed the resident's brief and wiped the entire penis several times using the same wipe. She folded the wipe one time during perineal care. She did not clean the penis from the tip to the base, using a clean portion of the pre-moisturized wipe after each stroke. On 5/7/25 at 2:13 PM, during an interview with CNA #2, she acknowledged that she did not perform perineal care correctly because she did not clean the penis by starting at the tip and using	M 620	for at least three months to discuss further recommendations as needed. Additional training and/or disciplinary action will be considered as warranted.	

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M 620	Continued From page 8 a clean wipe for each stroke. On 5/7/25 at 3:50 PM, during an interview with the Licensed Practical Nurse (LPN)/Infection Preventionist (IP), she stated CNA #3 should have cleaned both sides and the center of the vagina for Resident #20 and CNA #2 should have cleaned the penis from the tip down using a clean wipe each time for Resident #38. She explained that Resident #20 and Resident #38 could develop a urinary tract infection (UTI) or other infection due to the improper care they received. On 5/7/25 at 4:00 PM, during an interview with the Director of Nursing (DON), she stated CNA #3 should have wiped the vaginal area down both sides and the center for Resident #20 and CNA #2 should have cleaned the penis from the tip downward, folding the wipe or using a clean one each time for Resident #38. She stated that improper care could result in skin breakdown and expressed that she expects staff to perform peri-care and all resident care correctly.	M 620		
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	M1570		6/4/25

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M1570	Continued From page 9 diseases in the facility. There must be a 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 Pattern Based on observation, interview, record review, and facility policy review, the facility failed to follow infection control practices during the provision of perineal care for two (2) of two (2) residents observed for perineal care, Resident #20 and Resident #38, as evidenced by not performing hand hygiene, using gloves inappropriately stored in pockets, continuing care with soiled gloves, and retrieving wipes from the packet with contaminated gloves, placing residents at risk for cross-contamination and infection. Findings included: A review of the facility's policy, "Infection Prevention and Control Program," revised 8/21, revealed, "This facility has developed and maintains an infection prevention and control program that provides a safe, sanitary and comfortable environment to help prevent the development and transmission of infection ..."	M1570	A. On 05/07/2025,Residents #20 and #38 were assessed by the Director of Nursing on any adverse effects related to how the facility failed to ensure infection control practices during perineal care was being followed. There were no adverse effects noted. B. All residents that receive perineal care care have the potential to be affected by this deficient practice. C. On 05/07/2025, the facility Infection Preventionist Nurse completed an one on one in-service on Certified Nursing Assistant #3 regarding Infection Control Policy and Hand Hygiene Policy. On 05/08/2025, the facility Infection Preventionist Nurse completed a one on one education on Certified Nursing Assistant #2 on Infection Control Policy and Hand Hygiene Policy. Beginning 05/07/2025, the Infection Preventionist Nurse began in-servicing all Certified Nursing Assistants on Infection Control	

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M1570	Continued From page 10 A review of the facility's policy, "Hand Hygiene," revised 1/24, revealed, " ...Cleanse hands to prevent transmission of infection or other conditions... Indications for Hand Washing ...2. Hand hygiene should be performed between all contact with residents or when entering and exiting a resident's room 3. Before and after procedures. 4. Before and after applying gloves. 5. When hands are visibly soiled ...Selecting Hand Washing Method ...2. When to wash with soap and water ...d. When hands are visibly contaminated with blood or bodily fluids ..." Resident #20 A record review of Resident #20's "Admission Record" revealed the facility admitted the resident on 1/11/21 with diagnoses including Hypertension. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/7/25 revealed a Brief Interview for Mental Status (BIMS) score of 5, which indicated the resident's cognition was severely impaired. On 5/5/25 at 1:55 PM, during an observation of perineal care for Resident #20, Certified Nursing Assistant (CNA) #3, assisted by CNA #1, was observed removing gloves from her pocket and applying them without first performing hand hygiene. CNA #3 also handed a pair of gloves to CNA #1, who applied them without washing her hands. CNA #3 then began providing care to Resident #20, who was visibly soiled with feces. During care, CNA #3 moved from dirty to clean areas without removing gloves or washing her hands. She verbalized awareness by stating she should have changed gloves and performed hand hygiene, but continued care without doing so.	M1570	Policy and Hand Hygiene Policy. and new hires will be in-serviced with return demonstration upon hire. D. Beginning on 05/07/2025, the Director of Nursing, Infection Preventionist Nurse and/or Registered Nurse Supervisor will observe at least five Certified Nursing Assistants/day times five days/week times four weeks then five Certified Nursing Assistants/day times three days/week times four weeks then five Certified Nursing Assistants one time week times four weeks for at least three months on Perineal Care with emphasis on Infection Control practices such as hand hygiene, ensure staff not storing gloves in pockets and does not retrieve wipes from the packet with contaminated gloves. The Quality Assessment and Improvement Committee will convene on June 4,2025 and monthly for at least three months to discuss further recommendations as needed. Additional training and/or disciplinary action will be considered as warranted.	

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M1570	Continued From page 11 CNA #3 applied a clean brief while wearing soiled gloves and was observed removing perineal wipes from the package twice with contaminated gloves. On 5/5/25 at 2:14 PM, during an interview with CNA #3, she acknowledged she should not have stored gloves in her pocket or removed wipes from the pack with soiled gloves. She admitted she should have washed her hands before beginning care and during care. She acknowledged she had not provided proper perineal care and stated that the resident could develop a urinary tract infection as a result. On 5/6/25 at 1:18 PM, during an interview with CNA #1, she confirmed she applied gloves taken from CNA #3's pocket without washing her hands. She acknowledged this was an infection control issue and that gloves should not be stored in pockets, and hand hygiene should be performed prior to donning gloves. Resident #38 A record review of Resident #38's "Admission Record" revealed the facility admitted the resident on 4/5/24 with diagnoses including Dementia. A record review of the Quarterly MDS with an ARD of 4/18/25 revealed the resident required a staff assessment for mental status and was documented as having severely impaired cognitive skills for daily decision making. On 5/7/25 at 1:20 PM, during an observation of perineal care for Resident #38, CNA #2 was observed touching the bed remote control with gloved hands prior to starting care. She continued care by cleaning feces from the resident and	M1570		

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M1570	Continued From page 12 removed additional wipes from the package using soiled gloves. On 5/7/25 at 2:13 PM, during an interview with CNA #2, she acknowledged her actions during care were incorrect. She confirmed that retrieving wipes with soiled gloves could contribute to infection and skin breakdown. On 5/7/25 at 3:50 PM, during an interview with the Licensed Practical Nurse (LPN)/Infection Preventionist, she confirmed that hand hygiene should be performed before starting care and gloves should never be stored in pockets. She stated CNA #2 should not have touched the bed remote or pulled wipes from the package with soiled gloves. She acknowledged that both Resident #20 and Resident #38 were at risk of developing urinary tract infections or other complications from improper care. On 5/7/25 at 4:00 PM, during an interview with the Director of Nursing (DON), she confirmed CNAs are expected to wash hands prior to providing care and should not store gloves in pockets. She acknowledged that the improper perineal care observed placed residents at risk for infection and skin breakdown.	M1570		