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NMMC BALDWYN NURSING FACILITY	739 4TH STREET SOUTH BALDWYN, MS 38824

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M 000	Initial Comments The State Agency (SA) conducted an annual re-certification survey at the facility from 2/28/22 to 3/3/22.. During the survey, the SA determined that the facility was not in compliance with the Mississippi Regulations for the Minimum Standards for the Institutions for the Aged or Infirm,. The SA cited M610 related to the failure to provide facial hair removal for a female resident that was dependant for her activities of daily living. The SA also cited M770 related to the failure to provide acitivities to meet the resident's needs. The SA cited M500 for failure to provide dignity for a resident. The facility was licensed for 107 beds and had a census of 100 at the time of the survey.	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		4/22/22

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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 and/or to outside representatives of his choice,	M 500		

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M 500	Continued From page 2 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 purposes in his plan of care;	M 500		

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M 500	Continued From page 3 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. This Statute is not met as evidenced by:	M 500		

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M 500	Continued From page 4 Based on facility policy review, observations, staff interviews, and record reviews, the facility failed to protect the dignity of a resident which was evident when a privacy bag was not placed over a foley catheter bag for one (1) of six (6) residents reviewed with a foley catheter. Resident #90. Resident #90 Dignity Review of the facility policy titled, "Urinary Procedures," with an approval date of 09/2019, an issued date of 12/9/2000, and a last modified date of 04/01/2021, revealed "It is the Policy of (Facility Name) to ensure that urinary procedures are performed appropriately." An observation, on 02/28/22 at 11:24 AM, revealed that Resident #90 did not have a privacy bag that covered her foley catheter bag. Resident #90's foley catheter bag hung on the side of her hospital bed that faced the entry door to Resident #90's room, with the clear side of the foley catheter bag facing the entry door, that allowed the urine drainage to be visible to all other residents, staff, and visitors, that passed Resident #90's room when the door was opened, and was visible to everyone who entered Resident #90's room. An observation on 03/1/22 at 03:32 PM, revealed Resident #90 did not have a privacy bag over the foley catheter bag. Resident #90's foley catheter bag was hung on the side of the hospital bed that faced the entry door to Resident #90's room. The clear side of the bag faced the entry door to Resident #90's room and the urine drainage was visible to everyone who passed Resident #90's room, when the door was opened, and was	M 500	1) On 3/04/22 resident number 90 catheter bag was covered as required by Director of Nursing (DON). 2) All residents with catheters have the potential for the same deficient practice. All residents with catheters were rounded on starting 3/4/22 and completed this date to ensure catheters are covered as required, rounded by the Nursing Leadership. 3) All employees will be in-serviced starting by 4/1/22 by the Clinical Educator and completed by 4/22/22. This will be to ensure the proper covering of catheter bags as applied to residents' rights. The Urinary Procedures Policy was updated on 3/17/2022 by Director of Nursing (DON), to include the use of a privacy bag or pillowcase. The Nursing Leadership Team started rounds on 3/04/22 with all residents with catheters to ensure that these bags are covered. Weekly for one month (March), then every two weeks for one month (April), once monthly (May) and will continue these rounds as required. 4) The results based from verbal exit from the State Survey Team was reported to the Quality Assurance and Performance Improvement (QAPI) Committee on 3/4/22. These rounds/results along with the written statement of deficiencies report (CMS-2567) were up for review at our QAPI follow-up meeting on 3/25/22. Recommendations from this committee were implemented as required and will be monitored until compliance is achieved	

