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
	30CD	A. BUILDING: _____ B. WING _____	11/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SINGING RIVER HEALTH AND REHABILITATIO	3401 MAIN STREET MOSS POINT, MS 39563

(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 survey from 11/12/19 through 11/14/19. 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 and M620. The facility was licensed for 160 beds and had a census of 100 at the time of survey.	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		12/27/19

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
	30CD	A. BUILDING: _____ B. WING _____	11/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SINGING RIVER HEALTH AND REHABILITATIO	3401 MAIN STREET MOSS POINT, MS 39563

(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 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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30CD	A. BUILDING: _____ B. WING _____	11/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SINGING RIVER HEALTH AND REHABILITATIO	3401 MAIN STREET MOSS POINT, MS 39563

(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 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30CD	A. BUILDING: _____ B. WING _____	11/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SINGING RIVER HEALTH AND REHABILITATIO	3401 MAIN STREET MOSS POINT, MS 39563

(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 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 interviews, record review, and facility policy review, the facility failed to assist two (2) of three (3) residents to vote in the general election. Resident #92 and Resident #3.	M 500	Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged in the statement of deficiencies. This Plan of Correction is prepared solely as a matter of compliance with the Federal and State law.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30CD	A. BUILDING: _____ B. WING _____	11/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SINGING RIVER HEALTH AND REHABILITATIO	3401 MAIN STREET MOSS POINT, MS 39563

(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 500	Continued From page 4 Findings include: Review of the facility policy, "Voting and Community/ Citizenship Activities", dated 11/2017, revealed the Center will encourage and assist, where appropriate and reasonable, the resident to participate in the resident's community and citizenship activities of choice (i.e., voting ...). Resident #92 On 11/14/19 at 10:00 AM, interview with Resident #92 revealed he did not get to vote in the Governor's election on 11/5/19. Resident #92 stated she would have voted, if taken to vote. The facility admitted Resident #92 on 5/29/1998, and her most recent Brief Interview for Mental Status (BIMS), dated 10/18/19, revealed a score of 15, which indicated Resident #92 had no cognitive impairment. Resident #3 On 11/14/19 at 10:55 AM, interview with Resident #3 revealed she did not get to vote in the recent 11/5/19 general election. Resident #3 stated, "No, and I like to vote. Usually they drive us to vote." The facility admitted Resident #3 on 9/11/2014. Review of the most recent BIMS assessment, dated 10/17/19, revealed Resident #3 scored 15, which indicated no cognitive impairment. On 11/14/19 at 10:09 AM, in a phone interview, Social Worker #1 stated she did not know if the residents got to vote, because she had been out on sick leave since October 18, 2019. On 11/14/19 at 11:54 and 11:58 AM, interview with Administrator revealed he was not sure if the residents got to vote on 11/5/2019, for the Governor's election. The Administrator confirmed he was responsible since the Social Worker was	M 500	1) The General Election on 11/5/2019 is in the past, so Center is unable to correct for the Governor election for Residents #92 and #3. The Admissions Coordinator contacted the Election Commission Department of the County on 12/3/19 to determine election dates for 2020. Starting 1/1/2020, lists will be made by Social Services quarterly to determine who wishes to vote in person and who wishes to vote via absentee ballot. Starting 1/1/2020, this process will be updated and reviewed by Social Services prior to any General Election. Starting 12/02/2019 and continuing until 12/18/2019, residents will be polled by the Activities Director to ask about interest in voting. All interested residents will receive assistance with registering to vote by the Activities Director by 12/20/2019. 2) Residents will be polled no later than 12/18/19 by Activities Director to ask about their interest in voting to determine potential to be affected by this issue. All interested residents will receive assistance with registering to vote by 12/20/2019. The next General Election, these residents will be taken to the voting location by our transportation as directed by the Activities Director and/or assisted with absentee ballots. 3) The Administrator and Admissions Coordinator will be assigned as formal backups beginning 12/1/2019 for the assistance of residents to exercise their right to vote. The administrator, Admissions Coordinator, and Social	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30CD	A. BUILDING: _____ B. WING _____	11/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SINGING RIVER HEALTH AND REHABILITATIO	3401 MAIN STREET MOSS POINT, MS 39563

