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
	38PS	A. BUILDING: _____ B. WING _____	12/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POPLAR SPRINGS NURSING CTR, LLC	6615 P0PLAR SPRINGS DR MERIDIAN, MS 39305

(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 a licensure survey from 12/2/19 to 12/5/19. 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 and M780. The census at the time of entrance was 88, and the facility was certified for 91 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		1/9/20

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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: Level II Based on observations, record review, staff interviews, and facility policy review, the facility failed to ensure a resident's right to dignity for one (1) of 18 residents observed. (Resident #59)	M 500	M 500: The facility failed to protect the resident rights of Resident #59 by not providing adequate privacy for this resident when toileting. The facility failed to properly document in the medical record,	

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M 500	Continued From page 4 Findings Include: Review of the facility's "Resident Rights" policy, revealed that employees shall treat all residents with kindness, respect, and dignity. The facility policy stated that the facility will make every effort to assist each resident in exercising his/her rights to assure that the resident is always treated with respect, kindness, and dignity. The facility's policy was revised in April 2012. During the State Agency's (SA) initial tour observation of the facility, on 12/3/2019 at 9:52 AM, it was observed that the door to Resident #59's room was completely wide open. The SA observed that from the hallway Resident #59 was seen in her room, totally nude from the waist down, standing at her sink wiping her buttocks area. Further observation revealed there were no staff or other residents in the area at that time. It was observed after 4 minutes, Certified Nursing Assistant (CNA) #1/ Restorative CNA appeared on the adjacent hall, at that time CNA #1 was notified that Resident #59 needed assistance. CNA #1 was observed entering Resident #59's room and closing the door to assist Resident #59. During an interview, on 12/3/2019 at 10:10 AM, Certified Nursing Assistant (CNA) #1 confirmed Resident #59 was disrobed from the waist down, standing at her sink attempting to clean herself. CNA #1 stated that she did not know if the resident had ever done this before. CNA #1 stated that she had not heard anything about this type of behavior regarding this resident. During an interview, on 12/4/2019 at 4:05 PM, Licensed Practical Nurse (LPN) #2 stated Resident #59 has a history of episodes of	M 500	implement care plan related to, and record behavior on the Minimum Data Set regarding preferences of nudity and preference of keeping her door open at all times. On December 20, 2019, the resident□s care plan was updated to reflect the preference she has for her room door to remain opened at all times. On January 2, 2020, the resident□s care plan was updated to reflect her preferences of nudity and interventions to address this preference. On December 04, 2019, privacy curtains were installed to provide privacy for Resident #59 while toileting. II. Steps taken to identify other residents having the potential to be affected by the same alleged deficient practice. All residents in the facility are at risk for the alleged deficient practice. III. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? A directed in-service, by a Certified Therapeutic Recreation Specialist will be held on January 09, 2020 with all clinical staff of the facility to address Resident Rights/Exercise of Resident Rights. The Director of Nursing and Assessment Coordinator Nurse will audit care plans monthly to ensure interventions are appropriate and obtainable. Minimum Data Set will be monitored by the Assessment Coordinator to ensure all documented behaviors are recorded.	

