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
	18CR	A. BUILDING: _____ B. WING _____	09/26/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF HATTIES	#10 MEDICAL BOULEVARD HATTIESBURG, MS 39401

(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) determined during an annual recertification survey, conducted from 9/23/19 through 9/26/19, the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm with deficiencies cited at M500. The facility had a census of 143, and was licensed for 152 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		10/25/19

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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 resident interviews, observations, and facility statement, the facility failed to ensure residents were aware of the location and availability of the most recent survey results, for	M 500	Survey results were posted at the North, South, and Rehabilitation Unit nurses stations on September 26, 2019 by the Maintenance Director and Licensed Nursing Home Administrator. All residents have the potential to be	

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M 500	Continued From page 4 four (4) of five (5) residents who attended the group meeting. Findings include: Review of the facility statement, signed by the Administrator, dated 9/26/19, revealed: One (1) of the Resident's rights is to have survey results, with plans of correction, for the past three (3) years, posted in a place accessible to residents. Per the Resident Rights, these results are in the facility at each nurse's station. During the group meeting on 9/24/2019 at 1:30 PM, four (4) of five (5) residents did not know where the survey results were located in the facility. During an interview, on 09/25/19 at 2:45 PM, Social Worker #1 did not know where last year's survey results were posted. Social Worker #1 stated she did not know how the residents were being educated as to where the survey results were posted. During an interview on 09/25/19 at 2:50 PM, Activity Director #1 stated that Social Services conducts Resident Council meetings. Activity Director #1 stated she had not educated the residents on where last year's survey results were posted. Observation on 09/25/19 at 9:30 AM, revealed survey results were posted on the table in the front lobby. There was a sign on the wall in the South Nursing Station, that survey results are posted in the front lobby. A sign was not posted on the North Hall or on the Rehabilitation unit, indicating where survey results were posted.	M 500	affected by the alleged deficient practice. Department Heads, Registered Nurse Unit Managers, Registered Nurse Resident Care Coordinators, Registered Nurse Staff Developer, Licensed Practical Nurse Minimum Data Set Staff, and Business Office staff were informed of the location of the survey results and the regulations where the requirements of posting are located by the Licensed Nursing Home Administrator on September 26, 2019. Members of the Resident Council were informed of the locations of the posted survey results by the Activity Director on September 26, 2019 and again during their regularly scheduled Resident Council Meeting on October 14, 2019 by the Licensed Master's Social Worker. The posting and locations of the survey results will be reviewed in the monthly Resident Council Meeting. The Resident Council Meeting Minutes will be integrated into the Quality Assurance system via the Quality Assurance Meeting held on October 23, 2019. The Quality Assurance Committee will review the meeting minutes to ensure that appropriate communication is taking place and changes are made as needed. This monitoring will be reviewed in the monthly Quality Assurance Meeting for three months.	