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
	71IH	A. BUILDING: _____ B. WING _____	09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO COMM LIVING CENTER	1410 WEST QUITMAN STREET IUKA, MS 38852

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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 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;	M 500		10/11/19

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M 500	Continued From page 1 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; 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	M 500		

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M 500	Continued From page 2 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); 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	M 500		

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M 500	Continued From page 3 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 resident interview, staff interview, record review and facility policy review, the facility failed to honor Resident #63's choices related to food preferences, for one (1) of thirty-three residents interviewed regarding choices. Findings Include: Review of the facility's policy titled, "Resident Rights", revised and implemented on November 28. 2016, revealed: 2.) The resident has the right to make choices about aspects of his or her life in the facility that are significant to the resident. On 09/09/19 at 11:03 AM, an interview with Resident #63 revealed he had asked for two (2) non-sweet teas with lunch and supper, and with	M 500	Resident #63 choices were updated on the food tray card by the Dietary Manager (DM) on 09/11/2019. The Social Services Director (SSD)assessed Resident #63 for any emotional or psycho -social concerns related to not receiving diet as requested on 09/11/2019 with no negative findings noted. An always available menu was placed in Residents #63 room by the Director of Nurses on 09/11/2019. Residents receiving meals from the dietary department have the potential to be affected. On 09/19/2019 the Dietary Manager updated choices on all food tray cards for those residents that could communicate. Preferences were received from staff and family member for those that cannot communicate. This is	

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M 500	Continued From page 4 breakfast he wanted a butter and jelly for each of the two biscuits he received. Resident #63 stated he frequently will receive one (1) sweet tea with his meals. Resident #63 stated on one (1) occasion he asked for 1% milk and was told the kitchen only had 2% and he told them the 2% would be fine, but actually received an unsweet tea. Resident #63 stated he has spoken with the Dietary Manager (DM) and she has assured him she would get his request right, but he continues to have to call to make changes. Resident #63 stated he was told at least two weeks ago that he would be given an "Always Available" menu, but he has not received this menu at this time. Review of Resident #63's Physician's Orders revealed an order, dated 08/19/19, for a Consistent Carbs Diet, regular texture, regular consistency, and double portions. On 09/10/19 at 7:45 AM, during medication pass observation, Licensed Practical Nurse (LPN) #2 stated to Resident #63, "I'm going to bring you one of those menus that you can order from if you don't like what's on the menu." Resident stated to LPN #2, "I appreciate that, I've asked several people for one and they haven't brought one". Resident #63 stated that he got one sweet tea last night on his tray and he always ask for two unsweet teas. Resident #63 stated he was served a small tuna patty that was fried and 6-7 French fries. Resident #63 stated he is supposed to receive double portions and the staff had to call down to dietary and order him a cheeseburger. Review of Resident #63's Admission Minimum Data Set (MDS), with an Assessment Reference Date 8/23/19, revealed Resident #63 had a Brief Interview for Mental Status (BIMS) score of 10, which indicated Resident #63 had moderate	M 500	occurring in addition to admission and quarterly reviews. Education for all dietary employees on self-determination, choices and how to read tray cards was done by the DM on 09/24/2019. The Dietary Manager will update choices on tray card for all residents once a month and on an as needed basis, this is in addition to admission and quarterly updates. The Resident Council meal committee was formed for all residents' who wish to participate. The Resident council meal committee meets weekly with DM and Life Connections Coordinator (LCC) to review the next weeks menu and any changes requested by the residents attending the meeting will be substituted or changed on the menu. The Administrator will monitor meal committee notes weekly to ensure that changes are being made as requested in the meal committee meeting. The Dietary Manager will monitor tray line for two meals a day, five days a week x six weeks to ensure that all request on meal trays and diets are correct begining on 09/16/2019. The Dietary manager will report the findings to the Quality Assurance Performance Improvement committee monthly and as needed for review, revision and\or resolution of the plan.	