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M 500	Continued From page 5 ambulating across the room to use the Bed Side Commode (BSC) and not wearing any clothing below the waist. LPN #2 stated that the facility staff offers reminders to the resident to use the call light when she needs assistance to go to the bathroom, but the resident still does not use her call light. LPN #2 stated that Resident #59, also does not like to sleep or take a nap with her pajama bottoms on. LPN #2 stated she has documented Resident #59's behaviors in the past, although she could not remember the last time she documented about them, even though the behaviors have continued. LPN #2 stated Resident #59 has had these behaviors going on since the time she was admitted. LPN #2 stated that right after Resident #59 was admitted, that she could recall Resident #59 having rolled herself up to the Nurse's station in her wheelchair and Resident #59 was completely nude. LPN #2 stated that she was sure that she documented about this episode. During a follow-up observation, on 12/4/2019 at 4:10 PM, it was revealed the door to Resident #59's room was fully open and Resident #59 was sitting on the side of her bed, with no clothes on from the waist down. It was observed that Resident #59 could be seen from the hallway. During an interview, on 12/4/2019 at 4:15 PM, Certified Nursing Assistant (CNA) #2 revealed Resident #59 does not wear clothing on the lower part of her body when she ambulates in her room, or when she is in bed. CNA#2 stated the CNAs try to check on the resident often, but Resident #59 gets up and uses the BSC without calling for help. CNA #2 stated that the resident does this on morning and evening shifts. CNA #2 stated, "She does that a lot, and she's been doing it since she came."	M 500	IV. Monitoring the corrective actions (Quality Assurance Program) to ensure that the alleged deficient practice does not recur. The Director of Nursing and Assessment Coordinator Nurse will audit care plans monthly to ensure interventions are appropriate and obtainable. The Assessment Coordinator will ensure Minimum Data Sets are submitted with accuracy. Staff will continue to be inserviced, in-house, on a quarterly basis on maintain residents□ rights for all residents. All findings will be reported monthly to the Quality Assurance Committee for three months or until compliance is achieved. The Quality Assurance Committee will make recommendations as needed.	

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M 500	Continued From page 6 During a subsequent observation, on 12/5/2019 at 9:35 AM, it was observed that the door to Resident #59's room was opened all the way and Resident #59 was sitting on her BSC with her pants pulled down to her ankles. It was observed that no staff were in the area for four (4) and a half (½) minutes During an interview, on 12/5/2019 at 9:40 AM, CNA #3 stated she had learned about Resident #59's behavior from actually seeing Resident #59 expose herself multiple times. CNA #3 stated she has been aware of Resident#59's behavior for at least two to three (2-3) months. CNA #3 stated, "The staff just kinda watches out for the resident." During an interview, on 12/5/2019 at 11:01 AM, the Director of Nursing (DON) stated she was not aware of Resident #59 having a behavior of disrobing, and/or being exposed to the hallway when toileting. The DON stated Resident #59 has been recently treated for a Urinary Tract Infection (UTI), which could have possibly contributed to this behavior. During an interview, on 12/5/2019 at 11:05 AM, the facility's Licensed Social Services (LSS) staff stated she thought if nothing was documented, then the behaviors were not present, and you could put that they were not present on the MDS. The LSS staff stated she does not interview anyone concerning the resident during the look back period to ask about behaviors or anything else, she only looks for what has been documented. The LSS staff confirmed there was nothing on the care plan to indicate the resident had a behavior problem. The LSS staff confirmed she had indicated no behaviors on the Admission MDS dated 7/19/2019 and the Quarterly MDS	M 500		

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M 500	Continued From page 7 dated 10/17/2019. Review of Resident #59's most recent Comprehensive "Admission" Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 7/19/2019, revealed the resident had been assessed as not having exhibited the behavior of disrobing in public during the assessment look-back period. Review of Resident #59's most recent Quarterly MDS with an ARD of 10/17/2019 revealed that the resident had been assessed to not having exhibited the behavior of disrobing in public during the assessment look back period. Review of the Face Sheet revealed the facility admitted Resident #59, on 7/11/2019, with diagnoses to include Chronic Obstructive Pulmonary Disease (COPD) and Other Symptoms and Signs involving Cognitive Functions and Awareness Review of the Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/17/2019, revealed Resident #59 had a Brief Interview of Mental Status (BIMS) score of seven (7), indicating severely impaired cognition.	M 500		
M 780	45.27.2 Activity Program Activity Program. Provisions shall be made for suitable recreational and entertainment activities for resident according to their needs and interests. These activities are an important adjunct to daily living and are to encourage restoration to self-care and resumption of normal activities. Variety in planning shall include some outdoor activities in suitable weather.	M 780		1/9/20

