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
	25JA	A. BUILDING: _____ B. WING _____	06/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS STATE VETERANS HOME-JACKSON	4607 LINDBERGH DRIVE JACKSON, MS 39209

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M 000	Initial Comments The State Agency (SA) conducted an annual re-licensure survey at the facility from 6/17/25 through 6/18/25. 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 M655.	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		

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M 500	Continued From page 1	M 500		

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;

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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: Based on observation, interview, record review, and facility policy review, the facility failed to maintain dignity by ensuring a privacy cover was used for a Foley (indwelling catheter) drainage bag for one (1) of two (2) residents with catheters, Resident #10. Findings included:	M 500		

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M 500	Continued From page 4 A review of the facility's policy titled "Resident's Rights," revised 9/97, revealed, " ...is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs ..." On 6/17/25 at 10:50 AM, during an observation, Resident #10's door to his room was open. His Foley (indwelling catheter) drainage bag was uncovered and hanging on the bedrail closest to the door, in clear view of anyone passing by. There was no privacy bag or dignity cover in place. On 6/18/25 at 10:01 AM, during a second observation, Resident #10's Foley catheter bag was again observed hanging uncovered on the bedrail closest to the door, with the room door open to the hallway and no privacy cover in place. On 6/18/25 at 11:39 AM, during an interview with Licensed Practical Nurse (LPN) #2, she confirmed there was no dignity bag in place on the resident's Foley catheter. She acknowledged that the resident required a privacy cover to protect his dignity, as anyone passing by in the hallway could see the bag. She stated the facility had black privacy bags available to cover Foley catheter drainage bags for residents. On 6/18/25 at 11:45 AM, during an interview with the Director of Nursing (DON), she confirmed a privacy cover should have been applied to the resident's Foley catheter bag, especially since the resident's door was routinely kept open. She stated it was the responsibility of both Certified Nurse Aides (CNAs) and nurses to apply privacy covers to Foley catheters and that catheter dignity should be assessed every shift during output checks.	M 500		

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M 500	Continued From page 5 A record review of the "Face Sheet" revealed the facility admitted Resident #10 on 6/27/24 with diagnoses including Benign Prostatic Hyperplasia. A record review on a Physician's Order, dated 11/25/24, revealed Resident #10 had an order for catheter care as needed.	M 500		
M 655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This Statute is not met as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to ensure a cautionary oxygen sign was posted on the door, failed to label and date oxygen (O2) tubing, and failed to properly store oxygen equipment when not in use for one (1) of one (1) sampled resident reviewed for oxygen administration, Resident #2. Findings included: A review of the facility's policy titled "Oxygen Use," dated 8/1/24, revealed, " ...Purpose: It is the purpose of this facility to provide safe and effective oxygen therapy to residents who require it ... 4. Procedure ... H. Post oxygen sign outside the resident's room entrance door. I. Oxygen	M 655		

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tubing, cannula and/or mask and water bottle/humidifier will be changed at least weekly and prn (as needed). A bag or ziplock will be used when cannula or mask is not in use ..."

A review of the facility's policy titled "Oxygen Tubing Change Policy," dated 12/11/23, revealed, " ...Oxygen equipment will be used to deliver adequate oxygenation and provide relief of symptoms of respiratory distress. The O2 tubing will be replaced per policy ... 4. Procedure A. Change oxygen tubing and zip lock storage bag at least weekly and PRN ... C. Place a O2 tubing change sticker or tape on all O2 tubing that you change. D. When O2 tubing is not in use, store in a zip lock bag ..."

A record review of the "Face Sheet" revealed the facility admitted Resident #2 on 4/9/24 with diagnoses including Shortness of Breath.

A record review of a Physician's Order, dated 1/27/25, revealed Resident #2 had an order for oxygen at two (2) liters per nasal cannula as needed for shortness of breath or oxygen saturation less than 90%.

On 6/17/25 at 10:45 AM, during an observation and interview, Resident #2 was lying in bed. An oxygen concentrator was present in the room with nasal cannula tubing wrapped and stored on top of the equipment, not inside a storage bag. The resident stated he used the oxygen sometimes but had not used it in a couple of weeks. He stated he had shortness of breath. There was no date noted on the tubing or the humidifying water bottle attached to the concentrator.

On 6/17/25 at 2:20 PM, during an observation, the door to Resident #2's room was closed. There

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M 655	Continued From page 7 were other resident doors on the hallway that displayed red magnets indicating oxygen was in use. Resident #2's door did not have any signage indicating oxygen use. On 6/18/25 at 7:34 AM, during an observation and interview with Licensed Practical Nurse (LPN) #1, she stated that if a resident is on oxygen, there should be signage on the door. She observed the oxygen concentrator in Resident #2's room and confirmed that the nasal cannula tubing was not stored in a plastic bag. After reviewing the resident's orders, she stated the oxygen was to be used as needed and had not been used in a couple of weeks. She confirmed that signage should have been posted and the tubing should have been dated and stored appropriately. On 6/18/25 at 9:15 AM, during an interview with the Director of Nursing (DON), she stated she expected that any resident with an order for oxygen and a concentrator in the room should have the appropriate signage posted and the tubing should be dated and stored appropriately.	M 655		