STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255300	A. BUILDING _____ B. WING _____	C 06/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	**49 WILLOW CREEK LANE JACKSON, MS 39272**

(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) COMPLETION DATE
F 000	INITIAL COMMENTS A complaint survey (CI MS #15256) was conducted at the facility, 6/21/2018 - 6/22/2018. During the survey facility was found not to be in compliance with requirements for participation in Medicare and Medicaid. One (1) of two (2) areas of concern was substantiated, and deficiencies were cited at F550 for resident rights, and F656 for failure to follow the care plan for a resident with dementia. The other area of concern were unsubstantiated. The census at the time of the survey was 84, and facility was certified for 88 beds.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all	F 550		7/25/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/18/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255300	A. BUILDING _____ B. WING _____	C 06/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	**49 WILLOW CREEK LANE JACKSON, MS 39272**

(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) COMPLETION DATE
F 550	Continued From page 1 residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, resident interview, record review, and facility policy review, the facility failed to allow Resident #1 her right to refuse care for one (1) of five (5) residents reviewed for residents rights. Findings include: Review of the facility's policy titled, "Resident's Rights", revealed the residents have the right to exercise his/her rights as a Resident of Willow Creek Nursing & Rehabilitation Center, and as a citizen or resident of the United States. Review of the facility's "A Matter of Rights" handbook, with a copyright of 2017, revised 4/18/18, revealed, "We will not treat residents differently based on their medical diagnosis or how ill they are."	F 550	1. Immediate action(s) taken for the resident(s) found to have been affected include: Resident #1 was assessed by the Registered Nurse Supervisor on 6/8/18 to ensure there was no negative outcome related to the aide not allowing the resident to refuse care. Resident #1 denied complaints during assessment and interview. Resident #1's plan of care was updated by the Minimum Data Set nurse on 6/11/18 to allow resident # 1 to refuse care and the licensed and unlicensed staff were instructed to follow this plan of care by the Director of Nurses on 6/11/18. Care routines and preferences were adapted to the resident's wishes. 2. Identification of other residents having the potential to be affected was	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255300	A. BUILDING _____ B. WING _____	C 06/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	49 WILLOW CREEK LANE JACKSON, MS 39272

(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) COMPLETION DATE
F 550	Continued From page 2 An observation and interview, on 6/22/2018 at 8:50 AM, with the Interim Administrator, of the video footage for the evening of 6/8/2018 revealed Resident #1 with her hand on another resident's wheelchair. The Administrator identified Certified Nursing Assistant (CNA) 1 and CNA #2 as they held Resident #1 around her arms, and pulled her backwards towards her room. Resident #1 was leaning backwards towards CNA #1. An interview, on 6/22/2018 at 10:05 AM, with CNA #1 revealed she was not assigned to Resident #1. CNA #1 stated Resident #1 didn't want to be changed, and she became combative. CNA #1 further stated she had gone over to help CNA #2 when Resident #1 had become combative. CNA #1 stated if a resident refused care they were to notify the nurse. CNA #1 stated, "I didn't report anything" "I wasn't paying attention, I should have been paying attention." An interview, on 6/22/2018 at 8:25 AM, with Licensed Practical Nurse (LPN) #1, who was the Staff Development Nurse, revealed she felt like this incident was avoidable. LPN #1 stated, "they have the right not to go to bed not even if they have dementia. If the residents are resisting, step back and watch. When they are calm, take the soft approach; don't touch, approach them from the side, not the front." LPN #1 further stated CNA #1 and CNA #2 did not follow those interventions as taught. An interview, on 6/22/2018 at 11:15 AM, with the CNA Supervisor, revealed if a resident refuses care, leave them and come back later. The CNA Supervisor stated behaviors were to be reported to her, and then to the nurse.	F 550	accomplished by: The facility has determined that all residents have the potential to be affected. 3. Actions taken/systems put into place to reduce the risk of future occurrence include: Certified Nursing Assistant #1 was terminated from her employment on June 9, 2018 and Certified Nursing Assistant #2 was terminated from her employment on June 12, 2018 due to violation of Resident Rights and for not adhering the Resident Right's policy and procedure. In-service education programs on Resident Rights policy and procedure were conducted on July 19, 2018 and July 20, 2018 with all nursing staff by the Director of Nursing Services (DON) and Staff Development Nurse. Proper procedures to promote and facilitate resident self-determination regarding resident rights to refuse care and alter care to accommodate resident choice when they prefer was addressed. Nursing staff not present for the in-service education will be trained by July 24, 2018. Newly hired nursing staff will receive in-service education on the Resident Rights Policy and Procedure. 4. How the corrective action(s) will be monitored to ensure the practice will not recur: The Director of Nursing Services (DON), or Registered Nurse Supervisor will observe certified nursing staff providing care on Resident #1 and other residents twice weekly for two weeks, then weekly for two weeks, then monthly for two	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255300	A. BUILDING _____ B. WING _____	C 06/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	49 WILLOW CREEK LANE JACKSON, MS 39272