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M 500	Continued From page 5 visible to everyone who entered Resident #90's room. An interview and observation, on 03/1/2022 at 03:41 PM, with the Licensed Practical Nurse (LPN)#1, confirmed Resident #90's foley catheter bag did not have a privacy bag covering it. LPN #1 confirmed that Resident #90's foley catheter bag was visible to everyone that passed Resident #90's entry door, when the door the was opened, and was visible to everyone that entered Resident #90's room. LPN #1 confirmed that there should have been a privacy bag over the foley catheter bag and a privacy bag not being placed over the foley catheter bag could have caused a dignity issue for Resident #90. An interview, on 3/2/2022 at 08:54 AM, with the Director of Nursing (DON), revealed privacy bags are only placed over a foley catheter bag when a resident was taken out of the room. The DON stated the facility policy did not state that a privacy bag had to be placed over a foley catheter bag when a resident remained in their room, but confirmed he understood how Resident #90 could have had dignity issues, due to the foley catheter bag being hung on the side of the bed facing the entry door to Resident #90's room and was visible to everyone that passed, when the door was opened, and was visible to everyone that visited the room. The DON confirmed Resident #90 should have had a privacy bag placed over the foley catheter bag. An interview, on 3/3/22 at 09:30 AM, with the DON, revealed the in-service with staff regarding usage of a privacy bag over a foley catheter bag was done with each individual employee, at time of hire and the in-service was done again yearly. DON revealed these in-services are not done in a	M 500	and will be reviewed on the April 19, 2022 QAPI Meeting and on-going.	

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M 500	Continued From page 6 group setting. Record review, of the individual employee in-service titled, "Facility Specific Handout Every Resident - Every Time," dated 12/11/2018, revealed, "Providing Excellent Resident Care, 5. Catheters: Use privacy bag to cover drainage bag while resident is out of room." Record review, of the Active Orders Report, revealed a physician's order for an indwelling urinary catheter, dated 10/22/2021. Resident #90 was admitted to this facility on 10/22/21, with a diagnosis of Other Cystostomy Status. Record review, of the most recent Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/25/2022, for Resident #90, revealed a Brief Interview for Mental Status (BIMS) score of 10, indicating Resident #90 had moderately impaired cognition.	M 500		
M 610 SS=D	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by:	M 610		4/22/22

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M 610	Continued From page 7 Based on observation, staff interview, record review, and facility policy review the facility failed to provide facial hair removal for a female resident who was dependent for her activities of daily living as evidenced by visible patches of shiny white hairs on a female resident's chin for one (1) of twenty residents observed. Resident #81. Record review of the facility policy titled, " AM/PM Care" revealed under "Policy: It is the policy of (Facility Name) to promote resident cleanliness by assisting with AM/PM care as appropriate". This policy revealed under "Procedure: Residents should be shaved per preference" Findings include: An observation on 02/28/22 at 11:27 AM revealed Resident #81 lying in bed with a patch of shiny long white hairs on both sides of her chin. An interview, on 3/1/22 at 3:30 PM with Certified Nurse's Assistant (CNA) #1 revealed the CNAs are responsible for the residents' baths and shaving. CNA #1 revealed the bath schedule for B Hall was Monday, Wednesday and Friday (M, W, F) with odd rooms and Tuesday, Thursday and Saturday (T, TH, SA) for even rooms. CNA #1 revealed that if someone needs shaved and it is not their bath day then she will go ahead and shave them even if it is a woman. An interview, on 3/1/22 at 3:40 PM with Licensed Practical Nurse (LPN) #2 revealed baths and shaving are the responsibility of the CNAs, but if I need to help them I do. An observation and interview, on 3/1/22 at 3:50	M 610	1) On 3/04/22 resident number 81 Activities of Daily Living care was given to remove facial hair and removed by the Charge Nurse. 2) All residents have the potential for the same deficient practice. All other residents rounds were completed on 3/04/22 by the Director of Nursing to ensure Activities of Daily Living (ADL) care is given to prevent ADL care deficiencies, to include facial hair removal. The Policy Title Bathing was updated 3/3/22 by the Director of Nursing, to include shaving of male/female of facial hair should be done with scheduled baths or as needed. 3) Employees will be in-serviced by the Clinical Educator starting by 4/1/22 and completed by 4/22/22 to the proper ADL care for residents to include facial hair removal. The Nursing Leadership Team started rounds the following week (3/7/22) and will round on facility residents to ensure proper ADL care weekly for one month (March), then every two weeks for one month (April), and once monthly (May). 4) The results based from verbal exit from the State Survey Team were reported to the Quality Assurance and Performance Improvement Committee (QAPI) on 3/4/22. These rounds/results along with the written statement of deficiencies report (CMS-2567) were up for review at our QAPI follow-up meeting on 3/25/22. Recommendations from this committee were implemented as required and will be monitored until compliance is achieved on	

