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
	61JE	A. BUILDING: _____ B. WING _____	09/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JNH-JEFFERSON INN	3550 HWY 468 WEST - PO BOX 207 BLDGS 29 &33 WHITFIELD, MS 39193

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M 000	Initial Comments The State Agency (SA) conducted a recertification survey from 09/24/18 to 09/26//18. 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 entrance was 44, and the facility was certified for 86 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		11/16/18

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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 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	M 500		

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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 record review, observation and interview, the facility failed to ensure the resident's right to be free from physical restraints for one (1) resident out of three (3) residents reviewed for the use of physical restraints as	M 500	A. What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice? On 09/26/2018, the Director of Nursing(DON) reviewed Resident #27's	

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M 500	Continued From page 4 evidenced by failure to: 1.. Obtain a physician's order for the use of a physical restraint; 2. Assess the use of side rails as a potential physical restraint; and 3. Care plan the use of side rails as a physical restraint. This concern was identified for Resdient #27. Findings include: A review of the clinical record of Resident # 27 revealed he had diagnoses that included restlessness and agitation, Major Depressive Disorder, Personal History of Traumatic Brain Injury (TBI) and Personal History of Self-Harm. On 09/25/18 - 09/26/18, the resident was observed multiple times sitting in a chair in his room with a pelvic restraint in place. Full side rails were observed on the resident's bed. On 09/26/18 at 12:57 PM, the Director of Nursing (DON) was asked if full side rails were used for Resident #27 when he was in bed. She stated side rails were used when the resident was in bed. She was asked if there was a physician's order for the use of side rails as a restraint. The DON stated the care plan documented side rails were used for positioning. The DON was asked what would happen to the resident if the side rails were not up. The DON did not answer. On 09/26/18 at 1:14 PM, Registered Nurse (RN) #2 was asked if side rails were used for the resident when he was in bed. She stated, "Yes." She was asked for what the reason the side rails were used for the resident. She stated, "Safety perimeters. He's not aware of safety." The RN was asked what would happen if the side rails were not up. She stated, "He'd walk out of the room, walk into someone else's room or fall and	M 500	chart and instructed the Registered Head Nurse(RHN) to obtain an updated revised order for side rails X2 to be used for positioning for Resident #27. On 09/26/2018, the Minimum Data Set(MDS) Nurse reviewed the revised Physician's Order and updated Resident #27's Care Plan for side rail usage as a positional device. On 09/26/2018, the (DON) re-educated the MDS Nurse on the importance of verifying that the care plans reflect the Physician Orders. On 10/01/2018, the MDS Nurse modified the existing MDS removing side rails as a restraint for Resident #27. B. How will you identify other residents having the potential to be affected by the same deficient practice, and what corrective action(s) will be taken? On 09/26/2018, the DON and the MDS Nurse reviewed the census, 13 of 44 residents had the potential to be affected by the deficient practice. No others were affected. C. What measures will be put into place, or what systemic changes you will make to ensure that the deficient practice does not recur? Beginning 09/26/2018 the Staff (RHN) will use Jefferson Inn Positioning/Restraint/Protective Device Checklist to monitor and track side rail assessments, physician orders, consent for side rails and changes to care plans weekly. Any deficiencies found will be	

