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
	09SR	A. BUILDING: _____ B. WING _____	C 01/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEARER-RICHARDSON MEMORIAL NURSING HOMI	512 ROCKWELL DRIVE OKOLONA, MS 38860

(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 a complaint survey on 01/07/21 that the facility was not in compliance with the Mississippi Regulations for the Minimum Standards for the Institutions for Aged or Infirm and cited resident rights.	M 000		
M 500 SS=D	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		3/19/21

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M 500	Continued From page 1	M 500		

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;

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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: Based on record review, staff interviews, resident interviews and facility policy review, the facility failed to prevent verbal abuse to one (1) of four (4) residents (Resident #1). Findings include: Review of facility policy titled, "Abuse, Neglect and Exploitation", not dated, revealed, "each resident has the right to be free from abuse,	M 500	Resident #1, was assessed by the DON (Director of Nursing) on 12/29/20 with no noticeable changes in Resident #1's cognition as evident by the fact she could not recall the stated incident nor did her body audit reveal any new bruising. DON stated that Resident #1 responded to her assessment with "You need to just go on down yonder," which is her normal response when she doesn't want to be	

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neglect, misappropriation of resident property and exploitation. Residents must not be subject to abuse by anyone, including, but not limited to facility staff, other residents, consultants, contractors, volunteers, or staff of other agencies serving the resident, family members, legal guardians, friends or other individuals."

An interview on 1/7/2021 at 11:55 AM, with the Administrator, revealed on 12/29/2020, Certified Nursing Assistant (CNA) #2 reported an incident to the Director of Nursing (DON) that occurred on 12/21/2020, involving another Certified Nursing Assistant (CNA) #1 being verbally abusive to Resident #1 while performing resident's care. The Administrator stated CNA #2 did not report incident immediately because she felt she should pray about it first. The Administrator stated the DON then spoke with CNA #1 and she had no comment concerning the allegation. The Administrator stated CNA #1 was terminated and left the building immediately. The Administrator stated both CNAs had been in-serviced on Abuse and Reporting. Administrator stated the facility self-reported the incident to the State Agency. The Administrator confirmed the facility failed to prevent the verbal abuse of a resident and the facility failed to report an incident of an abuse allegation in a timely manner.

During an interview with the Administrative Assistant on 1/7/2021 at 12:00 PM, the State Agency inquired as to the reason for there being a 2-month time frame between receiving a letter stating CNA #1's fingerprints had been declined for the quality of the fingerprint, and the second set being obtained. At 12:18 PM, the Administrative Assistant returned to state there had been no Staff Development (SD) Nurse at the time and they had a CNA doing some of the bothered. The DON did not find Resident #1 to be fearful of her presence or her immediate surroundings at the time of her assessment. On the day of report 12/29/20, the DON interviewed 9 other residents assigned to CNA#1, during her tour of duty for 12/21, 24, 26 and 12/29/20, with none of the 9 stating that they had been mistreated by CNA#1. Four staff members present on 12/29/2020 were interviewed by the DON did not reveal any knowledge of the potential for abuse by CNA#1 prior to 12/29/2020. On 1/13/21 the DON completed another assessment of Resident #1 to assess for any changes in her physical/mental condition with no noticeable changes in either. On 1/14/21 the Social Service Director completed an assessment of Resident #1 which included staff interviews in regards to any changes in Resident #1's behaviors with no changes being noted. Resident #1 continues to interact with staff and other residents as she historically has done. CNA#1 was terminated on 12/29/2020 by the DON upon discovery of actions. Following the discussion with the DON, CNA#1 was observed by the DON to retrieve her personal belongings, exit the building and get into her personal vehicle.

Ten of 69 residents could have been effected by the stated deficient practice.