(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) COMPLETION DATE
F 550	Continued From page 3 An interview, on 6/22/2018 at 2:40 PM, revealed CNA #3 stated, "Can't force them to get cleaned up." An interview, on 6/22/2018 at 2:45 PM, revealed the Social Services Director stated, "Our residents have the right to refuse." Review of the Resident Incident Report, dated 6/9/18 at 11:30 AM, revealed no injuries, no redness, no bruises or abrasions. Review of the Disciplinary Reports for CNA #1 and CNA #2 revealed they were discharged on 6/11/2018. Review of the Daily Assignment Sheet for 2:00-10:30 PM on 6/8/2018, revealed Resident #1 was assigned to CNA #2. Review of the facility's Face Sheet revealed the facility admitted the resident on 8/12/13. Resident #1's diagnoses included Anxiety Disorder, Dementia, Major Depressive Disorder, and Restlessness and Agitation. Review of the Minimum Data Set, with an Assessment Reference Date of 4/3/18, revealed Resident #1 had a Brief Interview of Mental Status (BIMS) score of 99, which indicated moderately impaired decision making skills and cues/supervision were required.	F 550	months to ensure they are promoting and facilitating resident's rights and choice while maintaining resident dignity in accordance with resident preferences. Validation Checklists will be discussed with the Administrator and reviewed by the Quality Assurance committee monthly or until such time consistent substantial compliance has been achieved as determined by the committee. Corrective action completion date: July 25, 2018	
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and	F 656		7/25/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255300	A. BUILDING _____ B. WING _____	C 06/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	**49 WILLOW CREEK LANE JACKSON, MS 39272**

(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) COMPLETION DATE
F 656	Continued From page 4 implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.	F 656		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255300	A. BUILDING _____ B. WING _____	C 06/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	49 WILLOW CREEK LANE JACKSON, MS 39272

(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) COMPLETION DATE
F 656	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on record review, staff interview, and facility policy review, the facility failed to follow the care plan for memory impairment related to dementia for one (1) of five (5) resident care plans reviewed, Resident #1. Findings include: Review of the facility's policy, "Care Plans", not dated, revealed, "5. Staff approaches are to be developed for each problem/strength/need. Assigned disciplines will be identified to carry out the intervention." Review of the Care Plan for Resident #1, revealed the Problem/Need, "Has memory impairment related to dementia as evidenced by not being able to recall detailed information, requiring cues/supervision to regarding tasks of daily life, and receiving verbal cues to help with orientation". Review of the Approaches included, explain all care procedures prior to beginning them, and allow resident time to respond. All staff were listed to carry out the approaches. An interview with the Care Plan Nurse, on 6/22/2018 at 3:45 PM, revealed any resident who refused care should be left alone, and then try again later. The Care Plan Nurse stated, "No, they didn't follow the care plan." Review of the facility's Face Sheet revealed the facility admitted the resident on 8/12/13. Resident #1's diagnoses included Anxiety Disorder, Dementia, Major Depressive Disorder, and Restlessness and Agitation. Review of the Minimum Data Set, with an Assessment	F 656	This Plan of Correction constitutes a written Allegation of Compliance for the deficiencies cited. However, submission of the Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by State and Federal Law. The Facility QA Committee met on July 13, 2018 to discuss the deficiencies cited on a Complaint Survey conducted in the facility on June 21 - June 22, 2018. The following Corrective Actions were developed to correct this deficiency: 1. Immediate action(s) taken for the resident(s) found to have been affected include: Care plan(s) of the resident #1 were reviewed and updated on 6/11/18 by the Minimum Data Set nurse to reflect interventions that will allow resident #1 to make choices in her care. 2. Identification of other residents having the potential to be affected was accomplished by: The facility has determined that all residents have the potential to be affected. 3. Actions taken/systems put into place to reduce the risk of future occurrence include: All interdisciplinary care plan team members responsible for writing care plans were re-educated on the facility's	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255300	A. BUILDING _____ B. WING _____	C 06/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	**49 WILLOW CREEK LANE JACKSON, MS 39272**