(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 500	Continued From page 5 on medical leave.	M 500	Services Director were in-serviced by the Nurse Consultant on 12/6/2019 on center policy regarding resident voting rights/activities. 4) Starting 12/20/2019, the Administrator and Admissions Coordinator will review new admissions each quarter to determine interest in voting. If a resident is interested, he/she will be added to the list of voters. Any resident who is not registered to vote, will receive assistance by the Activity Director in registering to vote. When an election is scheduled, residents interested in voting will be asked by the Activity Director if they wish to vote via absentee ballot or by onsite voting with transportation provided on Election Day. Starting 1/1/2020, the system will be audited by the Administrator quarterly to ensure voting rights have been upheld per resident wishes. Results of these audits will be brought by the Administrator to the Quality Assurance Performance Improvement (QAPI) meeting quarterly with recommendations as needed to ensure continued compliance.	
M 620	45.21.4 Urinary incontinence Urinary incontinence. Residents with urinary incontinence shall be assessed for need of bladder retraining program. An indwelling catheter will not be used unless the resident ' s clinical condition indicates that catheterization is necessary. These residents shall receive treatment and services to prevent urinary tract infections. Level II	M 620	1) Resident #44 was assessed for signs of	12/27/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30CD	A. BUILDING: _____ B. WING _____	11/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SINGING RIVER HEALTH AND REHABILITATIO	3401 MAIN STREET MOSS POINT, MS 39563

(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 620	Continued From page 6 Based on observation, staff interview, record review, and facility policy review, the facility failed to provide catheter care in a manner to prevent infection and trauma to the meatus for one (1) of two (2) catheter care observations, Resident #44, as evidenced by not anchoring the tubing to prevent pulling on/pulling out the catheter, while providing care. Findings Include: Review of the facility's policy, "Catheter Care, Urinary", dated July 2015, revealed the purpose of the procedure was to prevent infection of the resident's urinary tract, which included to retract the foreskin on the penis and maintain the position of the hand throughout the procedure. Observation on 11/13/19 at 2:15 PM, revealed Certified Nursing Assistant (CNA) #3 provided catheter care to Resident #44. The CNA failed to hold the tip of the catheter tubing, next to the foreskin of the penis, to prevent trauma to the meatus. CNA #3 pulled the catheter outward, without securing the tubing. Resident #44 said it hurt when she pulled the tubing. In an interview, on 11/13/19 at 2:26 PM, CNA #3 confirmed she failed to hold the catheter tubing while she provided catheter care to Resident #44. CNA #3 said she was taught to hold the head of the penis. In an interview, on 11/14/19 at 11:46 AM, the Director of Nursing (DON) confirmed CNA #3 failed to prevent possible infection and trauma to the meatus, by not securing the tubing, while providing catheter care to Resident #44. The DON said the tubing could have come out when	M 620	urinary tract infection by the Director of Nursing (DON) on 11/13/19 at 5:30pm for discomfort, pain and irritation; patient reported none and no irritation was noted. 2) Rounds were made on 11/13/19 by the DON to determine any other residents with the potential to be affected by the same issue. No other residents identified. 3) CNA #3 was in-serviced by Staff Development Coordinator on 11/13/19 regarding proper catheter care. Starting 12/02/19, in-services and skills check-off return demonstration was/will be completed by 12/20/19 by Staff Development Coordinator and/or Director of Nursing and/or Assistant Director of Nursing to ensure proper catheter care. 4) Starting 12/16/19, four(4) random skills checks on catheter care will be performed weekly, times twelve weeks, by the Director of Nursing and/or Assistant Director of Nursing and/or Staff Development Coordinator and/or Unit Manager. Results of the random skills checks will be brought to the Quality Assurance Performance Improvement (QAPI) meetings quarterly with recommendations as needed to ensure continued compliance.	

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
	30CD	A. BUILDING: _____ B. WING _____	11/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SINGING RIVER HEALTH AND REHABILITATIO	3401 MAIN STREET MOSS POINT, MS 39563

(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 620	Continued From page 7 the CNA pulled outward on the tube.	M 620		