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M 500	Continued From page 5 hurt himself." She was asked if the side rails would be considered a restraint. The RN stated, "I thought they were for safety perimeters." The surveyor asked the RN if she had ever seen or heard of the resident having crawled out the end of the bed or over the side rails. She stated, "No." She was asked if the use of a restraint required a physician's order. She stated, "Yes, it does." On 09/26/18 at 1:21 PM, Certified Nurse Aide #1 was asked if she had ever seen or heard of the resident having crawled out the end of the bed or over the side rails. She stated, "No." On 09/26/18 at 1:23 PM, RN #3 was asked if she had ever seen or heard that Resident #27 had crawled or attempted to crawl out the foot of the bed and/or over the side rail. She stated, "No." On 09/26/18 at 01:33 PM, the DON returned and again stated the bed rails were care planned for positioning. She was informed about the interview with RN #2 and her statement that the resident would get up out of bed and ambulate and might fall or go into someone's room if the side rails were not up. She was informed the intent of the side rails might be for positioning but the effect of the side rails on the resident was that they kept him getting out of bed. The DON stated, "I understand what you're saying." The DON was asked to provide incident reports of all of the resident's incident and accidents for the past year. On 09/26/18 at 2:11 PM, the DON stated the resident had not fallen since 10/20/16. She was asked to provide a physician's order for the side rail as a restraint, a side rail assessment, and consents which documented the risks and	M 500	reported to the DON weekly. Beginning 09/27/2018 and ending 10/17/2018, the DON in-serviced the Jefferson Inn Certified Nursing Assistant(CNA) Staff and Licensed Nurse Staff on Jaquith Nursing Home (JNH) Policy(J530-65) Resident's Rights emphasizing the right to be free from restraints and usage of side rails as positioning devices per Physician's Orders. On 10/17/2018, the DON in-serviced the RHN and MDS Nurse on verifying that all care plans follow Physician's Orders, Physician's Orders are reflected in the MDS, and Side Rail Assessment and Consent forms are updated. Beginning 10/17/2018, the Staff RN will use the Jefferson Inn Positioning/Restraint/Protective Device Checklist to verify that all assessments, consents and care plans reflects the revised Physician's orders weekly for 30 days, then bi-weekly for 60 days. Any newly ordered restraints and Protective Devices will be discussed during weekly treatment team meetings and verified on the care plan. The DON will review the checklist weekly for 90 days then quarterly there after. D. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance will be put into place? If any deficiencies are found in the documented checklist observation of restraints, side rails and protective devices, the RHN and MDS Nurse will be re-educated by the DON. The DON will	

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M 500	Continued From page 6 benefits of the use of a restraint for both the pelvic restraint and the side rails. On 09/26/18 at 2:35 PM, the DON returned with the informed consent for the pelvic restraint. She was asked if there was an informed consent document for the use of the side rails. She stated, "No." She was asked if a side rail assessment had been completed. She stated, "No." On 09/26/18 at 2:49 PM, the Minimum Data Set (MDS) Coordinator was reminded that the quarterly MDS assessments, dated 05/31/18 and 08/23/18, documented that side rails were used daily as restraints. She was asked if the comprehensive care plan addressed the use of side rails a restraint and included goals and interventions for the use of side rails as a restraint. She stated the care plan did not address the use of side rails as a restraint. She stated the DON had told her the side rails were used for positioning and that she should not have indicated the side rails were a restraint on the MDS assessments. On 09/26/18 at 3:16 PM, the DON was asked if full side rails were required for use as a positioning device or if a ¼ side rail would be a better choice. She stated, "We don't have those beds. This is a state facility and we don't have those beds." She was asked if an ongoing assessment was conducted to ensure the least restrictive restraint was used for the least amount of time? She stated, "No." The DON was asked if there was any more restraint documentation available. She stated, "No. Not to my knowledge." On 09/26/18 at 4:07 PM, the MDS coordinator	M 500	report findings to the Jefferson Inn Nursing Home Administrator (NHA) weekly. The NHA will report to the Jaquith Nursing Home (JNH) monthly Executive Committee Meeting and the quarterly JNH Quality Assurance Performance Improvement (QAPI) Committee meeting the progress and effectiveness of the corrected actions. Should systemic changes not be effective QAPI will investigate and determine further action(s) to be implemented. The corrective action will be completed on November 16, 2018.	

