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
	74TE	A. BUILDING: _____ B. WING _____	11/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF TYLERTOWN	200 MEDICAL CIRCLE TYLERTOWN, MS 39667

(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 Survey Agency (SA) conducted an annual recertification survey from 11/18/18 through 11/20/18. 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. At the time of the survey, the census was 39 and the facility held a license for 60 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	M 500		12/14/18

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

Electronically Signed | 12/14/18

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M 500	Continued From page 1 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 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	M 500		

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M 500	Continued From page 2 facility accept his written delegation of this 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	M 500		

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M 500	Continued From page 3 unopened, unless medically contraindicated (as 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 observation, staff interview, record review, and facility policy review, the facility failed to ensure Resident #7 and #21's privacy as	M 500	.The center will correct the deficiency as it relates to Resident # 7 and # 21 by respecting each resident's dignity by knocking on the doors prior entry into their rooms and pulling privacy curtains and closing doors prior to administering	

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M 500	Continued From page 4 evidenced by staff's failure to knock on the residents' doors prior to entering the rooms to administer medications. The facility also failed to ensure Resident #21's right to privacy to administer medications via Resident #21's Gastrostomy Tube, and to revise Resident #1's care plan to address the resident's right to receive care and treatment to meet activity likes and dislikes. This concern was identified for two(2) of four (4) residents observed for medication administration, and one of (1) of 25 resident care plans reviewed. Findings include: Review of the facility's "Resident Rights", not dated, revealed each of us has a personal responsibility to our patients/residents and their rights. We treat our patients and residents with dignity and respect. We treat our patients and residents with dignity and respect at all times. The patients/residents has the right to a dignified existence, self -determination and communication. The patient/resident has the right to personal privacy and confidentiality of his or her personal clinical records. Review of a typed statement on the facility's letterhead revealed: The facility's policy for completing the Minimum Data Set (MDS) and Care Plan is the Centers for Medicare and Medicaid Services Long Term Care Facility Resident Assessment Instrument User's Manual, version 1.14. There was no date or signature on the statement. Resident #7 An observation during the medication administration observation, on 11/19/2018 at 9:32	M 500	medications enterally. Resident # 7 and # 21 were each evaluated by Assistant Director of Nursing (ADNS)/Director of Clinical Education (DCE) 11/20/2018 for any symptoms of emotional distress related to failing to knock on the doors before entering the resident's room and failing to close the curtains and doors during medication administration via an enteral route. No emotional distress was identified. Licensed Practical Nurse # 1 was provided a coaching and counseling by Director of Nursing/Director of Clinical Education, after Assistant Director of Nursing/Director of Clinical Education was made aware of the negative finding. The coaching and counseling consisted of educating Licensed Practical Nurse # 1 on the importance of respecting each resident's dignity by treating their room as their home and the importance of knocking on the door prior to entering resident rooms and closing privacy curtains and doors prior to enteral medication administration. All residents have the potential for being affected by this practice. The facility staff will protect residents in similar situations by educating all staff regarding the need to respect the resident s room as their home and not enter without knocking on the door and closing privacy curtains when medications are administered. The Assistant Director of Nursing who also functions as the Director of Clinical Education will educate all staff at the time of hire and annually thereafter on the importance of respecting residents rooms	