The Nurse Educator has conducted an in-service on Abuse, Neglect and Exploitation as outlined per facility policy and Code of Federal Regulations 483.12 as of 12/29/20 to eighty-four of eighty-nine employees. The five employees who have not received this in-service are either on

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M 500	Continued From page 5 paperwork and filing, etc. When the new SD nurse started, she found the letter on her desk and immediately did another set of prints. When the background check was completed, there was nothing to disqualify her from employment on it. The facility also does a county check that had come back timely with nothing on it as well. During an interview with CNA #1 on 1/7/2021 at 1:15 PM, CNA #1 stated, "That patient was abusive and everyone there knew and didn't do anything about her. I was already letting her get under my skin. I asked her, 'what's new', and when the resident answered me, I said to her 'I don't give a fuck'. I was a CNA for a year, and I've already got another job. I'm a janitor at a warehouse now where my husband works. He got me on down here." When asked by the State Agency about in-servicing on abuse and neglect, she said, "yeah they did what they needed to do about the paperwork and in-services on abuse and stuff. The bottom line is I get paid more where I am now, and I know it is not for me. We had too many bills to pay and it was quick money. Besides, I didn't hit her or make no bruises on her or nothing, I just cussed her, and she don't know right anyway. I'm never going back into healthcare no way, it just ain't for me." During an interview with CNA #2 on 1/7/2021 at 1:23 PM, CNA #2 stated, "I was doing rounds with her at bedtime, and I asked her if she needed my help. (Proper Name for Resident #1) like to hit. I recorded it, she called her an old hag, and a bitch. She stated she was tired, and I've had it up to here and I'm not putting up with this shit. The reason I waited so long to report what I had recorded on my phone, is because I really didn't know what to do with it. Everyone knew she had a bad attitude, and everyone knew how she was,	M 500	FMLA or are of a PRN status and will receive the stated in-service upon their return to work. On January 3, 2021 the Administrator met with the Quality Assurance Nurse, Director of Nursing, Nurse Educator and the Assistant Administrator to discuss the self reported incident for verbal abuse by a staff member involving Resident #1. A Quality Assurance Performance Improvement (QAPI)plan was developed that addressed the need for additional in-service for employees on how to manage difficult behaviors in dementia residents to assist in providing an environment free of abuse. Beginning 1/20/21 and as of 01/27/21, the Nurse Educator has conducted an in-service on "Managing Difficult Behaviors in Dementia" as outlined per an article written by Linda Conti, RN-CHPN of Today's Geriatric Medicine. As of 1/27/21 we have had sixty-seven of eighty-nine employees to have been in-serviced on "Managing Difficult Behavior in Dementia". Of the remaining 22 employees they are either on FMLA, are of PRN status and/or absent due to Covid status or exposure. These individuals will be in-serviced on how to "Manage Difficult Behaviors in Dementia" upon their return to work by the Nurse Educator till 100% compliance is met. An audit of the EHR (electronic health record) was completed on 69 of 69 medical records by the MDS Nurse on 01/26/2021, in which 6 residents were found to have the same characteristics of severe impaired cognition with aggressive behaviors. These 6 individuals' care plan were updated to include; 2 caregivers must be present in room while performing	