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M 780	Continued From page 8 Level II Based on observations, interviews, record review and facility policy review, the facility failed to ensure activities were provided to meet the resident's preferences and needs for Residents #6 and #47, for three (3) of three (3) days of resident activities observed. Findings include: Review of the facility's Activity Policy titled, " Programming for Residents with Cognitive Impairments and Other Special Needs", revealed the activity programs are provided for the maintenance and enhancement of each resident's quality of life while promoting physical, cognitive and emotional health. The facility will offer meaningful programs for residents with cognitive impairments that use reality and sensory awareness techniques. The Interdisciplinary Team identifies each resident's physical, emotional, or mental challenge and needs (wheelchair, ambulatory, visual or hearing impairment, happy or sad affect, evidence or dementia) during the resident assessment process. Special needs may include dietary (fluid restriction, thicken liquids, salt or sugar restriction), religion affiliation (special holidays, foods) visual/auditory/speech, language, physical impairments and aids. General Activity Programs may be modified by simplifying steps, adapting approaches, and modifying instructions to accommodate residents with cognitive impairments. Activity staff observes each resident to identify those residents who might benefit from a reality and sensory awareness program. Reality and sensory awareness focuses on orienting the resident to the current time and place, while providing intervention to stimulate the five	M 780	M 780: The facility failed to to provide activities to meet the resident□s preferences and individualization for resident s # 6 and #47 for three of three days. The Activities Director will ensure an assessment will be done upon admission to discover interest and preferences of the residents admitted to this facility. On 1/9/20 the Activity Director documented an individualized Care Plan for the following residents. Resident #47 focus indicates anxiety along with over stimulation within some group activities. Staff goals are to provide 1on 1 in room activities of her preference and have resident show signs of enjoyment by uncovering her head and smiling by next review date of 1/16/20. Resident #6 focus indicates group programs often offend or affects others enjoyment from activities. Staff goals are to provide 1on 1 in room activities of her preference and have resident express satisfaction by not yelling or hitting by next review date of 2/28/20. II. Steps taken to identify other residents having the potential to be affected by the same alleged deficient practice. All residents of the facility are at risk for the alleged deficient practice. III. What measures will be put into place or systemic changes made to ensure that	

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M 780	Continued From page 9 senses. Group activities are available in the facility and an activities calendar is completed to inform resident, families and staff of the activity opportunities available. Individual activities will be provided for those resident's whose situation or condition prevents participation in other types of activities, and for those residents who do not wish to attend group activities. Residents who are able maintain an independent program will have supplies available to them. Record review of the Activities Attendance policy revealed the Activity Department records activities and attendance of participation of all residents. The attendance and participation is recorded for every resident in group and individual activities on a daily basis. Records are reviewed on a regular basis to determine any changes in resident participation that might indicate a change in condition and lead to reassessment and care plan review. Attendance records are filed for a minimum of three years. Attendance records are used when completing residents progress notes to determine their participation as it relates to their activity plan. Record review of the facility's Activity Program revealed an ongoing program of activities is designed to meet the needs of each resident. Our activity program consists of individual, and small and large group activities which are designed to meet the needs and interest of each resident and includes at a minimum: Social activities, Indoor and outdoor activities, Activities away from the facility, religious programs, Creative activities, Exercise activities, Individualize Activities, Community Activities. Activity programs are approved by the attending physician in coordination with the resident's comprehensive assessment, Scheduled activities are posted on	M 780	the deficient practice will not recur? A directed in-service, by the Certified Therapeutic Recreation Specialist, will be held on January 09, 2020 with all staff from the Activities Department to address ensuring that all activities meet the interest/needs of each resident. Activity staff will be re-in serviced on the activity assessment that is done upon each admission ensuring residents interest and preferences are identified. The Administrator will monitor activities randomly each week, ensuring the individual interest and preferences of each resident is being addressed. IV. Monitoring the corrective actions (Quality Assurance Program) to ensure that the alleged deficient practice does not recur. Starting 12/30/19 the Administrator will begin monitoring activities randomly each week, ensuring the individual interest and preferences of each resident is being addressed. All findings will be reported monthly to the Quality Assurance Committee for three months or until compliance is achieved. The Quality Assurance Committee will make recommendations as needed. 01-09-2020	

