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
	61WG	A. BUILDING: _____ B. WING _____	C 09/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WISTERIA GARDENS	5420 HIGHWAY 80 EAST PEARL, MS 39208

(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 along with complaint investigations MS #17888, MS #17870 and MS #16634 at the facility from 9/7/2021 to 9/10/2021. During the compliant investigation, the SA determined the facility was not in complaince with the Minimum Standards for Operation for Institutions for the Aged or Infirm state licensure requirements. MS #17870 and MS #16634 were substaintated related to abuse and visitiation and cited M500. MS#17888 for resident/patient treatment with dignity and respect, Rehabilitation, Quality of care and treatment, and injury of unknown origin was not substaintaed. The SA also cited M620 and M655 during the survey. The facility held a license for 52 with a census of 38.	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;	M 500		10/27/21

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M 500	Continued From page 1 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 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,	M 500		

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M 500	Continued From page 2 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; 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;	M 500		

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M 500	Continued From page 3 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); 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:	M 500		

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M 500	Continued From page 4 Level II Based on observation, staff and resident representative interview, record review, Resident Council Committee review and facility policy review the facility failed to honor the resident's rights for visitation with family for one (1) of three (3) complaint residents Resident #138 and . 5 Resident Council Members Findings Include: Record review of the facility visitation policy titled, "Visitation during COVID-19 Public Health Emergency (PHE)", updated March 2021, revealed, wisteria gardens follows current guidelines and recommendations for the prevention and control of COVID-19. It is the goal of this facility to provide reasonable ways to facilitate in-person visitation to address the psychosocial needs of residents ...Indoor Visitation During an Outbreak ...1. When a new onset of COVID-19 among residents or staff is identified, the facility will immediately begin testing and suspend all visitation (except for compassionate care) until at least one round of facility-wide testing is completed. Visitation can resume based on the following criteria: a. If the first round of outbreak testing reveals no additional Covid-19 cases in other areas of the facility, then resume visitation in the areas/units with no COVID-19 cases. The facility will suspend visitation on the affected unit until the facility meets criteria to discontinue outbreak testing ...". Resident #138 During an interview on 9/7/21 at 1:00 PM, with Resident #138's Resident Representative revealed the facility failed to let her visit her	M 500	1) As of 9/9/2021, family and resident representatives for resident #6, #8, #21, #87, #138 and #140 were allowed visitation. 2) All residents residing in the facility have the potential to be affected by this deficient practice. 3) As of 9/9/2021, visitation for all residents is available per CMS/CDC guidance and policy and procedures. On 9/9/2021, signage was added to the facility entrance stating visitation availability per the Assistant Administrator. On 10/14/2021, a directed in-service on Resident's Rights, QSO 20-39NH-revised 4/27/2021, policy and procedure "COVID-19, Prevention and Control of" and "Visitation during COVID-19 Public Health Emergency(PHE)" was provided to the Administrator, Assistant Administrator and Director of Nursing by a consultant (titled- RN, NHA, RAC-CTA, DNS-CT, CLNC) not affiliated with the facility. Mandatory in-service addressing Resident's Rights for all staff was conducted by the Administrator on 10/18/2021. The Administrator will ensure visitation is allowed for all residents per the CMS/CDC guidelines and policy and procedures. 4) On 10/14/2021, the Quality Assurance Committee including the Administrator, Assistant Administrator, Medical Director, Infection Control Preventionist, Director of Nursing, Social Services and Corporate Nursing Consultant met and discussed visitation and Resident's Rights. The	

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M 500	Continued From page 5 husband during the time he was in the facility. The wife said the facility said she could come to the window and talk to him on Face Time. The wife said her husband did not have COVID-19 and his room was on the other side of the building. Record review of the Admission Record revealed Resident #138 was admitted to the facility on 4/16/21 with diagnoses that included Joint Replacement Surgery and Urinary Retention. Record review of the Discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/28/21 revealed Resident#138 had a Brief Interview for Mental Status (BIMS) score of eight (8) which indicated Resident #138's cognitive status is moderaterly impaired. During a Resident Council members meeting on 09/08/21 at 10:30 AM, the members confirmed the facility does not allow them to have visits because of the COVID-19 outbreak. The residents said they all have private rooms and they do not have COVID-19. The residents also said the facility only allowed the family to come to the windows of the room. They are not allowed to let the window up. They must Face Time on the phone or a computer device. The residents stated they do not understand why they can't have visitors. During an interview on 09/8/21 at 02:12 PM, with Registered Nurse (RN) #1 confirmed the facility did not allow family visits because the facility had a COVID-19 out break starting August 3,2021. RN #1 said the facility county positivity rate is 15.2% and 85 % of the residents are vaccinated. RN #1 said the Administrator decided to not allow the families to visit. RN #1 also said the families	M 500	committee reviewed the policy and procedures "Visitation during COVID-19 Public Health Emergency (PHE)"-revised September 2021 and "COVID-19, Prevention and Control of"-revised October 2021 with no recommended changes at this time. Beginning 9/13/2021, the Administrator evaluated 5 visits daily for 4 weeks and reported to the Quality Assurance Committee on 10/27/2021 that no resident was denied visitation. The Administrator will continue to monitor and report weekly through email to the QA Committee members and will continue to report for 3 months.	

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M 500	Continued From page 6 could come to the window and Face Time the residents but the family could not enter the building. During an interview on 09/09/21 at 02:24 PM, with the Administrator confirmed the facility did not allow visitors as of August 3, 2021. The Administrator said he knew what the latest guidance from the Centers for Medicare and Medicaid (CMS) said but he was erroring on the side of safety. The Administrator said he would rather take the tag than to see an outbreak in the building. Resident Council Committee Members: Resident #8: Record review of the Admission Record revealed Resident #8 was re-admitted on 8/27/2021 with diagnoses that included Respiratory Failure, Urinary Retention, and Atrial Fibrillation. Record review of the most recent MDS which contained a BIMS score was the 5 day Minimum Data Set (MDS) with the Assessment Reference Date (ARD) of 07/19/21. It revealed Resident#8 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated Resident #8 is cognitively intact. Resident #87: Record review of the Admission Record revealed Resident #87 was admitted on 9/02/21 with diagnoses that included Joint Replacement Surgery, Heart Disease, and Hypertension. Observation on 9/8/21 at 10:30 AM during the Resident Council meeting revealed the Resident #87 was cognitively intact and took part in the meeting.	M 500		

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M 500	Continued From page 7 Resident #6: Record review of the Admission Record revealed Resident #6 was admitted on 7/2/21 with diagnoses that included Joint Replacement Surgery, Osteoarthritis , and Hypertension. Record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/09/21 revealed Resident #6 had a Brief Interview for Mental Status (BIMS) of 15 that indicated Resident #6 is cognitively intact. Resident #140: Record review of the Admission Record revealed Resident # 140 was originally admitted on 4/14/21 and re-admitted on 8/23/21 with diagnoses that included Metabolic Encephalopathy, Non -Hodgkin Lymphoma and Meniere's Disease. Record review of the most recent MDS that contained a BIMS score was the Discharge Minimum Data Set (MDS) with an Assessment Reference Date of 5/5/21. It revealed Resident #140 had a Brief Interview for Mental Status (BIMS) of 15 which indicated Resident #140 is cognitively intact. Resident #21: Record review of the Admission Record revealed Resident #21 was admitted on 8/7/21 with diagnoses included Respiratory Failure, Diabetes Mellitus, and Hypertension. Record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date of 8/13/21 revealed Resident #21 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated Resident #21 is cognitively intact.	M 500		