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
	76WC	A. BUILDING: _____ B. WING _____	C 03/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON CARE CENTER	1920 LISA DRIVE EXTENDED GREENVILLE, MS 38703

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M 000	Initial Comments The State Agency conducted complaint investigations (CI) from 3/8/21 through 3/16/21. CI MS #17499 was substantiated for misappropriation of funds and the facility was cited M500 at a Level II for Resident #1. The following complaints were investigated and not substantiated: CI MS #17368 related to staffing neglect and weight loss, CI MS #17330 related to pressure ulcers and family notification, CI MS #17244 related to abuse and admit/transfer, CI MS #17141 related to infection control, CI MS #17217 related to services not performed and monitoring, CI MS #16966 related to grooming and rehabilitation, CI MS #16704 related to verbal abuse and CI#17639 related to resident grooming. The census at the time of the survey was 42 and the facility has a license for 60 beds.	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;	M 500		5/7/21

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M 500	Continued From page 1 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 changes in policies and services to facility staff	M 500		

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M 500	Continued From page 2	M 500		

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 facility that are not included for therapeutic

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M 500	Continued From page 3 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 the fullest exercise of these rights.	M 500		

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M 500	Continued From page 4 This Statute is not met as evidenced by: Level II Based on record review, staff and resident interview, and facility policy and procedure review the facility failed to ensure residents were free from theft of personal property (cash) for one (1) of (15) sampled residents reviewed, Resident #1. Findings include: Review of the facility policy/procedure titled "Employee Corporate Compliance Code of Conduct", last updated 5/18, defined Misappropriation of Resident Property as "The deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident belongings or money without the resident's consent." On 3/9/21, at 10:35 AM, an interview with the Director of Nursing (DON) revealed Resident #1 was upset and reported that she had $60.00 stolen. The facility began an investigation and replaced the $60.00. Resident #1 insisted on keeping the replaced money with her and not keeping it in her trust fund. On 1/24/21, Resident #1 reported that the $60.00 had been stolen again from her room. Resident #1 said Nursing Assistant (NA) #1 took her money. An investigation was begun again, and the resident's money was refunded again. NA #1 was suspended pending the outcome of the investigation. Resident #4 reported to the DON that she saw NA #1 going through Resident #1's things. The facility reported the incidents to the appropriate State Agencies and the Local Police	M 500	M500 Director of Nursing immediately suspended NA #1 pending investigation. Incidents were reported to appropriate State Agencies and Local Police Department. NA #1's employment was terminated on 12/28/2020. This deficient practice had the ability to affect (42) of (42) residents. An in-service was conducted on 12/24/2020 by the Director of Nursing and Staff Development Nurse on policies/procedures titled "Resident's Rights" revised 11/17 and "Elder Justice Act" revised 8/13 with staff and was continued until all staff had been in-serviced. Quality Assurance meeting was held on 12/30/2020 with Medical Director, Administrator, Director of Nursing, Nurse Case Manager, Staff Development Nurse, Assessment Nurse, Medical Records Clerk, Social Services Director and Activities Director in attendance and reviewed policies/procedures titled "Resident's Rights" revised 11/17 and "Elder Justice Act" revised 8/13 with no changes recommended. Monitoring started on 12/23/2020 and will occur weekly for four (4) weeks and monthly for two (2) months by Administrator or Director of Nursing or Staff Development Nurse or Assessment Nurse or Nurse Case Manager for adherence to Resident's Rights and Elder Justice Act policy. Monitoring included interviewing five (5) residents on North, East and West Wings. Monitoring will be recorded on Medical Record Audit form.	

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M 500	Continued From page 5 Department. A receipt was made for the money replaced to Resident #1 dated 12/24/2020. On 3/10/21 at 2:00 PM, an interview with Resident #4 revealed she saw NA #1 going through Resident #1's things and Resident #1 told her about her money missing. An interview on 3/12/2021, at 12:40 PM, with the Attorney General (AG) investigator, revealed he did get an admission from NA #1 and she admitted to taking $50.00 from Resident #1 on either 12/23/20 or 12/24/20. The AG investigator stated NA #1 would be charged with a misdemeanor. Record review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/29/20 for Resident #1 revealed a Brief Interview for Mental Status (BIMS) score of 4 which indicated severely impaired cognition. Review of the Face Sheet for Resident #1 revealed she was admitted to the facility on 11/10/2009 and readmitted on 10/25/2013. Her diagnoses included History of Urinary Tract Infections (UTI), Alzheimer's, Vitamin deficiency, History of Dehydration, Anemia, Hypokalemia, Osteoporosis, Pacemaker, Cardiovascular Accident with right side hemiparesis, Hypertension and Expressive Aphasia. Review of NA#1's personnel file revealed she signed the "Employee Corporate Compliance Code of Conduct" on 8/3/2020. She was hired as a temporary nurse aide. Review of the Quarterly MDS with an ARD of 12/10/20 for Resident #4 revealed a BIMS score of 13 indicating she was cognitively intact.	M 500	Medical Record Audit forms will be taken to the Quality Assurance committee for review monthly for three (3) months with corrective action taken per Administrator. This will be completed by 3/23/2021.	

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M 500	Continued From page 6 Review of the Face Sheet for Resident #4 revealed she was admitted to the facility on 9/4/2020. Her diagnoses included Bipolar, Anorexia, Herpes viral infection, Diabetes Mellitus, (DM), Edema, Hypertension (HTN), Constipation, Parkinson's disease, Irritable Bowel Syndrome (IBS).	M 500		