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M 610	Continued From page 8 PM with CNA #1 and LPN #2 confirmed that the resident was lying in bed with a patch of long shiny white hair on both sides of her chin. LPN #2 revealed the resident was combative at times during care and when she provides care for the resident she always carries someone with her. CNA #1 and LPN #2 confirmed the resident had hair on her chin and needed to be shaved. An interview, on 3/22/22 at 9:15 AM with Registered Nurse (RN #2) revealed that residents are supposed to be shaved with AM/PM care if they need it, even if it is not their bath day and this is the responsibility of the CNA's. An interview, on 3/3/22 at 10:40 AM with the DON revealed that an in-service is completed on hire and annually regarding AM/PM care that includes shaving. An interview, on 3/3/22 at 11:30 AM with the DON revealed that a female resident that had chin hair would probably make them feel bad and if they want shaved, they need to be. An interview, on 3/3/22 at 11:40 AM with the Administrator revealed that staff may forget about women needing to be shaved and maybe that could be taken care of in a beauty shop visit if they can go. The Administrator revealed shaving women when they need it is something we are going to have to be sure and work on remembering. Review of the resident's face sheet revealed the resident was admitted 2/8/16 with medical diagnoses that included: Other Reduced Mobility, Dementia with Lewy bodies, Age Related Physical Debility, Muscle weakness.	M 610	4/22/2022 and on-going.	

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M 610	Continued From page 9 Review or the residents care plan revealed a care plan for ADL's: Unable to independently perform basic self-care due to hx fall with lt femur fx, dementia, muscle weakness, debility. Review of this care plan revealed the interventions included "Assist daily with hygiene, bathing, toileting, dressing, grooming, and feeding which indicated the responsibility of this intervention is the CNAs. Record review of the bath roster for the resident from 2/2/22 thru 3/2/22 revealed the resident had 10 partial or complete bed bath's during this time frame. Record review of the residents AM/PM Care Roster for 2/2/22 thru 3/2/22 revealed the resident had not been shaved. Record review of the residents Minimum Data Set with an Assessment Reference Date of 01/04/22 revealed under "Sectional G-Functional Status" "Personal hygiene: support provided; Two+ persons physical assist". Record review revealed that the Minimum Data Set with an Assessment Reference Date of 01/04/22 revealed a Brief Interview of Mental Status of 99 which indicated the resident was severely cognitively impaired.	M 610		
M 770 SS=D	45.27 RESIDENT ACTIVITIES RESIDENT ACTIVITIES This Statute is not met as evidenced by: Based on observation, resident and staff interview, record review, and facility policy review the facility failed to provide the activities to meet	M 770	1. Resident number 70 care plan was reviewed by Activities Coordinator and Social Services Director. Activities care	4/22/22