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M 500	Continued From page 7 was shown the pelvic restraint consent, dated 05/30/17, and was asked if the care plan had been followed to get consent annually. She stated, "No." An "Informed Consent for Use of Restraint Devices," documented the resident's responsible party had given informed consent for the use of a pelvic restraint and a soft helmet on 05/30/17. There was no documentation in the clinical record which indicated informed consent had been obtained for the pelvic restraint and soft helmet since 05/30/17. The annual MDS assessment, dated 03/08/18, documented the resident had severe cognitive impairment, had exhibited no behaviors and required limited assistance with bed mobility. The assessment documented a trunk restraint was used daily and an "other" restraint was used less than daily when in the chair or out of bed. The quarterly MDS assessment, dated 05/31/18, documented in the section of "Restraints" that side rails and a trunk restraint were used daily. The assessment documented an "other" restraint was used less than daily when in chair or out of bed. The care plan, most recently reviewed/revised 06/08/18, documented the resident had impaired cognitive status related to severe traumatic brain injury with confusion, severely impaired decision-making skills and long & short-term memory problems. The care plan addressed problems of the resident's impaired communication and high risk for falls or injuries related to his unsteady gait without assistance secondary to severe traumatic brain injury and	M 500		

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M 500	Continued From page 8 attempts to get up without assistance. The care plan documented a problem related to "safety devices/restraints: side rails up X2 when in bed for [positioning] pelvic restraint when out of bed while up in chair for safety 2nd [secondary] to poor safety awareness [related to] severe TBI attempting to get up without assist. severe traumatic brain injury with confusion. Soft helmet to be worn during ambulation. Risk for injury or death [related to] self-mutilation (biting/hitting/scratching self/[banging] head against anything he gets close to), [history] of physical aggression, pelvic restraint usage. An intervention for the problem was to obtain "Restraint consent yearly." The care plan documented the resident had a problem related to "Safety devices and risk for injury related to the use of pelvic restraint ...when out of bed ...Side rail up X2 when in bed for safety and define perimeters of the bed." An intervention for the problem was "side rails up X2 when in bed for safety and to define perimeters of the bed. The care plan documented a problem related to the resident's "high risk for falls or injuries [related to] unsteady gait without assist 2nd [secondary] to get up without assist ...pelvic [restraint] when out of bed, Side rails up x2 when in bed ..." An intervention for the problem was "side rails up x2 when in bed for safety and to define the perimeters of the bed." A physician's order, dated 06/29/18, documented: "Activities. Fall Precautions: ... [Side rails] up x2 for positioning while in bed ..." The quarterly MDS assessment, dated 08/23/18,	M 500		

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M 500	Continued From page 9 documented in the section of "Restraints" that side rails and a trunk restraint were used daily. The assessment documented an "other" restraint was used less than daily when in chair or out of bed. The resident's clinical record contained no pre-restraint assessment for the use of side rails, no informed consent for the use of the side rails, no physician's order for the use of the side rails as a restraint, no care plan for the use of the side rails as a restraint, and no monthly assessment by the treatment team for the use of the side rails. A physician's order, dated 09/19/18, documented the following: "Pelvic restraint while in bed to prevent getting up unassisted and falls/injury. [Diagnosis]: TBI- unsteady gait and inability to recognize potential hazards to self ..." The facility's "Restraints" policy and procedure documented: "Policy. Each resident has the right to be free from any physical or mechanical restraint imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms ...Definitions ...Physical restraint is defined as any manual method or physical or mechanical device, material, or equipment attached or adjacent to a resident's body, which the individual cannot remove easily, and that restricts freedom of movement or normal access to one's body ...Side Rails- rails attached to the resident's bed frame. When used for the purpose of keeping a resident from getting out of bed and the resident wants to get out of bed, side rails meet the definition of physical restraint ..." The restraint policy and procedure documented informed consent for the use of a restraint would	M 500		

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M 500	Continued From page 10 be given to the resident and/or the resident's designated representative. It documented the consent would be updated annually with the resident's annual Resident Assessment Inventory process. It documented the nurse would document the use of the restraint in the resident's care plan and document the status of the restraint usage in the monthly nurse's notes. The policy and procedure documented the need for restraints would be re-evaluated by the treatment team at least monthly.	M 500		