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
	51JA	A. BUILDING: _____ B. WING _____	03/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
J G ALEXANDER NURSING CENTER	25112 HIGHWAY 15 UNION, MS 39365

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M 000	Initial Comments The State Agency (SA) determined during an annual recertification survey, conducted form 03/08/2021 through 03/11/2021, the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements. The SA sited M500 related to unresolved grievances of residents concerning food and M735 related to failure to complete a discharge assessment.	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		4/8/21

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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: Level II Based on staff and resident interviews, record review and facility policy review the facility failed to promptly resolve resident council grievances for eight (8) of eight (8) residents who attended	M 500	1. On 3/10/2021 the Certified Dietary Manager and Director of Nurses meet with each Resident that attended the Resident Council meeting on 3/10/2021 and updated food preferences accordingly.	

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M 500	Continued From page 4 the resident council meeting out of a census of 50 residents. Findings include: Review of the facility's "Grievance Policy", dated November 2016, revealed: It is the policy of this facility that the resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. The resident has the right to, and this facility will make prompt efforts to resolve grievances the resident may have. This facility grievance policy ensures the prompt resolution of all grievances regarding the residents' rights. Interview on 03/10/2021, at 10:00 PM with eight (8) of eight (8) residents in attendance of the resident council meeting revealed that eight (8) of eight (8) residents stated that they all have unresolved food issues. They have constantly on a regular basis complained about the food to no avail. The residents stated they never go hungry, they have more than plenty of snacks and their families bring food. They stated that what comes to them from the kitchen is "terrible tasting and the food's texture is hard as a rock." Review of Section C of the most recent Minimum Data Set (MDS) revealed that all eight (8) residents in the resident council meeting had scored 11-15 on the Brief Interview for Mental Status (BIMS) which indicated all eight (8) residents in attendance at the resident council group meeting were cognitively intact. Review of the resident council minutes for the past six (6) months (September 2020 through February 2021) were obtained and reviewed.	M 500	2. All Residents have the potential to be affected by the same deficient practice. 3. A) On 3/23/21, the facility contracted [Exh. B] with the Certified Dietary Manager in order to improve the communication between the Residents and the Dietary Department via routing auditing [Exh. D] beginning 3/11/21 wherein the Certified Dietary Manager will actively interview Residents weekly according-to the MDS schedule wherein the amount of interviews conducted will be the same as the amount of MDS assessments scheduled in the weekly Care Plan meeting(s); and the Certified Dietary Manager will communicate any Resident concerns to the Kitchen Dietary Manager for immediate correction upon close of each Care Plan meeting and note status of resolution of resident concerns on audit [Exh. D] for QA review. B) On 3/31/21, the Staff Development Coordinator conducted in-service for the Certified Dietary Manager and Dietary Manager related-to Resident Council in order to ensure monthly routine Dietary Department monthly attendance and proper Dietary Department receipt of Resident Council complaints and audit results in order that immediate dietary changes per resident request(s) can be made relevant to both pertinent audit findings and any complaints voiced in Resident Council. [Exh. C] C) On 3/11/21, the Director of Nurses initiated a weekly audit from Resident interviews and a monthly audit of Resident	

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M 500	Continued From page 5 Each month the resident council issued food concerns and complaints of poor tasting and poor textured foods. The resident council minutes did not contain any written documentation of resolutions from the complaints issued by the residents. During the resident council meeting the eight (8) residents in attendance all confirmed that their food concerns were continuing to go on without resolution. Record review revealed that there was no documentation of residents being informed of the action taken to resolve their grievances. Interview on 3/9/2021, at 2:00 PM, with the Activities Director (AD) revealed that the residents issue complaints about the taste and texture of the food at each resident council meeting. The AD stated that after the food complaints are issued at the monthly meetings, she copies the minutes and faxes them to Dietary Manager (DM) in the kitchen. The AD stated that she has no knowledge of any responses from the DM. The AD states that she has "Bingo" money that the residents win playing bingo and that she shops for the residents with their Bingo winnings, and that the residents request snacks and food items more than any item. The AD stated that the facility has ample snacks in abundance for the residents and that the residents were never hungry. The AD confirmed that the residents never issue any complaints much outside of poor tasting and poor quality food. The AD stated that the DM does not come to the facility and talk to the residents about their food issues. The nursing home facility sends a list to the kitchen about the issues and requests of the residents. The residents are allowed to request whatever they want to eat and the kitchen attempts to honor their requests. The AD stated that the poor taste of the food was a	M 500	Council minutes to be conducted as often as the Resident Council decides to meet, and otherwise monthly, to be completed by the Certified Dietary Manager for at least three (3) months in order to ensure Resident Council grievances related-to Dietary Department service(s) are resolved in a timely manner. [Exh. D] D) Beginning 3/31/21, the Staff Development Coordinator will collect the results of all scheduled audit(s) and pertinent in-service(s) on a weekly basis for the Director of Nurses review and submission-to the monthly Quality Assurance Committee meeting in order to ensure all Resident Council dietary services grievance(s) are promptly identified and resolved. 4. Beginning 4/6/2021, the Quality Assurance Committee will receive the data related-to audit(s) and in-service(s) on a monthly basis for three months, determine pertinent corrective measures as well as the continued frequency of audit(s) and in-service(s) based-upon results achieved.	

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monthly concern issued at resident council meetings.

Interview on 3/10/2021 at 3:20 P.M. with the Dietary Manager (DM) revealed that he had not been faxed copies of the Resident Council minutes since August 2020. He had not been notified of food concerns or complaints from the residents. He stated that if he were asked to attend resident council he would gladly attend, but he had not been requested to attend the meetings. The DM did confirm that he had not sent written responses or called to give verbal response. The DM did confirm he had not sent documentation of his food resolutions to the facility or to the residents. The DM stated that he "just made the changes and honored the requests." The DM stated he has only received one (1) copy of resident council minutes in August 2020 for all the 2020 year. He stated that the owners of the nursing home facility would not allow him inside of the facility because of COVID-19. The DM had not visited with the residents since prior to March 2020.

Interview with the Director of Nursing (DON) on 3/10/2021, at 3:30 PM, revealed that she would make sure that the DM was allowed inside the building to visit with the residents and to attend resident council meeting if invited. The DON did not have copies of communications from the DM concerning food complaints and she did not have any facility responses to the resident's grievances from resident council meetings.

Interview on 3/10/2021, at 4:00 PM, with the Resident council members for a follow up from the meeting of 3/10/2021 at 10:00 AM revealed that the DM stated that he would meet with them in person, if invited, and try to resolve their dietary

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M 500	Continued From page 7 issues. The residents stated that they would be even more happy when their food issues were resolved. The residents stated, "we just want to be heard." Our issues with the food requests have been an on-going thing, it did not just occur during the pandemic of COVID-19.	M 500		