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M 770	Continued From page 10 the resident's needs for one (1) of twenty-six residents. Resident #70. Findings Include: Record review of the facility policy titled, "Resident Activities" with a revision date of October 2015 revealed under, "Policy: It is the policy of (Facility Name) that activities designed to meet the interests and physical, mental, and psycho-social well-being of the resident should be provided." The policy revealed under, "Procedure: #4-Activities should be planned for both individual and group according to the resident level of functioning. Activities should be planned for inside and outside the facility" An observation on 2/28/22 at 10:15 AM revealed the resident lying in bed, eyes closed, lights off and blinds closed. An interview on 02/28/22 at 10:55 AM with the resident revealed he is blind. The resident stated, "I can see shadows" When asked if the staff provides any activities for him, he stated, "They don't do a damn thing," the resident revealed they do not bring activities to my room, no music or anything. An observation on 3/1/22 at 9:00 AM revealed the resident lying in bed, lights off and blinds closed, no TV was observed on the resident's side of the room and no radio. The observation revealed the resident does not have a roommate and the TV on the other side of the room was off. An interview on 3/1/22 at 4:00 PM with Activities staff #1 revealed she has been with the facility as activities director for 3 years. The Activities staff	M 770	plan was implemented by the Activities Coordinator and Social Services Director to include individualized activities to meet his activities preferences. A radio placed in room by the Activities Coordinator and played with his preference of station. 3/2/2022. 2. All residents of the facility have the potential to be affected by this practice. Activities and Minimum Data Set (MDS) audited to ensure comprehensive care plans were in place, including activities and completed on 3/21/2022. All residents are being rounded on by Social Services Director and Activities Coordinator starting 3/18/22 to assess for possible need of activities of preferences to be completed by 4/22/22. 3. An in-service education will be conducted by Clinical Educator, starting by 4/1/22, with all direct care staff, addressing the significance of developing and implementing a comprehensive person-centered care plan for each resident, consistent with the residents' rights and the importance of offering activities of preference. This is to be completed by 4/22/22. 4. Social Services Director started screening residents on 3/18/22 and will continue to screen (5) residents weekly for one month (March), then every two weeks for one month (April) and once monthly (May). The results based from verbal exit from the State Survey Team were reported to the Quality Assurance and Performance	

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M 770	Continued From page 11 #1 revealed that she develops a monthly calendar of activities and those that cannot attend group activities get in room visits 2-3 times per week. The Activities staff #1 revealed that her assistants usually completes the in room visits based on the resident's interest, they document it on an activities log and she reviews it quarterly. The Activities staff #1 revealed that she could not find the activity log for December 2021. An observation on 3/1/22 at 4:05 PM of the activity log revealed that the resident had not attended any group activities since admission on 10/11/21 and had six (6) in room visits. The observation revealed the residents in room visits were on 11/16/21, 11/18/21, 11/20/21, 1/21/22, 1/26/22 and 2/21/22. An interview on 3/1/22 at 4:12 PM with the Activities staff #1 revealed she stated, "We could do better by him." An observation on 3/1/22 at 4:15 PM of the resident's activity assessment on admission 10/11/2021 revealed under "current activity preference and interest survey" that the resident was interested in any type of TV, western movies, gospel, and blues music, enjoys sitting outside, van rides, music club, Bible, church services, church specials and gospel singings. An interview on 3/1/22 at 4:20 PM with the Activities staff #1 revealed that the resident needed a TV, and we could get him some music. The activities staff #1 stated, "The nurses could turn the TV on in his room to the music channel." The activities staff #1 confirmed that activities are to help residents to maintain their quality of life and makes them feel at home, but when they do not have activities they could feel depressed.	M 770	Improvement Committee (QAPI) on 3/4/22. These results along with the written deficiency report (CMS-2567) have been up for review at our QAPI Committee follow-up meeting on 3/25/22 and will be reviewed at the April 19, 2022 QAPI meeting and on-going. Recommendations from this committee were implemented as required and will continue to monitor as needed until compliance is achieved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41NM	A. BUILDING: _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M 770	Continued From page 12 An interview on 3/3/22 at 11:59 AM with the Administrator revealed that each resident should have activities based on their interest to help with their quality of life. He revealed that the resident could use a radio. Record review of the resident's face sheet revealed an admission date of 10/11/21 with medical diagnoses that included Alzheimer's disease with late onset. Record review of the residents History and Physical with a date of service 10/11/21 indicated the resident was "legally blind" under "Chief Complaints." Record review of the Minimum Data Set with an Assessment Reference Date of revealed a Brief Interview Status (BIMS) of 03 indicating the resident is severely cognitively impaired.	M 770		