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
	38NP	A. BUILDING: _____ B. WING _____	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH POINTE HEALTH & REHABILITATION	211 WINDMILL DRIVE MERIDIAN, MS 39305

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M 000	Initial Comments The State Agency (SA) conducted an Annual Survey at the facility from 6/16/2025 to 6/19/2025. During the survey, the facility was found to be not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M500, M780, M815, 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		7/26/25

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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 a resident's right to be free from physical restraints by not identifying and documenting the use of a soft belt as a restraint for one (1) of seventeen (17) sampled residents, Resident #36.	M 500		

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M 500	Continued From page 4 Findings included: A review of the facility's policy titled "Physical Restraint," dated 2/20/2012, revealed, " ...Restraints shall only be used for the safety and well-being of the resident(s) and only after other alternatives have been tried unsuccessfully. Policy Interpretation and Implementation 1. Restraints will only be used after other alternatives have been tried unsuccessfully, and only with the informed consent from the resident, physician and/or responsible party ...Order of Restraints Least Restrictive to Most Restrictive ...Soft belts are RESTRAINTS under any circumstance ..." On 6/16/25 at 1:30 PM, during an observation, Resident #36 was observed sitting in a wheelchair with a Velcro soft belt secured across her lap. The resident was unable to remove the belt upon request. On 6/16/25 at 1:40 PM, during an interview with Certified Nursing Assistant (CNA) #1, she explained that the soft belt was applied to prevent the resident from sliding and falling out of the wheelchair. CNA #1 confirmed that Resident #36 could not remove the belt on her own. On 6/16/25 at 1:55 PM, during an interview with Registered Nurse (RN) #1, she stated that the soft belt was used to keep Resident #36 from sliding out of her high-back wheelchair and was applied each morning, removed at lunch when the resident went to bed for a nap, and then reapplied in the afternoon until bedtime. RN #1 confirmed the soft belt was released every two (2) hours to assist with toileting and peri care. On 6/17/25 at 11:05 AM, during an interview with	M 500		

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M 500	Continued From page 5 the Director of Nursing (DON), she acknowledged that Resident #36 was unable to remove the soft belt upon request and confirmed the device had not been previously identified or documented as a restraint. She stated the facility would begin pre-restraint evaluations, obtain physician's orders and representative consent, ensure documentation, and provide staff in-service training on identifying and documenting restraints. On 6/19/25 at 10:50 AM, during an interview with the Administrator, she stated the soft belt was used to prevent the resident from sliding out of her wheelchair. The Administrator confirmed the resident could not remove the soft belt on request but stated the facility did not consider it a restraint because the resident lacked the mental capacity to understand or remove it. A record review of the "Admission Record" revealed the facility admitted Resident #36 on 10/22/23 with current diagnoses including Alzheimer's Disease. A record review of the "Quarterly Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of 6/12/25 revealed Resident #36 had a Brief Interview for Mental Status (BIMS) score of 00 which indicated her cognition was severely impaired. A record review of Resident #36's medical record revealed there was no documentation identifying the soft belt as a restraint or supporting evaluations, orders, consent, or monitoring.	M 500		
M 780	45.27.2 Activity Program Activity Program. Provisions shall be made for	M 780		7/26/25

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M 780	Continued From page 6 suitable recreational and entertainment activities for resident according to their needs and interests. These activities are an important adjunct to daily living and are to encourage restoration to self-care and resumption of normal activities. Variety in planning shall include some outdoor activities in suitable weather. This Statute is not met as evidenced by: Level II Based on observation, staff interview, record review, and facility policy review, the facility failed to implement an ongoing resident-centered activities program that incorporated the resident's interests for one (1) of seventeen (17) sampled residents, Resident #22. Findings included: A review of the facility's policy titled "Activity Program," dated 1/21/22, revealed: " ...An ongoing program of activities is designed to meet the needs of each resident ... Policy Interpretation and Implementation 1. Our activity program is designed to encourage restoration to self-care and maintenance of normal activity which is geared to the individual resident's needs. 2. Activities are scheduled daily ... 3. Our activity program consists of individual, and small and large group activities which are designed to meet the needs and interests of each resident ... 7. Residents are encouraged, but not forced, to participate in scheduled activities ..." A review of the facility's document titled "Resident Behavioral Objectives," undated, revealed: " ...Stimulate resident curiosity and alertness through meaningful activities ..."	M 780		

