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
	25MH	A. BUILDING: _____ B. WING _____	01/09/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA SENIOR CARE, LLC	3701 PETER QUINN DRIVE JACKSON, MS 39213

(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 a licensure at the facility from 1/6/2020 to 1/9/2020. During the survey the SA determined the facility was not in compliance with the Minimum Standards For The Institutions For The Aged And Infirm. The SA cited the state statute M500. The census at the time of the survey was 54 and the facility was certified 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; 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		1/31/20

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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: Level II Based on observation, staff interview, record review and facility policy review, the facility failed to ensure the resident's right to privacy during wound care. This concern was identified for one (1) of four (4) resident care observations,	M 500	1. The facility has taken measures to ensure residents receive privacy in accommodations, personal care, visits and meetings of family and resident groups. Resident found to be affected by this is Resident #10.	

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M 500	Continued From page 4 Resident #10. Findings include: Review of the facility's "Resident Rights" policy, not dated, revealed a resident is entitled to privacy in accommodations, personal care, visits and meetings of family and resident groups. A review of the facility's "Clean Dressing Change" policy, dated 4/2017, revealed to screen for privacy during the care. An observation, on 01/08/20 at 10:40 AM, revealed sacral wound care was provided for Resident #10 by Registered Nurse (RN) #2/Wound Care Nurse, and assisted by RN #1. RN #2 closed the door and pulled the curtain between the beds. Resident #10's bed was located next to the outside window. RN #2 did not close the blinds to the window. RN #1 did not close the blinds or say anything about the blinds being open during the care. Resident # 10 was in bed lying on her right side with her back facing the window with the open blinds. The window was located across from the front door of the facility. Resident #10's back and buttocks were facing the window during the whole wound care observation. An interview, on 01/08/20 at 10:55 AM, with RN #2/Wound Care Nurse, confirmed the window blinds were open, and she should have closed the blinds for privacy. She said any reasonable person would expect the blinds to be closed during care. An observation of Resident #10's room, on 01/08/20 at 2:05 PM, from the front door of the facility, one could see inside Resident #10's room and people was walking about in this area who	M 500	On 1/8/20 the Director of Nursing did a 1:1 inservice with Registered Nurse(RN)/Charge Nurse and Registered Nurse(RN)/Wound Care Nurse on the policy related to Clean Dressing Change, Resident Rights and Privacy/Confidentiality of Records. 2. All residents that receive wound care treatments could be affected by this practice. 3. On 1/8/20 and 1/30/20 inservice training was conducted by the Director of Nursing for RN's and Licensed Practical Nurses(LPN) on Clean Dressing Change and Resident Rights. 4. The Director of Nursing will observe the Wound Care Nurse during wound care procedures to ensure provision of privacy, weekly for four (4) weeks, starting on 1/31/20. Any problems will be addressed in the monthly Quality Assurance Performance Improvement Committee meeting for effectiveness of the process. Necessary changes will be made to ensure substantial compliance.	

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M 500	Continued From page 5 could see into Resident #10's room at any time with the window blinds open. An interview, on 01/09/20 at 12:26 PM, revealed the Director of Nursing said the facility policy was to provide privacy during care and that would include closing the blinds.	M 500		