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
	38BH	A. BUILDING: _____ B. WING _____	C 06/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF MERIDIAN	4728 HIGHWAY 39 NORTH MERIDIAN, MS 39301

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M 000	Initial Comments The State Agency (SA) conducted a complaint survey from 06/15/21 through 06/17/21 for Complaint Investigations (CI) # 17832 for Quality of Care (QOC), resident not being transferred to a different facility, CI #16756 for QOC, resident not being groomed adequately, CI #17316 for Neglect, resident reported someone at the facility treated her mean, and CI #17040 for unqualified personnel. During the survey, the SA determined the facility was not in compliance with Minimum Standards of Operation Institutions for the Aged or Infirm, State Licensure requirements.CI #17040 was substantiated and cited M225, 45.4.1. CI # 17832, CI#16756, and CI #17316 were unsubstantiated. The facility held a license for 120 beds with a census of 82 at the time of the survey.	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	M 500		7/1/21

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M 500	Continued From page 1 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 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	M 500		

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M 500	Continued From page 2 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; 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	M 500		

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M 500	Continued From page 3 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 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	M 500		

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M 500	Continued From page 4 the fullest exercise of these rights. This Statute is not met as evidenced by: Level II Based on staff interview, record review and facility policy review, the facility failed to hire competent nursing staff for one (1) of five (5) licensure/certifications reviewed. Certified Nurse Assistant (CNA) #1. Findings include: The facility's, "New Employee Qualification" policy, with an effective date of 2018, revealed "to provide superior resident care, the Company strives to employ only the most qualified individuals. Accordingly, it has established the following procedures as components of the qualification process that should be used when hiring employees...Mississippi: if the applicant is successful in the interview process, he/she should be advised that a conditional offer of employment is being made, with the conditions being...l). verification of certification or licensure." In a record review of "Investigation Template" dated 8/12/20, revealed a Certified Nursing Assistant (CNA) working as a License Practical Nurse (LPN) falsely represented herself. On 7/15/20 CNA #1 applied and represented herself as a License Practical Nurse (LPN) in Iowa and MS. CNA #1 was oriented two (2) days (7/15/2020 and 7/16/2020) and worked the South unit on 7/17/20, on a medication cart with indirect supervision. CNA #1 claimed several times on her application, resume, and via her reference checks that she was an LPN and passed medications and performed wound care in the hospital and nursing home setting. She was	M 500	• Certified Nursing Assistant (CNA) #1 was removed from the schedule as of 7/27/2020 due to not being able to provide proof of being a Licensed Practical Nurse (LPN) and later suspending pending a full investigation on 8/7/2020 once identified that CNA #1 was not a LPN. CNA #1 was terminated as of her last day of work 7/17/2020. • Each resident in the Center has the potential to be affected by the deficient practice. The Nursing Home Administrator performed a 100% audit of all current Registered Nurses (RN), LPNs, and CNAs to ensure all personnel have current and valid credentials to perform the job in which they are performing. • The Senior Vice President of Human Resources provided in-service training to the Work Force Manager (WFM) and Human Resource Coordinator (HRC) #2 on reviewing applications, verifying certifications/licenses, job descriptions, and the New Hire Compliance mandatory requirements (which includes having documented proof of an applicant certification/license prior to hiring and starting orientation) on 8/11/2020. The Nursing Home Administrator will audit (New Hire Certification/License Audit) for all applicants prior to hiring to ensure that the Center has documented proof of a current certification/license for the position they are being hired to work in for the next 90 days. (These reviews were completed as of 11/24/2020). • The Nursing Home Administrator will	

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M 500	Continued From page 5 immediately suspended and later terminated. Human Resource Coordinator (HR-C) #2, stateed CNA #1 was hired and orientated before she verified her license and started before her knowledge. HR-C #2 received the application on 7/6/20, and gave it to the Work Force Manager (WFM). CNA #1 was interviewed, and brought back to hire. On 7/14/20 HR-C #2, was off, WFM contacted CNA#1 to come in on 7/15/20. On 7/27/20 CNA #1 came to HR-C#2 office with her timecard for entry, HR-C #2 told her that she was having trouble finding her license and verifying. CNA #1 revealed she received her license about a year ago, there must be a computer glitch, and she had a name change. CNA #1 stated she would go home and get a copy of her license and bring it back. CNA #1 never returned with the license. The facility did not hear from her any further. On 8/7/21, the Director of Nurses (DON) phoned CNA #1 and she admitted she was not a nurse, but a CNA. On 6/15/21 at 8:50 AM, in an interview with the Administrator, revealed during an outbreak with COVID-19, CNA #1 applied and represented herself as an LPN in Iowa moving to Mississippi (MS). HR-C #2 received CNA #1's application on 7/6/20, gave to WFM, CNA #1 was interviewed, and brought back to hire. On 7/14/20 HR-C #2, was off work. The WFM contacted CNA #1 to report to work on 7/15/20. She was oriented to the facility on 7/15/20 and 7/16/20, placed on the schedule on 7/17/20, and gave medication to residents on the 3 to 11 shift. License Practical Nurse (LPN) #1 worked on South cart on 7/17/20, checking on CNA #1 throughout the shift. The Administrator revealed on 8/7/20 after many attempts to contact CNA #1, she was contacted and admitted to the DON that she was a CNA not an LPN. She was immediately placed on	M 500	being the results of the “New Hire Certification/License Audit” to the monthly Quality Assurance Performance Improvement (QAPI) Committee for three(3) months for review and/or revision and to make recommendation as needed from the results of the audit. The QAPI Committee will consist of the following members at a minimum: Medical Director, Director of Nursing Services, the Nursing Home Administrator, and three (3) additional departmental managers. (These reviews were completed as of 11/24/2020 by the QAPI Committee.)	

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M 500	Continued From page 6 suspension until the investigation could take place, then terminated once determining that she was not an LPN. On 8/7/20 the facility submitted a Facility Reported Incident (FRI) to the Attorney General and State Agency (SA) and began the plan of correction and Qualiy Assurance. On 6/15/21 at 9:00 AM, in an interview with the DON, she revealed she contacted CNA #1 on 8/7/20 after attempting to contact her many times with no answer. The employee revealed that she was a CNA not an LPN. She was immediately placed on suspension until the investigation was completed, then terminated. On 6/15/21 at 1:32 PM, in an interview with the State Attorney General (AG) office, revealed in the State of MS it is not a crime to practice nursing without a license unless you are a Physician and/or an Attorney. CNA #1 plead guilty to false pre-tense, and was charged with a misdemeanor, and fined $500.00. On 6/15/21 at 2:00 PM, in an interview with HR-C #2, she revealed she was not at work when her file was given to the WFM. CNA #1 was not supposed to start working until her nursing license was verified. When HR-C #2 returned to work it was determined CNA #1 was not a licensed nurse but instead a CNA.	M 500		