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M 500	Continued From page 5 cognitive impairment. However, Resident #63 was able to recall meals he had received with clarity and was confirmed to be correct by the Dietary Manager (DM) On 09/10/19 at 2:45 PM, an interview with the Administrator revealed she was aware there had been some concerns related to food. The Administrator stated the DM was working to address resident concerns and requests. On 09/11/19 at 10:46 AM, an interview with the DM revealed she meets with the resident frequently for him to express his concerns and requests. The DM said was monitoring the tray line closer to ensure diets are being sent to residents correctly. The DM stated she was aware of the issue with the resident not receiving his double portions, and that it was on the night shift and she would address and correct the problem.	M 500		
M 855	45.30.7 Food Preparation Food Preparation. Foods shall be prepared by methods that conserve optimum nutritive value, flavor, and appearance. Also, the food shall be acceptable to the individuals served. A file of tested recipes shall be maintained to assure uniform quantity and quality of products. This Statute is not met as evidenced by: Level II Based on observation, resident interview, staff interview, and facility policy review, the facility failed to provide the residents with an appealing palatable meal, for four (4) of eight (8) residents attending the Resident Group Interview/Meeting,	M 855	Resident #15, #36, #41, #43, and #50 was interviewed regarding food preferences and choices with preferences updated on 09/19/2019 by the Dietary Manager on resident's dietary tray card. A meeting with the Resident Council members was held on 09/18/2019 by the Activity Director	10/11/19

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M 855	Continued From page 6 Residents #15, #36, #41, and #50, and one (1) of one (1) residents interviewed related to food concerns, Resident #43. Findings include: Review of the facility's policy titled, "Food: Quality and Palatability", dated 5/2014 and revised 9/2017, revealed food will be prepared by methods that conserve nutritive value, flavor and appearance. Food will be palatable, attractive and served at a safe and appetizing temperature. Policy definitions Revealed: "Food attractiveness" refers to the appearance of the food when served to the residents and "Food palatability" refers to the taste and flavor of the food. Procedure #4 revealed the cook(s) prepare the food in accordance with the recipes, and season for the region and/or ethnic preferences, as appropriate. Cook(s) use proper cooking techniques to ensure color and flavor retention. On 9/11/19 at 11:12 AM, a Resident Group meeting was held. It was revealed during the meeting all of the residents attending complained the food was not good. The residents stated the food had no seasoning, and it all tasted the same and it is bland. Resident #15 On 9/10/19 at 1:00 PM, an interview and observation revealed Resident #15 was served chicken jambalaya, boiled okra, roll, and mandarin oranges for lunch. Resident #15 stated she did not eat what was on her tray, an observation of her tray revealed the food was not touched. Resident # 15 stated she did not want the alternate meal. She stated she was tired of	M 855	and Dietary Manager concerning the new menus that began on 09/25/2019 for any change that the residents wanted to be made on the menus. Changes that were requested from that meeting were initiated on 09/25/2019 by the Dietary manager. A resident Council meeting was held on 09/25/2019 by the Activity's Director, Dietary Manager, Social Services Director and Administrator. During this meeting grievances were discussed, and residents were asked if the food had improved and there were no concerns voiced. All residents that receive a meal tray from the kitchen have the potential to be affected by the deficient practice. All residents were interviewed by the Dietary Manager 09/19/2019 and preferences were updated to reflect residents request. Dietary staff were in serviced on food quality, seasoning and presentation on 09/24/2019 by the Dietary Manager. Resident Council meal committee was established 09/18/2019 and will meet weekly to discuss following weeks menu and any changes that residents prefer and will be attended by the Dietary Manager and Activity Director. The Administrator will monitor Resident council meal committee notes weekly to ensure that resident	