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M 780	Continued From page 10 the residents bulletin board, Individualized and group activities are provided that reflect the schedules, choices, and rights of the residents, including evenings, holidays and weekends: reflect the cultural and religious interest of the resident and appeal to both men and women as all age groups of residents residing in the facility. Residents are encouraged, but not forced to participate in scheduled activities. Adequate space and equipment are provided to ensure that needed services identified in the resident's plan of care are met. Resident #6 Observations, on 12/03/19 at 10:28 AM, 12/3/19 at 1:00 PM, 12/4/19 at 9:29 AM, 12/5/19 at 8:31 AM, and 12/5/19 at 12:32 PM, revealed Resident #6 was sitting in the day room with her head down on the laptray. Record Review of The Monthly Activity Attendance Record for December reveal Resident #6 did not receive Activity Therapy to meet her needs. Review of the Care Plan revealed Resident #6 had the potential for impaired cognition or inappropriate behaviors related to the diagnosis of Dementia, Depressive and Anxiety Disorder. Listed interventions included to involve the resident in spiritual games, and social activities, provide calm quiet, rush free environment during periods of inappropriate behavior, psych consult as needed, staff to introduce self when providing care, staff to sit down and converse with resident for social interaction, wait and reattempt when care or treatment is refused. Resident #6 is dependent of staff for activities, cognitive stimulation and social interaction. Listed	M 780		

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M 780	Continued From page 11 interventions included to encourage the resident to come to activity, increase lighting, large printed material, audio books, invite family to attend activity with resident, invite resident to activity such as pet therapy, parties, exercise, food or snacks, story telling arts and crafts and music, provide calm, non hurried environment, provide activity calendar monthly in room. An interview, on 12/05/19 at 2:33 PM, the Activities Director and the Administrator confirmed Resident #6 was not taken to activities during the three (3) days of observations, the days the State Agency (SA) was in the building. The Administrator said he's trying to improve the activities in the building and looking to hire more staff. The Activity Director said she just started working at the facility. The Activity Director also said she's trying to change the activity program and has not had a chance to get to all of the one on one residents. A review of the Face Sheet revealed the facility admitted Resident #6, on 04/30/2012 with diagnoses, which included Dementia without Behavioral Disturbance , Anxiety and Depression. A review of Resident #6's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 9/22/2019, revealed Resident #6 had a Brief Interview for Mental Status (BIMS) score of 0, which indicated the resident was cognitively impaired. Resident #47 Observations on 12/03/19 at 10:17 AM, 12/04/19 at 02:39 PM, 12/05/19 at 10:36 AM, and 12/05/19 at 2:40 PM, revealed Resident #47 was sitting in	M 780		

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(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 780	Continued From page 12 the dayroom with the cover over her head. Review of The Monthly Activity Attendance Record for December 2019 revealed Resident #47 did not receive Activity Therapy to meet her needs. Review of the Care Plan revealed Resident #47 was dependent on staff for activities, cognitive stimulation, social interaction related to cognitive deficits. Resident #47's goals included Resident #47 will attend/participate in activities of choice 3-5 times a week. Listed interventions are all staff to converse with resident while providing care, encourage ongoing family involvement invite the resident's family to attend special events activities, meals, invite the resident to scheduled activities, activity calendar, resident needs assistance /escort activity function. An interview, on 12/05/19 at 2:41 PM, with the Administrator and the Activities Director confirmed the resident prefers to keep her head covered. Resident #47 did not receive Activity Therapy during the three days the survey team was in the building. The Administrator said he's trying to improve his activities in the building and looking to hire more staff. A review of the Face Sheet revealed the facility admitted Resident #47, on 01/12/2011, with diagnoses which included Dementia with behavioral Disturbance, Anxiety and Major Depression Disorder. A review of Resident #47's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 9/22/2019, revealed Resident #47 had a Brief Interview for Mental Status (BIMS) score of 6, which indicated the resident was	M 780		

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
	38PS	A. BUILDING: _____ B. WING _____	12/05/2019

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M 780	Continued From page 13 cognitively impaired.	M 780		