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
	17LD	A. BUILDING: _____ B. WING _____	C 12/03/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DESOTO	3068 NAIL ROAD WEST HORN LAKE, MS 38637

(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 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		1/1/21

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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	M 500		

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

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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: Based on resident representative and staff interviews, record review, and facility policy review, the facility failed to notify the resident's representative of a significant change in the resident's status for one (1) of 33 residents with a COVID positive test result. Findings include: Review of facility's "Resident Rights" policy, dated 06/94, with a revised date of 11/17, revealed: all residents in a long term care facility have rights guaranteed to them under Federal and State law. A facility must immediately inform the resident, consult with the resident's physician, and notify the resident representative when there is a significant change in the resident's physical, mental, or psychosocial status, or when there is a need to alter treatment significantly or to	M 500	1. Resident is deceased and was discharged from the facility on 9/16/2020. The facility cannot correct the deficiency as it relates to the individual. As of 8/10/2020, Resident Representative called the facility and was notified of the positive Covid-19 lab results by the Nurse Case Manager. The Licensed Practical Nurse responsible for notifying Resident Representative of the positive Covid-19 lab result, received an Employee Education Request on Change in Resident Medical Status Policy on 12/22/2020, by the Administrator and Director of Nursing. 2. All Covid-19 positive residents have the potential to be affected by the deficient practice. Administrator and Director of Nursing conducted an audit of all Covid-19 positive residents on 12/21/2020, to	

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M 500	Continued From page 4 commence a new form of treatment. An interview with Resident #1's daughter on 12/2/20 at 6:00 PM, revealed she was not notified of the resident's positive COVID-19 test results. The daughter stated the resident had a cough and was sent to the Emergency Room for a few hours on 8/4/20 and a COVID-19 test was performed at that time. Resident #1's daughter stated the facility received the positive results on 8/6/20 and the resident's son was notified several days after that date (on 8/10/20) and he notified his sister, the resident's daughter. An interview with the facility's Director of Nursing (DON) on 12/2/20 at 2:00 PM, revealed she was unable to find any documentation of family being notified when Resident #1's COVID-19 positive test result was received. The DON stated it is policy for the resident's representative to be notified of any significant change, and once the test result was received, the staff was responsible for notifying the family and documenting this being done. The DON confirmed the facility failed to notify the resident's representative of the positive COVID-19 test result. An interview with the Administrator on 12/3/20 at 10:00 AM, confirmed the facility failed to notify family of resident's positive COVID-19 test result. Record review revealed there was no documentation of notification of Resident #1's representative of the positive COVID-19 test result. Record review revealed Resident #1 was admitted to facility for therapy on 7/21/20 with a diagnoses of Generalized Muscle Weakness, Unsteadiness on Feet, Unspecified Lack of	M 500	ensure proper notification to the Resident Representative. 3. All nurses were in-serviced on the Change in Resident Medical Status Policy on 12/4/20, by the Administrator and Director of Nursing. If unable to contact the Resident Representative by the end of the shift, the nurse responsible will notify the Director of Nursing or Administrator to ensure compliance. After being notified, the Administrator and Director of Nursing will attempt to notify the Resident Representative. If contact cannot be made by phone the Administrator will mail a letter to the resident representative to contact the facility regarding the health status of their resident. Results will be addressed in the Daily Stand-up Meeting to ensure the solution is sustained. 4. Medical Records staff will conduct an audit of physician□s orders and nurses□ notes Monday through Friday beginning 12/7/2020, for four weeks, bi-weekly for two weeks, and then monthly until deficient practice is resolved. The audit will be conducted to ensure proper notification to the Resident Representative on Covid-19 positive residents. Administrator and Director of Nursing will evaluate all Covid-19 positive lab results with a Corrective Action Plan Tool beginning 12/7/2020, to ensure continued compliance daily for four weeks, bi-weekly for two weeks, and then monthly until deficient practice is resolved. Any negative finding will be reported to the Quality Assurance Committee during the Daily Stand-up Meeting and in the Quarterly Quality Assurance Meeting to ensure ongoing compliance. The Quality	

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M 500	Continued From page 5 Coordination, and Diabetes Mellitus.	M 500	Assurance Committee will address concerns and update corrective action plan when needed to maintain compliance. 5. Completion Date 1/1/21.	