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
	38EM	A. BUILDING: _____ B. WING _____	11/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGINALD P WHITE NURSING FACILITY	1451 NORTH LAKELAND DRIVE/PO BOX 4128 MERIDIAN, MS 39307

(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 an annual recertification and licensure survey from 11/4/2019 to 11/7/2019. During the survey, the SA determined the facility was not in compliance with State Licensure Regulations for the Aged or Infirm, and cited State Statutes at 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 participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance	M 500		11/25/19

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M 500	Continued From page 1 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 responsibility to the facility for any period of time in conformance with State law;	M 500		

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M 500	Continued From page 2 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 documented by his physician or nurse practitioner/physician assistant in his medical record);	M 500		

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M 500	Continued From page 3 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 and staff interviews, record review, and review of the facility policy, the facility failed to honor resident rights by not assisting three (3) of six (6) residents to vote in the Governor's election on 11/6/19, Resident #8, Resident #36, and Resident #31. Findings include:	M 500	Disclaimer: Completion and response to CMS Form2567 by Reginald P. White Nursing Facility (RPWNF) in no way represents agreement of the statement of deficiencies herein stated. Address how corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; On 11/7/19, The Nursing Home	

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M 500	Continued From page 4 Review of the facility's policy, "Voting Rights", dated 12/2014, revealed: "We will assist the resident in exercising their right to vote by mail." In an interview with the residents, during a group meeting, on 11/5/2019 at 3:00 PM, three (3) of the six (6) residents said they did not get to vote in the general election. They expressed the desire to vote. Review of the most recent Minimum Data Sets (MDS) revealed Resident #8, Resident #36, and Resident #1 had a Brief Interview Mental Status (BIMS) score of 15, which indicated no cognitive impairment. In an interview on at 11/05/19 at 3:35 PM, the Social Worker stated the residents did not say anything about wanting to vote. She confirmed the policy stated residents had the right to vote, but no one came to her and asked to vote.	M 500	Administrator conferenced/in-serviced Social Worker on the importance of assisting Residents #8,#36, and #1 to vote. On 11/6/19, the social worker assisted Resident #8 and #36 in completing and submitting a voter's registration application to vote in the upcoming election. Resident #1 is a registered voter and receives absentee ballots in the mail from the circuit clerk. Address how the facility will identify other residents having the potential to be affected by the same deficient practice; All residents have the potential to be affected if the social worker fails to inform and assist the resident in exercising their right to vote prior to local, state, and federal elections. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur; and, On 11/7/19 Nursing Home Administrator began in-servicing social workers who are responsible for informing and assisting residents to vote to include, informing/reminding residents of their right to vote prior to local, state, and federal elections, information about registration, absentee voting deadlines, offering assistance as requested, and documenting services provided in the medical record. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action	

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M 500	Continued From page 5	M 500	evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system. Indicate the date(s) the corrective action(s) will be completed. On 11/21/19 the Quality Assurance (QA) Nurse began monitoring 100% of residents medical records for evidence of the social worker having educated the residents on exercising their right to vote, right to decline, and that the voter registration application packet was completed and returned to the Circuit Clerk's Office for those wishing to vote for 100% compliance. These audits will continue until 100% compliance is met for two consecutive elections. Findings from the observation and audits will be forwarded after each election to the Nursing Home Administrator. All Findings will be reported by the QA Nurse after each election to the Quality Assurance Committee. The Quality Assurance committee will make recommendations as needed.	