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
	66AG	A. BUILDING: _____ B. WING _____	01/31/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA GARDENS NURSING CENTER	530 HALL ST WIGGINS, MS 39577

(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 at the facility from 11/25/19 to 11/27/2019. After Administrative and Quality Assurance (QA) review, it was determined further investigation and information was required. The SA identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) that began on 10/6/19, when the facility initiated Cardio-Pulmonary Resuscitation (CPR) on Resident #74, who was found unresponsive, pulseless and not breathing, and continued to provide CPR for five (5) minutes until the Emergency Medical Services (EMS) arrived and reviewed Resident #74's medical record and found Resident #74 was a Do Not Resuscitate (DNR) resident. The facility staff failed to identify Resident #74 as a DNR resident prior to initiating CPR. The failure of the facility to identify and honor Resident #74's Advance Directive for a DNR code status, placed Resident #74 and other DNR code status residents in a situation that was likely to cause serious injury, harm, impairment or death. On 1/29/20 at 12:05 PM, the SA notified the facility's Administrator of the IJ and SQC. The SA determined the facility was not in compliance with the requirements for Medicare and Medicare. The SA cited the state statutes M 500 and M 1260. The facility held a license for 99 beds with a census of 78.	M 000		
M 500 SS=J	45.17.2 Residents' Rights	M 500		2/28/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/12/20

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M 500	Continued From page 1 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		

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M 500	Continued From page 2 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 3	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 4 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, interviews, record review, and facility policy review, the facility failed to assist three (3) of six (6) residents, who attended the Resident Group Interview meeting, on 11/25/2019, to participate the Gubernatorial election on 11/6/2019. The residents who voiced their concern regarding their voting rights was Resident #20, Resident #44 and Resident #54. Finding include: Review of the facility's policy titled, "Residents Right To Vote", dated 9/2018, revealed that prior to an election, the social worker, social service designee, or assigned staff member should identify the residents who choose to vote, and identify the residents who need to register.	M 500	1. Resident #20,#44 and #54 were made aware of their right to vote and the facilities plan to ensure they can exercise their right to vote on 12/3/2019 by the Social Services Director. 2.All residents who wish to vote have the potential to be affected. 3. A resident council meeting was held with the Social Services Director on 12/3/2019 to discuss the facilities policy and procedure to accommodate residents who wish to exercise their right to vote during an election. The Social Services Director will establish and maintain a list of all residents who have expressed the desire to vote in upcoming elections beginning 12/3/2019. Each resident will be	

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M 500	Continued From page 5 In an interview, on 11/25/2019 at 3:00 PM, during the Resident Group Interview meeting, three (3) of the six (6) residents, Resident # 20, Resident #44 and Resident #54 stated they did not get to vote in the general Gubernatorial election on 11/6/2019. They expressed the desire to vote. In an interview, on 11/25/2019 at 3:25 PM, the Social Worker revealed she had a list of the three (3) residents who voted, and the others did not vote because they did not say they wanted to. In an interview, on 1/29/2020 at 11:15 AM, the Administrator revealed before the survey in November, the residents were asked in Resident Council if they wanted to vote. Since the survey in November, the facility now asks the residents on admission if they would like to vote. Since November 2019, residents with a Brief Interview for Mental Status (BIMS) of 13 or higher are asked on admission and every month in resident council meetings if they would like to vote. The Administrator did state before the survey in November 2019, they did not check with all residents with a BIMS of 13 or higher about voting, but now they do. The administrator confirmed there have been no other elections since the November 2019 Governor's election. The Administrator stated the facility does provide transportation for the residents who want to go vote, and if the resident wants to vote by absentee, or wanted to register we assist them with that also. The Administrator stated if the resident is not registered to vote, the resident will be assisted to register on admission and when the elections come up. The Administrator stated the Social Services staff are responsible to oversee the resident's voting rights. The Administrator confirmed the residents who do not	M 500	approached prior to the election and it will be documented in the medical record if they wish to exercise their right to vote in any upcoming elections effective 12/3/2019. The Social Services Director will post in writing a notice of upcoming elections in a highly visible area effective 12/3/2019. The Social Services Director will also post upcoming elections on the information monitors effective 12/3/2019. 4.The Social Services Director will report monthly beginning 12/3/2019 to the Quality Assurance committee and Quality Assurance Performance Improvement program committee on the residents right to vote and any updates to the list of residents that wish to exercise their right to vote. This will be monitored and reported to each committee until 12/01/2020 for review and recommendation.	

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M 500	Continued From page 6 attend the council meetings will be addressed individually about their voting rights. The Administrator stated when an election comes up it will be posted for the residents to see, and discussed in the resident council meetings. The Administrator stated, this may not cause harm to a resident, but it does violate their right to vote. Review of the Resident Council minutes from July 2019 to November 2019 revealed there was no documentation the residents had been offered the opportunity to vote. Review of the Quarterly Minimum Data Sets (MDS), dated 10/11/2019, revealed Resident #44 had a BIMS score of 15, which indicated no cognitive impairment. Review of the most recent Quarterly MDS, dated 10/17/2019, revealed Resident #54 had BIMS score of 15, which indicated no cognitive impairment. Review of the Annual MDS, dated 11/26/2019, revealed Resident #20 had BIMS score of 15, which indicated no cognitive impairment.	M 500		