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
	55PI	A. BUILDING: _____ B. WING _____	01/09/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PICAYUNE REHABILITATION AND HEALTHCAF	1620 READ ROAD PICAYUNE, MS 39466

(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 licensure survey from 1/6/2020 to 1/9/2020. 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. The census at the time of entrance was 103, and the facility was certified for 120 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		2/21/20

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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		

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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		

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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, record review and facility policy review, the facility failed to ensure Resident #34's right to privacy during an invasive procedure, for one (1) of three (3) resident blood draw observations. Findings include:	M 500	1. On 01/06/2020 The Phlebotomist from contracted laboratory provider was in-serviced on Infection Control, Privacy, Blood Draws, and Residents Rights completed by the Director of Nursing. On 01/06/2020 Resident #34 was assessed for any distress by Social Services	

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M 500	Continued From page 4 Review of the facility's policy titled, "Resident Rights", no date, revealed residents will be treated with consideration, respect, and full recognition of his dignity, and individuality, including privacy in treatment and in care for his personal needs. During an observation, on 1/6/2020 at 10:06 AM, it was revealed Resident #34 was sitting in his wheel chair next to his bed having his blood drawn, by the Phlebotomist, with the privacy curtain open. Resident #34's roommate was on his side of the room, but able to view the Phlebotomist perform the blood draw on Resident #34. During an interview, on 1/6/2020 at 10:16 AM, Resident #34 stated that he wanted the curtain pulled between him and his roommate while he was getting his blood drawn. Resident #34 stated he would have appreciated having privacy. During an interview, on 1/8/2020 at 1:55 PM, the Assistant Director of Nursing (ADON), revealed the facility had called the Phlebotomist back to the facility and provided an in-service on Resident Rights, specifically about performing blood draws in a resident's room. The ADON stated the Phlebotomist signed and dated the form titled, "Inservice Training." Review of the facility's "Inservice Training" documentation, dated 1/6/2020, revealed that an in-service on the topics of Infection Control, Privacy, Blood Draws, and Resident Rights was provided by Registered Nurse (RN) #1, and received by the Phlebotomist serving the facility on 1/6/2020.	M 500	Director with no negative outcomes. 2. On 01/10/2020 observational rounds were completed by Director of Nursing to ensure Residents were being treated with consideration, respect, and dignity; no other issues identified. 3. On 01/10/2020 staff and contract employees were in-serviced on Privacy and Residents Rights by Staff Development Coordinator to ensure privacy for residents. On 01/10/2020 facility staff were in-serviced by Staff Development Coordinator on Infection Control, Privacy, Blood Draws, and Residents Rights. 4. Effective 01/13/2020 Administrator, Director of Nursing, Assistant Director of Nursing or Staff Development Coordinator will conduct weekly rounds to observe for privacy, infection control, blood draws and Resident Rights being maintained for four (4) weeks then monthly for three (3) months and quarterly thereafter. A report of the findings will be submitted by the director of nursing to the Quality Assurance Performance Committee monthly for three (3) months for review and recommendations. The Administrator is responsible for ongoing monitoring and compliance.	

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M 500	Continued From page 5 Review of the Face Sheet revealed Resident #34 was admitted by the facility, on 5/13/2019, with diagnoses to include Spinal Stenosis, Lumbar region and Muscle Weakness, Review of the Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/03/2019, revealed Resident #34 had a Brief Interview Mental Status (BIMS) score of fifteen (15), indicating intact cognition.	M 500		