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M 855	Continued From page 7 the same thing and the food was bland and had no seasoning. Resident # 15 stated that her sister was going to bring her something to eat. Resident #36 On 09/10/19 at 12:50 PM, an interview with Resident #36 revealed she ordered a hamburger and tator tots because she did not like what was on the menu. She stated they usually eat from the alternate menu. She stated they have a lot of things we don't like. She stated that most of the residents here don't eat things like they have on the menu. Record review revealed Resident #36 was on a Regular consistency and texture diet with No Added Salt (NAS). Review of Resident #36's 14 Day Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/16/19, revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated no cognitive impairment. Resident #41 On 09/11/19 at 2:00 PM, an interview with Resident #41 revealed he does not like the food served. He stated that it doesn't matter what kind of meat they serve, it all tastes the same. He stated he felt the food "went south' with the new people. Record review revealed Resident #41 was on a Consistent Carbohydrate diet with Regular texture, NAS and large portions. Review of Resident #41's Quarterly MDS with an ARD of 7/29/19, revealed he was alert and oriented with a BIMS score of 12, which indicated	M 855	request is honored. Resident's will be interviewed weekly for six weeks starting on 09/30/19 to ensure food quality, quantity, temperatures, palatability are the residents liking by the Dietary Manager. Resident food preferences will be updated monthly or as needed by the Dietary Manager. The Dietary department prepared test trays beginning on 09/16/2019 for meals for testing of food presentation, temperature and palatability for the Administrator, Director of Nurses and Assistant Director of Nurses for two weeks with no negative findings reported. The results will be communicated to the Quality Assurance and Performance Improvement Committee by the Dietary Manager monthly and as needed to evaluate corrective action is achieved and sustained. The Quality Assurance and Performance Committee will make recommendations as needed.	

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M 855	Continued From page 8 moderate cognitive impairment. Resident #43 On 09/09/19 at 2:10 PM, an interview with Resident #43 revealed she does not like the food. She stated most of the food tastes like garlic and she cannot eat it. Resident #43 stated the green beans are too greasy and the food lacks proper seasoning. On 09/09/19 at 3:00 PM, an interview with Certified Nursing Assistant (CNA) #1 revealed she asked the resident this afternoon what she wanted for dinner and the resident requested chicken strips, French fries and orange sherbet. CNA #1 stated, "I like to ask my residents what they want because some of them don't like what is served." On 09/10/19 at 12:58 PM, an interview with Resident #43 revealed she stated she was served Chicken Jambalaya, boiled okra, and mandarin oranges for lunch and could not eat it. The resident stated she sent it back and ordered a peanut butter and jelly sandwich. Resident #43 stated the okra had no taste or seasoning and that she did not like the Chicken Jambalaya at all. Review of the Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 7/29/19, revealed Resident #43 had a Brief Interview for Mental Status (BIMS) score of 13, which indicated Resident #43 was cognitively intact. On 09/10/19 at 2:45 PM, an interview with the Administrator revealed she was aware there had been some concerns related to food. She stated the facility has started a meal committee in an	M 855		

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M 855	Continued From page 9 effort to address the issue. On 09/11/19 at 11:04 AM, an interview with the Dietary Manager (DM), revealed she stated she was aware there were issues with the food. She stated they use the "always available" menu a lot because residents don't like what's on the regular menu. The DM stated we need to get the menu changed to what the residents want. She stated she will meet with the Administrator and Registered Dietician for changes. Resident #50 On 9/10/19 at 12:26 PM, an interview with Resident #50 revealed he felt the food was not good. He stated he usually chooses the alternate, but he is so tired of eating corn dogs and hamburgers. Record review revealed Resident #50 was on a Consistent Carbohydrate diet with Regular texture and consistency. Review of Resident #50's 60 Day MDS due to change in therapy revealed he was alert and oriented with a BIMS score of 15, which indicated no cognitive impairment. On 9/10/19 at 11:50 AM, a test tray sample of the Chicken Jambalaya and boiled okra revealed the okra to be very bland with no taste of any type of seasoning. The texture was not appealing. The jambalaya was dry and packy with very little taste. The presentation of the food lacked appeal. On 09/11/19 at 10:25 AM, an interview with the Dietary Manager (DM) revealed she stated she was working on trying to get menus the residents would like. She stated she didn't like serving	M 855		

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M 855	Continued From page 10 things like they had yesterday, because she didn't like serving things she didn't like to eat.	M 855		