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
	57ME	A. BUILDING: _____ B. WING _____	C 09/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD REHABILITATION AND HEALTHCARE	501 SOUTH LOCUST STREET MCCOMB, MS 39648

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M 000	Initial Comments The State Agency (SA) conducted complaint investigation (CI) MS #17609 and CI MS #17315, from 9/29/21 through 9/30/21. During the survey, the SA determined the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm. The SA substantiated CI MS #17609 for improper technique during incontinent care and CI MS #17315 for verbal abuse and cited M500.	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	M 500		11/12/21

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M 500	Continued From page 1 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 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	M 500		

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M 500	Continued From page 2	M 500		

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 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

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M 500	Continued From page 3 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. This Statute is not met as evidenced by: Based on record review and interviews the facility failed to prevent verbal abuse for one (1) of four (4) sampled residents. Resident #1. Findings Include: Record review of facility Policies and Procedures	M 500	1. Root Cause Analysis was conducted on November 10, 2020 by the Quality Assurance and Performance Improvement (QAPI) Committee consisting of Executive Director (ED), Director of Nursing (DON), MDS Coordinator, Unit Manager, Social Services, Human Resources Coordinator,	

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M 500	Continued From page 4 titled "Abuse, Neglect, Exploitation & Misappropriation", with Revision Date of 11/28/17, revealed "It is inherent in the nature and dignity of each resident at the center that he/she be afforded basic human rights, including the right to be free from abuse...Verbal abuse includes the use of oral, written, or gestured communication, or sounds, to residents within hearing distance regardless of age, ability to comprehend or disability". On 9/29/21 at 10:30 AM, an interview with the Director of Nurses (DON) revealed she had reported to the State Agency (SA) an incident in which a Certified Nurses Assistant (CNA) made disparaging statements within the hearing of a resident. The DON stated she had been notified by Resident #1's Responsible Party (RP) that a CNA standing outside the resident's room had made the statement "He should have killed himself". Record review of the facility's investigation revealed a statement dated 11/10/20, signed by the DON and signed by Resident #1, which stated Resident #1 had identified the CNA and reported she stated, "He should have killed himself when he wanted to". Record review of the facility's investigation revealed a Witness Statement dated 11/10/20 and was signed by Licensed Practical Nurse (LPN) #1 in which she stated "CNA #1 came up and she was laughing. She stated (Resident #1) just came back if he wanted to kill himself, he should have just did it." Record review of "VERIFICATION OF INVESTIGATION" dated 11/10/20 and signed by the Administrator and DON revealed the facility	M 500	and Medical Records Coordinator, and based on findings: Resident #1 was assessed for injury on November 10, 2020 by Director of Nursing. No injuries noted. Certified Nursing Assistant (CNA #1) was suspended by the Director of Nursing on November 10, 2020 and as a result of investigation was terminated on November 10, 2020 by Director of Nursing. 2. Interviews with current residents with a BIMS of 13 or higher was conducted by Director of Nursing on November 11 and 13, 2020. Current residents could be affected by deficient practice. 3. Education was conducted with Executive Director and Director of Nursing by the Regional Director of Clinical Services on November 10, 2020 on Abuse and Neglect with emphasis on verbal abuse. Education with current facility staff was initiated on November 10, 2020 by the Director of Nursing on Abuse and Neglect with emphasis on verbal abuse. Directed In-service to be conducted with all staff on November 4 and 8, 2021 by Regional Director of Clinical Services on Abuse and Neglect with emphasis on verbal abuse. Newly hired staff to be educated on Abuse and Neglect in orientation by Director of Nursing or Human Resources	

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M 500	Continued From page 5 performed an investigation into the complaint first reported by the wife of Resident #1 on 11/10/20 at 10:00 AM. The "VERIFICATION OF INVESTIGATION" summary and outcome of investigative findings revealed "Nurse stated that the CNA, (CNA #1) did make an inappropriate comment. ..Based upon resident's description and statement ...employee's behavior was inappropriate ...CNA's employment with the facility was terminated". On 9/30/21 at 4:30 PM, an interview with the Responsible Party (RP) of record for Resident #1 revealed on 11/10/20 she reported to the DON that her husband had reported to her the CNA stated "He should have killed himself" within hearing of Resident #1. Record review of Resident #1's Face Sheet revealed he was admitted by the facility on 9/22/20 and had diagnoses of Urinary Tract Infection and Atherosclerotic Heart Disease. Record review of Five Day Assessment Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 11/09/20 Brief Interview for Mental Status (BIMS) revealed Resident #1 had a BIMS score not listed, but the social worker that administered the interview noted all correct answers and no memory problem and categorized Resident #1 as "Cognitively Intact". On 9/30/21 at 5:50 PM, an interview with the Administrator revealed she had been made aware of the allegation on 11/10/21, the allegation had been substantiated by the facility through immediate investigation.	M 500	Coordinator. 4. Director of Nursing or Assistant Director of Nursing to conduct ongoing quality monitoring of staff through observation and resident or resident representative interviews for 5 residents 5 X weekly for 2 weeks then 3 X weekly for 2 weeks then monthly x 3 months and as needed (PRN) to ensure residents are free from verbal abuse. Quality monitoring was initiated on November 01, 2021. Findings will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee on November 12, 2021 and reviewed monthly x 3 months. Schedule will be revised based on findings. 5. Corrective action will be completed by November 12, 2021.	