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
	34HH	A. BUILDING: _____ B. WING _____	01/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE CENTER OF LAUREL	935 WEST DR LAUREL, MS 39440

(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 survey and four (4) complaint investigations (CI) from 1/3/22 to 1/6/22. The SA substantiated CI MS #17957 related to incontinent care. CI MS# 18036 related to Activities of Daily Living (ADL) care and abuse, CI MS #17654 related to verbal abuse, CI MS #18184 related to ADL care, medications not given and personal property missing was not substantiated. During the survey the SA determined that the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements at M and cited M 620 and M 640.	M 000		
M 640	45.21.8 Accidents Accidents. The facility shall ensure that the residents ' environment remains as free of accident hazards as possible, and adequate supervision shall be provided to prevent accidents. If an unexplained accident occurs, this injury must be investigated and reported to appropriate state agencies. This Statute is not met as evidenced by: Level II Based on observations, interviews, record reviews and facility policy review, the facility failed to ensure the residents' environment is free from possible accidents by not providing adequate supervision while smoking for one (1) of five (5) observations of residents smoking. Resident #14, Resident #58, and Resident #67. Findings include: Record review of the facility's policy, "Smoking Policies and Regulations", with a review date of	M 640	By submitting the enclosed materials, we are not admitting to the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceeding and submit these responses pursuant to our regulatory obligations. On 1/6/2022 Resident #14, Resident #58, and Resident #67 were assessed by the Director of Nursing for any adverse affects relating to Residents being left unsupervised while smoking with no	2/7/22

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M 640	Continued From page 1 8/2021, revealed the facility will provide matches and will light cigarettes upon request in designated areas set aside for smoking. These areas will be monitored by designated staff. On 1/3/22 at 3:44 PM, the State Agency (SA) observed residents smoking in the designated area without supervision. Resident #58 stated, "she went to get her coat, she was cold". The SA observed Laundry Aide #1 return to the designated smoking area at 3:52 PM. On 1/3/22 at 3:53 PM, in an interview with Laundry Aide #1, she stated she was cold, and she went to use the restroom and get her coat. She acknowledged she should have stayed with the residents because something could have happened when the residents are left alone, and they could get burned. On 1/5/22 at 1:58 PM, in an interview with the Administrator, she stated that staff are supposed to be with residents when they are smoking and by staff not supervising the residents, it could cause a resident to fall or to get burned. She stated the facility policy is that staff are supposed to be with residents at all times when residents are smoking. Resident #14 On 1/5/22 at 4:50 PM, in an interview with Resident #14, she stated the residents have often been left alone while smoking. She stated the staff takes them out to light their cigarettes and leaves and she could get hurt being left outside alone. Record review of Resident #14's Face Sheet revealed the facility admitted her on 9/24/21.	M 640	adverse effects noted. 21 out of 21 Residents that smoke have the potential to be affected by this deficient practice On 1/6/2022 Administrator in serviced Laundry Aide #1 regarding the facility's policy on Smoking and Regulations. On 1/6/2022 all staff were in serviced by the Administrator on the facility's policy on Smoking and Regulations. On 1/6/2022 the facility held a Quality Assurance Meeting with no changes noted to current policies related to smoking policies and regulations. On 1/7/2022 Administrator and/or the Director of Nursing began monitoring smoke breaks to ensure that designated staff is present during resident breaks twice a day for 5 days for 2 weeks, and then once a day for 5 days for 3months. On 1/24/2022 The Quality Assurance Committee began evaluating audits/documentation completed monthly for 3 months and make recommendations and changes to ensure compliance.	

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M 640	Continued From page 2 Record review of Resident #14's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/4/21 revealed a Brief Interview for Mental Status score of 13, which indicated the resident is cognitively intact. Resident #58 On 1/4/22 at 10:30 AM, during Resident Council meeting, Resident #58 stated that residents are left unattended during smoke breaks and that it has happened all the time. Record review of the Resident #58's Face Sheet revealed the facility admitted the resident on 10/10/19. Record review of the Quarterly MDS with an ARD of 11/23/21 revealed Resident #58 had a BIMS score of 12, which indicated the resident has moderate cognitive impairment. Resident #67 On 1/6/22 at 4:40 PM, in an interview with Resident #67, she stated staff will leave them and step inside the building when it is cold outside. She stated the staff goes inside to sit at the tables while the residents are smoking and that the staff cannot see what is going on outside when they are sitting inside. She stated it has happened a couple of times. Record review of Resident #67's Face Sheet revealed the facility admitted her on 9/7/21. Record review of the admission MDS with an ARD of 9/14/21 revealed a BIMS score of 15, which indicated the resident is cognitively intact.	M 640		

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