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M 500	Continued From page 5 AM, with Licensed Practical Nurse (LPN) #1, revealed LPN #1 failed to knock on Resident #7's door prior to entering the room. During an interview, on 11/20/2018 at 11:54 AM, with LPN #1, she confirmed she failed to knock on the door prior to entering Resident #7's room. LPN #1 said she was nervous, and had never administered medications with a surveyor before. A review of the facility's Face Sheet revealed the facility admitted Resident #7, on 11/06/2016, with diagnoses, which included Cerebrovascular Disease, Hypertension, and Wedge Compression Fracture of T 11-T 12 Vertebra. A review of Resident #7's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/15/2018, revealed Resident #7 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact. Resident #21 An observation, on 11/19/2018 at 9:30 AM, revealed LPN #1 failed to knock on Residents #21's door prior to entering the room. LPN also #1 failed to close the curtain and door prior to administering medications via Resident #21's Gastrostomy Tube. An interview, on 11/20/18 at 11:49 AM, revealed LPN #1 confirmed she failed to knock on Resident #21's door prior to entering the room, and close the curtain and door prior to administering Resident #21's medications via the Gastrostomy Tube to provide privacy. LPN #1 said the facility in-serviced them all the time on knocking on the residents' doors.	M 500	as their homes. This will include the necessity of knocking on all resident's doors prior to entering and closing privacy curtains. The Administrator will verify after the completion of orientation for each newly hired employee and annually thereafter that the education has been provided. The center will alter our system of orientation and training initiating education at the time of hire and annually thereafter for all staff to ensure that education regarding respecting the resident's room as their home. The education will provide an emphasis on knocking on the door prior to entering and closing privacy curtains and doors prior to providing medications enterally. The Assistant Director of Nurses/Director of Clinical Education completed the initial in service on 11/20/2018 for all staff. The Director of Nurses will verify after completion of orientation and annually thereafter by reviewing training records, that the employee comprehends the necessity to treat each resident with dignity and respect by knocking on resident room doors prior to entering and by closing privacy curtains prior to administration of enteral medications. The Director of Nurses and/or the Administrator started audits on 11/26/2018 to assure that all staff were knocking on doors and that nurses were closing privacy curtains prior to administering enteral medications. Audits will occur on	

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M 500	Continued From page 6 A review of the facility's Face Sheet revealed the facility admitted Resident #21, on 06/06/2018, with diagnoses, which included unspecified Intellectual Disabilities, Gastrostomy Tube, Dysphasia, and Convulsions. A review of Resident #21's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 07/11/2018, revealed Resident #21 had a Brief Interview for Mental Status (BIMS) score of 99, which indicated the facility was unable to complete the BIMS due to the resident was severely cognitively impaired. Resident #1 On 11/19/18 at 8:50 AM, an observation revealed Resident #1 was sitting upright in her bed with her eyes closed. Record review of the Physician Orders, dated October 31, 2018, revealed Resident #1 had a diagnosis of Unspecified Dementia Without Behavioral Disturbances. Further review of the medical record revealed no Care Plan for activities. Review of the most recent comprehensive Admission MDS assessment, with an Assessment Reference Date (ARD) of 5/25/18, included a diagnosis of Dementia. On 11/19/18 at 9:05 AM, an interview with Social Service Director (SSD) #1, revealed Resident #1 has confusion, but not behaviors. Social Service Director #1 stated Resident #1 has not had behaviors that she is aware of. On 11/19/18 at 9:15 AM, an interview with	M 500	all three shifts, three (3) x week x one (1) week, two (2) x week x 2 weeks, then monthly for 2 months. Any variance in findings will be addressed immediately and presented by our Director of Nurses in our monthly Quality Assurance and Performance Improvement meetings. The Quality Assurance and Performance Improvement monthly meeting will function to assure that our system improvements are effective and all residents are continually treated with dignity and respect by staff knocking on doors prior to entering and closing privacy curtains during enteral medication administration. Findings will be submitted to Quality Assurance Performance Improvement and make recommendations as needed.	

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M 500	Continued From page 7 Certified Nursing Assistant (CNA) #1, revealed Resident #1 may state she does not want to get up when the staff tries to get her up, but after encouragement Resident #1 will allow staff to assist her with getting dressed, and getting out of bed. An interview, on 11/19/18 at 9:20 AM, with Activity Director #1 revealed, Resident #1 enjoys reading the newspaper in her room, word search puzzles, and will play card games. Activity Director #1 stated Resident #1 does not have an activity care plan. Activity Director #1 also stated Resident #1 would need a care plan to tell the staff what activities to do for her. On 11/19/18 at 9:25 AM, an interview with the Registered Nurse (RN) #1, revealed the Activity Director would need a care plan to show what Resident #1 is doing, and to show what Resident #1 likes or dislikes. A review of the facility's Face Sheet revealed, the facility admitted Resident #1, on 5/15/18, with an included diagnosis of Dementia.	M 500		