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M 500	Continued From page 6 and I didn't think what I had on my phone was anything they really didn't already know. I needed to pray about it and decide what to do with it. I quit after I got done that day when the video was shown. I was being harassed by other aides on the floor, and being called a snitch, so I decided it was time to go and I left. I have another job closer to home now." An interview with the Director of Nursing (DON) on 1/7/2021 at 3:15 PM, revealed CNA #2 came to her on 12/29/2020 morning to report she had observed CNA #1 talking in a rude way to a resident. Stated CNA #2 played a recording of the conversation that had taken place. Stated the recording was dated 12/21/2020. The DON stated she asked CNA #2 why she had waited so long to report the incident and CNA #2 said she needed to pray about what to do. The DON stated she met with CNA #1 concerning the allegation and CNA #2 listened to the recording, but she had no comment. The DON stated CNA #1 was terminated at that time and left the building. The DON stated both CNAs had been in-serviced on Abuse, Neglect and Reporting Abuse or Neglect immediately. The DON stated the incident was reported to the resident's physician, resident's Responsible Party, State Agency, and Attorney General's office. The DON confirmed the facility failed to prevent verbal abuse of a resident and failed to report the alleged abuse in a timely manner. Review of facility's in-service records and sign in attendance logs, revealed on 6/18/2020, CNA #1 attended an in-service covering Alzheimer's/Hard to Manage Behaviors/ Resident's Rights/Abuse. Review of CNA #1's Certification Record revealed she passed her certification exam on 10/28/2019,	M 500	direct care. All future admissions assessed to have a potential for aggressive behaviors whether verbal or physical will have a care plan that includes the need and requirement to have 2 caregivers present in room while providing direct care. Staff compliance to the stated care plan should assist in providing an environment free of abuse and/or timely reporting. The facility has enrolled in a performance improvement program through CMS titled snfclinic, electronic learning management system. The anticipated date for the roll out of this program was 01/28/2021 with a commitment from both parties for the improvement of overall staff performance and accountability. Upon acceptance and roll-out of the stated program all staff will be assigned to complete the training module(s) that address abuse and reporting requirements. These continuous in-services and training should assist in core knowledge of staff awareness on the need and requirement to provide an environment free of abuse. 01/20/2021 the Quality Assurance Committee (QA&A) met which included the Administrator, Medical Director, Director of Nursing, Quality Assurance Nurse, Dietary Manager, Assistance Administrator, MDS Nurse, Wound Care Nurse, Nurse Educator, Social Services and Activity Director and included in the minutes the self-reported incident and the need for monitoring of residents who have a BIMS score greater than 13 for any situation that they may consider possible abuse by staff or other individuals. A questionnaire was developed and	

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M 500	Continued From page 7 with her certification expiration date of 10/31/2021. Review of CNA #1's employee record revealed a clear background check with no violations that would prevent her from working in the facility. Record review reveals Resident #1 was admitted to facility on 4/23/2014 with diagnoses including Dementia with Behaviors, Hypertension, Atherosclerotic Heart Disease, Osteoarthritis, and End State Heart Failure. Review of Minimum Data Set (MDS) Section C Cognitive Patterns, dated 10/27/2020, reveal a Brief Interview for Mental Status (BIMS) score of 99, indicating the resident was not interviewable due to severe cognitive impairment. Review of MDS dated 10/27/2020, revealed resident needing extensive assistance of two (2) staff for all Activities of Daily Living care and is always incontinent of bowel and bladder. Resident took anti-anxiety medications for seven (7) days of assessment. Review of Care Plan revealed resident has a care plan for resisting care and dementia with behaviors. There is no evidence of injuries of unknown origin or items that would be suspicious of abuse.	M 500	implemented 01/27/21 for the documentation of interviews to include resident name, date, yes/no response and comment section, which will be completed by the QA Nurse for tracking purposes monthly times 4 months. Interviewers being QA Nurse, Social Service Director and Activity Director have ben instructed that if a resident voices any concerns about possible abuse they are to notify the Administrator or DON immediately for further action to be taken. Beginning 1/27/2021 the DON will conduct observational rounds at least weekly times 4 months to a resident room in which the resident has been assessed for severe impaired cognition to observe for any loud voices occurring in room, use of profanity by staff, or generalized misconduct by staff. A decision was made to expand the quality improvement process for monitoring of staff's core knowledge by interviewing at least 24-25 staff members monthly times 4 months beginning 1/27/2021 with responses being documented for further review and validation of knowledge in providing an environment free of abuse for all residents. These interviews will be documented and responses recorded on a log maintained by the QA Nurse as to the date of the interview, name of participant, any negative responses, and final disposition of questions. Any negative findings will be reported to the Administrator immediately for further review, discussion and possible disciplinary or reporting actions to be taken. All negative findings and actions taken will be reported by the Administrator	

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M 500	Continued From page 8	M 500	to the Quality Assurance Committee members at the monthly scheduled QA&A meeting times 6 months for further discussion and possible corrective measures needed	