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M 780	Continued From page 7 On 6/16/25 at 1:32 PM, during an observation on the 200 Hall, Resident #22 was observed sitting in her room with her chair facing the window. She was confused and unable to speak but attempted to smile and express words. There were no organized activities occurring at the time. On 6/16/25 at 1:38 PM, during an observation, a daily activity schedule was posted, listing "rest and digest" at 1:00 PM and "group activity and snacks" at 2:00 PM. However, there was another activity calendar, a monthly calendar for June 2025 that indicated "ball toss" was scheduled at 10:00 AM and "bowling" at 2:00 PM. These calendars were located at the station on the hall. On 6/17/25 at 2:01 PM, during an observation in the main dining room, several residents were participating in a bowling activity. The monthly calendar for June that was posted indicated "movie and popcorn" at 10:00 AM and "Bingo" at 2:00 PM. On 6/17/25 at 2:16 PM, during an observation, Resident #22 was observed sitting in her chair in her room, almost asleep, and smiled when spoken to. On 6/17/25 at 2:30 PM, during an observation on the 200 Hall, three (3) staff were sitting with residents in the common area. A snack tray with lemonade and water and boxed snack cakes was observed at the nurse's station. No activities were occurring. On 6/17/25 at 2:40 PM, during an interview with Certified Nurse Aide (CNA) #3, she stated there was no set activity schedule on the hall. She explained the three (3) CNAs "just wing" activities and Resident #22 rarely comes out of her room	M 780		

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or participates. CNA #3 added that when the resident's family visits, they may take her outside, but this is not often, and no daily routine is followed.

On 6/17/25 at 2:50 PM, during an interview with CNA #4, she stated she had done puzzles and coloring activities earlier and had taken some residents to the theater room for popcorn. She confirmed that Resident #22 did not participate in those activities.

On 6/17/25 at 2:55 PM, during an interview with CNA #5, she stated that although most staff on the unit were consistent and tried to provide activities daily, there was no consistent activity schedule followed. She stated some residents participate in facility-wide activities, but Resident #22 does not, unless accompanied by family.

On 6/18/25 at 7:30 AM, during an observation, Resident #22 was observed dressed and sitting in a bedside chair facing the window.

On 6/18/25 at 10:00 AM, during an observation, Resident #22 remained in her room, with no staff interaction observed. Six (6) residents were in the common area. At 10:06 AM, CNA #3 initiated ring toss with residents. Another CNA was giving a shower, and the third CNA was off the unit. Resident #22 remained in her room, uninvolved. The posted schedule listed "group activity/devotion" at 10:00 AM, while the main activity schedule listed "card games."

On 6/18/25 at 11:05 AM, during an observation, six (6) residents were watching TV with CNA #3. Licensed Practical Nurse (LPN) #2 entered to perform a blood sugar check. Resident #22 remained in her room with no staff interaction

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observed. During an interview, LPN #2 stated she did not stay on the unit and rarely saw Resident #22 involved in activities.

On 6/18/25 at 11:55 AM, during an observation, Resident #22 was assisted to the dining room. At the nurse's station, three different activity schedules were observed. CNA #3 stated she was unsure why there were multiple colors and thought they were just for decoration. She said the schedules were for ideas and were not followed or updated.

On 6/18/25 at 2:20 PM, during an observation, Resident #22 remained in her room while three (3) CNAs were in the common area with other residents.

On 6/18/25 at 3:15 PM, during an interview with CNA #6, she stated she worked the 200 Hall evening shift with three (3) CNAs. She said the nurse checks in periodically. Resident #22 comes out occasionally but mostly stays in her room watching TV. CNA #6 stated there was no set evening activity schedule.

On 6/19/25 at 10:23 AM, during an interview with the Director of Nursing (DON), she stated Resident #22 had experienced a decline and was less active. She acknowledged not being aware that Resident #22 had no activity interaction and stated staff were expected to encourage interactions. The DON acknowledged that residents with dementia need consistency and confirmed that several daily schedules were available on the unit and expected to be followed to promote interaction.