(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) COMPLETION DATE
F 656	Continued From page 6 Reference Date of 4/3/18, revealed Resident #1 had a Brief Interview of Mental Status (BIMS) score of 99, which indicated moderately impaired decisions poor with cues and supervision required.	F 656	policy and procedure for developing Comprehensive Care Plans with emphasizes on resident's preference or choice by the Staff Development nurse on 6/11/18. A 100% care plan audit was conducted by the Director of Nurses and Minimum Data Set nurses to assure that resident care plans reflect resident preferences or choices on July 23, 2018 and July 24, 2018. 4. How the corrective action(s) will be monitored to ensure the practice will not recur: Care plans will continued to be reviewed weekly in accordance with the care plan review schedule by the MDS Coordinator(s). All care plans will be updated as indicated. The Director of Nursing Services (DNS), or Registered nurse supervisors will complete weekly audits of care plan for six (6) consecutive weeks to ensure that comprehensive care plans are developed for residents. Validation check lists of care plan audited will be reviewed by the Quality Assurance Committee monthly or until such time consistent substantial compliance has been achieved as determined by the committee. Corrective action completion date: July 25, 2018	

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
	25WC	A. BUILDING: _____ B. WING _____	C 06/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	49 WILLOW CREEK LANE JACKSON, MS 39272

(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 a complaint survey CI MS #15256, at the facility from 6/21/18 through 6/22/18. During the survey, the SA determined the facility was not in compliance with State Licensure Regulations for the Aged or Infirm, and cited the State Statute M500. The census at the time of survey was 84, and the facility was certified for 88 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		7/25/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/18/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25WC	A. BUILDING: _____ B. WING _____	C 06/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	49 WILLOW CREEK LANE JACKSON, MS 39272

(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
	25WC	A. BUILDING: _____ B. WING _____	C 06/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	49 WILLOW CREEK LANE JACKSON, MS 39272

(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 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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25WC	A. BUILDING: _____ B. WING _____	C 06/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	49 WILLOW CREEK LANE JACKSON, MS 39272

(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: Based on observation, staff interview, resident interview, record review, and facility policy review, the facility failed to allow Resident #1 her right to refuse care, and to follow the care plan for memory impairment related to Dementia for one (1) of five (5) residents reviewed for resident's rights and care plans.	M 500	This Plan of Correction constitutes a written Allegation of Compliance for the deficiencies cited. However, submission of the Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements	

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
	25WC	A. BUILDING: _____ B. WING _____	C 06/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	49 WILLOW CREEK LANE JACKSON, MS 39272

(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's policy titled, "Resident's Rights", revealed the residents have the right to exercise his/her rights as a Resident of Willow Creek Nursing & Rehabilitation Center, and as a citizen or resident of the United States. Review of the facility's "A Matter of Rights" handbook, with a copyright of 2017, revised 4/18/18, revealed, "We will not treat residents differently based on their medical diagnosis or how ill they are." Review of the facility's policy, "Care Plans", no date, revealed, "5. Staff approaches are to be developed for each problem/strength/need. Assigned disciplines will be identified to carry out the intervention." An observation and interview, on 6/22/2018 at 8:50 AM, with the Interim Administrator, of the video footage for the evening of 6/8/2018 revealed Resident #1 with her hand on another resident's wheelchair. The administrator identified Certified Nursing Assistant (CNA) 1 and CNA #2 as they held Resident #1 around her arms, and pulled her backwards towards her room. Resident #1 was leaning backwards towards CNA #1. An interview, on 6/22/2018 at 8:25 AM, with LPN (Licensed Practical Nurse) #1, who was the Staff Development Nurse, revealed she felt like this incident was avoidable. LPN #1 stated, "they have the right not to go to bed not even if they have dementia. If the residents are resisting, step back and watch. When they are calm, take the soft approach; don't touch, approach them from the side, not the front." LPN #1 further	M 500	established by Sate and Federal Law. The Facility QA Committee met on July 13, 2018 to discuss the deficiencies cited on a Complaint Survey conducted in the facility on June 21 - June 22, 2018. The following Corrective were developed to correct this deficiency: 1. Immediate action(s) taken for the resident(s) found to have been affected include: Resident #1 was assessed by the Registered Nurse Supervisor on 6/8/18 to ensure there was no negative outcome related to the aide not allowing the resident to refuse care. Resident #1 denied complaints during assessment and interview. Resident #1's plan of care was updated by the Minimum Data Set nurse on 6/11/18 to allow resident # 1 to refuse care and the licensed and unlicensed staff were instructed to follow this plan of care by the Director of Nurses on 6/11/18. Care routines and preferences were adapted to the resident's wishes. 2. Identification of other residents having the potential to be affected was accomplished by: The facility has determined that all residents have the potential to be affected. 3. Actions taken/systems put into place to reduce the risk of future occurrence include: Certified Nursing Assistant #1 was terminated from her employment on June 9, 2018 and Certified Nursing Assistant #2 was terminated from her employment on June 12, 2018 due to violation of Resident Rights and for not adhering the Resident	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25WC	A. BUILDING: _____ B. WING _____	C 06/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	49 WILLOW CREEK LANE JACKSON, MS 39272

