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
	34JC	A. BUILDING: _____ B. WING _____	C 03/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES CO REST HOME	683 COUNTY HOME ROAD ELLISVILLE, MS 39437

(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 complaint survey(s), MS #16701 and MS #16707, on 03/09/2020 through 03/10/2020. During the survey, the SA did not substantiate the complaint for Quality of Care, related to an unwitnessed fall with a fracture, and cited no deficiencies. During the survey, determined the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm. The SA substantiated MS #16707 for the complaint of Quality of Care related to verbal abuse and cited M500. However, the SA unsubstantiated MS #16707 related to the allegation of physical abuse. At the time of survey, the facility had a census of 119, and held a license for 122 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;	M 500		4/22/20

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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	M 500		

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M 500	Continued From page 2	M 500		

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 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

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M 500	Continued From page 3	M 500		

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 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.

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M 500	Continued From page 4 This Statute is not met as evidenced by: Level II Based on record review, interview and facility policy review, the facility failed to ensure a resident was free from verbal abuse, for one (1) of four (4) residents reviewed, Resident #1. Findings include: A review of the facility's, "Abuse, Neglect, and Exploitation Policy", dated 01/23/2020, revealed, verbal abuse means the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within the hearing distance regardless of their age, ability to comprehend, or disability. A review of the facility's statement, dated 03/20/2020 and signed by the Director of Nurses (DON), revealed, on 03/02/2020 at approximately 12:10 PM, Certified Nursing Assistant (CNA) #2 observed CNA #1 "slap" Resident #1 on the arm. CNA #2 reported, she and CNA #1 were providing care to Resident #1. CNA #2 revealed CNA #1 turned Resident #1 over, and the resident yelled for her to stop for fear of falling off the bed. CNA #2 stated Resident #1 slapped CNA #1, and then CNA #1 slapped Resident #1 on her right arm. CNA #2 revealed CNA #1 stated to Resident #1, "Fine, sit in your shit, I don't care" and walked out of the room. Review of the facility's "Historical Employee Clocking and Schedule for 03/02/2020" revealed, CNA #1 was in the facility on 03/02/2020 from 7:22 AM to 12:39 PM.	M 500	Statements contained herein are intended for purposes of compliance with Federal and State laws regarding responses to Statements of Deficiencies. The language herein is not intended to be used as an admission against the facility nor is it intended to be used by any third party. It is solely for purposes of compliance with participation requirements of Medicare and Medicaid. 1)Certified Nursing Assistant #1 was immediately relieved from duties and interviewed on March 2, 2020 by the Director of Nurses. Certified Nursing Assistant #1 was suspended pending further investigation. The Assistant Director of Nurses completed a full body audit for Resident #1 which revealed a small fading yellow bruise to the upper right inner arm and no new injuries. The Social Worker met with Resident #1 on March 2, 2020 to assess the resident for psychosocial harm relating to the incident. No psychosocial harm was found to have occurred. Certified Nursing Assistant #1 was terminated on March 3, 2020. 2)All residents have the potential to be affected. 3)The Quality Assessment and Assurance Committee reviewed the Abuse, Neglect and Exploitation Policy on March 3, 2020, with no revisions made at that time. All staff are being in-serviced by the Staff Education Coordinator with education titled 2020 LTC Resident Abuse Prevention and Reporting- Protecting a	

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M 500	Continued From page 5 A review of the facility's document titled, "Report of Termination/Hour Reduction" dated 03/03/2020, revealed, CNA #1 was suspended following an allegation of abuse towards a resident. The document indicated CNA #1's last day worked was on 03/02/2020, and date terminated as of 03/03/2020. A review of a typed statement given by CNA #1, attached to the Report of Termination/Hour Reduction document, revealed, she acknowledged she stated "Well, sit in your own shit" out loud but to herself. CNA #1 revealed in the statement, that she pushed Resident #1's arm down to place it in the opposite direction, so that she could roll her over. CNA #1 revealed she was frustrated, but did not hurt her resident. During an interview, on 03/09/2020 at 8:45 AM, the Administrator revealed when she spoke to CNA #1, she admitted that she cursed Resident #1, but did not hit her. The Administrator stated CNA #1 admitted to saying that Resident #1 could "sit in her own shit" but stated she mumbled it, and did not say it directly to Resident #1. During an interview, on 03/09/2020 at 10:08 AM, CNA #2 stated she walked into Resident #1's room to see if CNA #1 needed anything. CNA #2 stated she saw Resident #1 slap CNA #1, and then CNA #1 slapped Resident #1 on her right forearm. CNA #2 revealed CNA #1 stated to Resident #1, "Whatever, you can sit in your shit, I don't care", and walked out of the room to go get a nurse. During an interview, on 03/09/2020 at 11:37 AM, CNA #1 revealed on the day of the incident (03/02/2020), she was in the room changing Resident #1. CNA #1 stated she rolled Resident #1 to one side, and the Resident #1 rolled back	M 500	Vulnerable Population. The in-service began on March 27, 2020 and will continue until all staff have received the in-service. A post test with a passing score of 80% is required for completion of the in-service. All staff will have completed the education by April 22, 2020 to remain on the working schedule. An additional in-service provided by a Licensed Professional Counselor at a local behavioral health center via recorded video began on April 16, 2020. The in-service addresses Stress and Burnout among healthcare workers. All staff will have completed the education by April 22, 2020 to remain on the working schedule. 4)The Director of Nurses, Assistant Director of Nurses or Staff Education Coordinator will conduct three weekly Stress and Burnout questionnaires over the next three months. These questionnaires will be used to assess for excess stress and/or burnout amongst employees. Employees identified with increased risk of stress and/or burnout will be referred to local behavioral health services. These questionnaires will be logged on the Stress and Burnout Audit Log and will begin April 20, 2020. The Director of Nurses will present these audit logs to the Quality Assessment and Assurance Committee monthly until such time substantial compliance has been achieved as determined by the committee. The Quality Assessment and Assurance Committee will make any recommendations and/or changes if needed to ensure compliance.	

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M 500	Continued From page 6 towards her, hitting her in the eye. CNA #1 stated she took Resident #1 by the arm, and placed it on the opposite side of the bed so that she could change her. She stated that she did not hit Resident #1. CNA #1 stated CNA #2 may not have understood what was going on with Resident #1. CNA #1 confirmed she did make the statement that Resident #1 could lie in her shit, but she mumbled it to herself, as she was going out the door to get the nurse. A review of the facility's document titled, "Abuse, Neglect and Exploitation of Vulnerable Person Acknowledgement", revealed CNA #1 was educated on Abuse and Neglect on 10/30/2019. During an interview, on 03/10/2020 at 9:05 AM, the Administrator stated the abuse did occur and it should have never occurred. The Administrator stated, "This is never acceptable." On 03/10/2020 at 9:08 AM, during an interview with the DON, she stated verbal abuse did happen, and it never should have happened. She stated they have in-serviced on abuse and neglect. The DON stated they are looking at getting an outside counselor to come in and talk to staff about stress and burnout.	M 500		