On 6/19/25 at 12:20 PM, during an interview with the Administrator, she stated her expectation was

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M 780	Continued From page 10 for all residents to have the opportunity and encouragement to participate in scheduled activities. A record review of the "Admission Record" revealed the facility admitted Resident #22 on 3/4/25 with diagnoses including Unspecified Dementia. A record review of the "Admission Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of 3/11/25 revealed Section B0700 indicated the resident rarely or never had the ability to express ideas or wants and only sometimes understood others. Section C revealed a Brief Interview for Mental Status (BIMS) score of 6, which indicated the resident's cognition was severely impaired. Section F noted that very important activities included having books, newspapers, and magazines to read, listening to music, and going outside for fresh air when weather permitted. Other somewhat important preferences included being involved in group activities and doing favorite pastimes.	M 780		
M 815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This Statute is not met as evidenced by: Level II Based on observation and staff interview, the facility failed to ensure a dietary staff member wore a hair restraint (beard) while checking food	M 815		7/26/25

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M 815	Continued From page 11 temperatures and preparing meal trays in the food service area, during one (1) of two (2) kitchen observations. Findings included: A review of the facility's document titled "Personal Hygiene," dated 2010, revealed, "Hair Care. Hair completely restrained including beard restraints..." On 6/17/25 at 10:50 AM, during an observation and interview in the kitchen, the Certified Dietary Manager (CDM), who had a beard and mustache, was observed checking food temperatures and preparing resident trays in the food service area without wearing a beard restraint. The CDM acknowledged he was not wearing a hair restraint for his facial hair while handling the food. He confirmed that failing to cover facial hair could result in physical contamination of food. He stated he would begin wearing his beard restraint whenever handling food. On 6/19/25 at 7:50 AM, during an interview with the Administrator, she acknowledged the CDM had not been wearing a beard restraint while in the food service area. The Administrator stated she was aware that the CDM did not wear a hair restraint when checking the food temperature and preparing meal trays and she expected all dietary to wear hair restraints as required.	M 815		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an	M1570		7/26/25

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M1570	Continued From page 12 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 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 follow Enhanced Barrier Precautions (EBP) when a Certified Nurse Aide (CNA) did not wear a gown while providing incontinent care for one (1) of two (2) residents reviewed for care, Resident #2. Findings included: A review of the facility's policy titled "Enhanced Barrier Precautions," revised 8/7/24, revealed, " ...It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms	M1570		

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M1570	Continued From page 13 (MDRO). Definitions: 'Enhanced barrier precautions' (EBP) refer to an infection control intervention designed to reduce transmission of multi-drug resistant organisms that employs targeted gown and gloves use during high contact resident care activities ...Policy Explanation and Compliance Guidelines ... 2. Initiation of Enhanced Barrier Precautions: a. The facility will have the discretion in using EBP for residents who do not have a chronic wound or indwelling medical device and are infected or colonized with an MDRO that is not currently targeted by CDC (Centers for Disease Control) ...4. High-contact resident care activities include: ...d. Providing hygiene ...f. Changing briefs or assisting with toileting ..." On 6/18/25 at 9:55 AM, during an observation, CNA #2 provided incontinent care to Resident #2, who was incontinent of bowel and bladder. CNA #2 did not wear a gown during the care. On 6/18/25 at 11:50 AM, during an interview with CNA #2, she confirmed that the green sticker by the resident's name indicated EBP. She acknowledged that she did not wear a gown or gloves during the care and confirmed that Personal Protective Equipment (PPE) was required to protect the resident from infection. On 6/18/25 at 12:05 PM, during an interview with Licensed Practical Nurse (LPN) #1, she explained that the facility continued EBP for Resident #2 due to a history of frequent urinary tract infections with ESBL (Extended Spectrum Beta-Lactamase). She reported that staff had been educated and had completed incontinence care check-offs. She stated staff were expected to follow EBP at all times when providing care.	M1570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38NP	A. BUILDING: _____ B. WING _____	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M1570	Continued From page 14 On 6/19/25 at 11:20 AM, during an interview with the Director of Nursing (DON), she stated she expected all staff to follow EBP as ordered to protect both the resident and staff from the spread of infection. A record review of Resident #2's "Admission Record" revealed the facility admitted the resident on 4/7/22 with current diagnoses including Chronic Obstructive Pulmonary Disease. A record review of the "Order Summary Report" with active orders as of 6/18/25 revealed a Physician's Order, dated 5/20/25, for Enhanced Barrier Precautions (EBP) related to a history of ESBL resistance infection. A record review of Resident #2's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/11/25 revealed Section H indicated the resident was always incontinent of bowel and bladder.	M1570		