(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 stated CNA #1 and CNA #2 did not follow those interventions as taught. An interview, on 6/22/2018 at 10:05 AM, with CNA #1 revealed she was not assigned to Resident #1. CNA #1 stated Resident #1 didn't want to be changed, and she became combative. CNA #1 further stated she had gone over to help CNA #2 when Resident #1 had become combative. CNA #1 stated if a resident refused care they were to notify the nurse. CNA #1 stated, "I didn't report anything" "I wasn't paying attention, I should have been paying attention." An interview, on 6/22/2018 at 11:15 AM, with the CNA Supervisor, revealed if a resident refuses care, leave them and come back later. The CNA Supervisor stated behaviors were to be reported to her, and then to the nurse. An interview, on 6/22/2018 at 2:40 PM, revealed CNA #3 stated, "Can't force them to get cleaned up." An interview, on 6/22/2018 at 2:45 PM, revealed the Social Services Director stated, "Our residents have the right to refuse." Review of the Resident Incident Report, dated 6/9/18 at 11:30 AM, revealed no injuries, no redness, no bruises or abrasions. Review of the Disciplinary Reports for CNA #1 and CNA #2 revealed they were discharged on 6/11/2018. Review of the Daily Assignment Sheet for 2:00-10:30 PM on 6/8/2018, revealed Resident #1 was assigned to CNA #2.	M 500	Right's policy and procedure. In-service education programs on Resident Rights policy and procedure were conducted on July 19, 2018 and July 20, 2018 with all nursing staff by the Director of Nursing Services (DON) and Staff Development Nurse. Proper procedures to promote and facilitate resident self-determination regarding resident rights to refuse care and alter care to accommodate resident choice when they prefer was addressed. Nursing staff not present for the in-service education will be trained by July 24, 2018. Newly hired nursing staff will receive in-service education on the Resident Rights Policy and Procedure. 4. How the corrective action(s) will be monitored to ensure the practice will not recur: The Director of Nursing Services (DON), or Registered Nurse Supervisor will observe certified nursing staff providing care on Resident #1 and other residents twice weekly for two weeks, then weekly for two weeks, then monthly for two months to ensure they are promoting and facilitating resident's rights and choice while maintaining resident dignity in accordance with resident preferences. Validation Checklists will be discussed with the Administrator and reviewed by the Quality Assurance committee monthly or until such time consistent substantial compliance has been achieved as determined by the committee. Corrective action completion date: July 25, 2018	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25WC	A. BUILDING: _____ B. WING _____	C 06/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	49 WILLOW CREEK LANE JACKSON, MS 39272

(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 6 Review of the Care Plan for Resident #1, revealed the Problem/Need, "Has memory impairment related to dementia as evidenced by not being able to recall detailed information, requiring cues/supervision to regarding tasks of daily life, and receiving verbal cues to help with orientation". Review of the Approaches included, explain all care procedures prior to beginning them, and allow resident time to respond. All staff were listed to carry out the approaches. An interview with the Care Plan Nurse, on 6/22/2018 at 3:45 PM, revealed any resident who refused care should be left alone, and then try again later. The Care Plan Nurse stated, "No, they didn't follow the care plan." Review of the facility's Face Sheet revealed the facility admitted the resident on 8/12/13. Resident #1's diagnoses included Anxiety Disorder, Dementia, Major Depressive Disorder, and Restlessness and Agitation. Review of the Minimum Data Set, with an Assessment Reference Date of 4/3/18, revealed Resident #1 had a Brief Interview of Mental Status (BIMS) score of 99, which indicated moderately impaired decision making skills and cues/supervision were required.	M 500		