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	26CL	A. BUILDING: _____ B. WING _____	C 03/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLMES COUNTY LONG TERM CARE CENTER - DUR	15481 BOWLING GREEN ROAD DURANT, MS 39063

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M 000	Initial Comments The State Agency (SA) conducted a complaint investigation (CI) MS #18608, from 3/23/22 to 3/24/22. The SA did substantiate the complaint of Resident Rights. During the survey the SA determined the facility was not in compliance with the Mississippi regulations for Minimum Standards for Institutions for the Aged or Infirm and cited M500.	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 participate in the planning of his medical	M 500		4/28/22

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M 500	Continued From page 1 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 responsibility to the facility for any period of time	M 500		

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M 500	Continued From page 2 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 documented by his physician or nurse	M 500		

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M 500	Continued From page 3 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 The State Agency (SA) initiated a complaint investigation (CI) MS #18608 after a report by the Attorney General that a resident was not permittted to be re-admitted to a facility. Based on record review, facility policy review and	M 500	1. On 3/25/22 Social Services began an audit of all residents discharged/transferred out to the hospital for the last 60 days, no other residents were denied re-admission to the facility. The audit was completed by 3/28/2022. 2. All residents transferred/discharged to the hospital have been identified as having	

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M 500	Continued From page 4 staff interview; the facility inappropriately discharged a resident to an acute care hospital and failed to allow the resident to return to the facility for one (1) of four (4) residents reviewed. (Resident #1) Findings include: Review of the facility's Policy and Procedure for "Transfer and Discharge Policy (including AMA)" dated "2018/7" revealed, "It is the policy of this facility to permit each resident to remain in the facility, and not transfer or discharge the resident from the facility except in limited situations when the health and safety of the individual or other residents are endangered." The policy's definition "Facility-initiated transfer or discharge" is defined as "a transfer or discharge which the resident objects to, did not originate through a resident's verbal or written request, and/or is not in alignment with the resident's stated goals for care and preferences." The policy revealed "3. The facility may initiate transfers or discharges in the following limited circumstances...c. The safety of the individuals in the facility is endangered due to the clinical or behavioral status of the resident." Record review of Resident #1's Admission Record revealed he was admitted to the facility 12/3/2020 with the diagnosis of Paraplegia, Stage 4 pressure ulcer of right hip, Stage 4 pressure ulcer of other site, Vitamin Deficiency and Personality Disorder unspecified. Record review of Resident #1's care plans revealed behaviors were care planned as Resident #1 would "repeatedly removed dressing from my wound after nursing has applied it". On 6/9/21 "I refuse to allow staff to do wound care. I prefer to do my own wound care to areas I can	M 500	the potential to be at risk of being affected by this deficient practice. 3. On 4/21/22 the Director of Nursing and Infection Control/Staffing nurse provided educational in services to nursing staff regarding residents transfer/discharge documentation and residents rights. On 4/21/2022 the Administrator provided educational in services to social services and business office manager regarding policy related to permitting residents to return to facility after hospitalization and residents rights. 4. Beginning 3/30/2022 Social services and/or Administrator or Director of Nursing will audit residents transferred to the hospital to ensure return to facility when medically cleared for hospital discharge weekly for 3 months. The report will be presented to Quality Assurance Committee on 4/27/2022 for review and recommendations then monthly for 3 months.	

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M 500	Continued From page 5	M 500		

reach." Noncompliance with medication administration care plan was initiated on 3/11/21. Combative behaviors at times Care plan was initiated on 3/22/21. He would curse and yell at staff, call the police on staff, and record staff when they enter his room. A care plan initiated on 4/23/21 was for resisting/refusing care. He resisted the evaluation of his wounds by the wound care doctor. He refused the Nurse Practitioner wound care evaluation. He refused to be transported to the hospital for evaluation of his great toe of the left foot on 4/22/21 and 4/23/21.

Record review of Resident #1's lab results drawn on 12/22/21 for a Complete Blood Count (CBC) with Differential on Resident #1 revealed that the facility was notified on 12/23/21 that there was a critical lab for Hemoglobin at 4.0 grams/deciliter (g/dL). The reference range for Hemoglobin is 13.5-17.5 g/dL.

Record review of the Physician's Order dated 12/23/21 for Resident #1 revealed "Transfer/Discharge to (Proper Name local hospital) ".

Record review of the facility's "Transfer Form" dated 12/23/21, for Resident #1 revealed the "Reason for Transfer" was "Altered Mental Status" and "Critical Hemoglobin 4.0".

Interview on 3/23/22 with the Local Ombudsman at 9:10 AM, revealed that she did recall Resident #1 when he was in the facility. She stated he was "aggressive", refused treatments and medications, called the police 2-3 times a day. She recalled Resident #1 was discharged to a hospital for "medical reasons". They didn't send him for behavior reasons. The nursing home didn't take him back.

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M 500	Continued From page 6 Interview on 3/23/22 with the Administrator at 11:40 AM, revealed the reasons for the discharge letters sent to Resident #1 were "he refused treatments, he refused medications, he refused to let our MD's see him. He was self-mutilating. He would pick his skin and throw it at staff." She confirmed that the facility sent Resident #1 to the local hospital, and he was transferred to a hospital in Jackson, MS. Interview on 3/23/22 with the Director of Nurses (DON) at 3:20 PM, revealed that Resident #1 was sent to the local hospital and the DON was called "2 days later" by the hospital saying they were prepared to discharge him back to the facility. She said treatment at the hospital was a blood transfusion. Resident #1 was then transferred to a hospital in Jackson, MS. Interview on 3/23/22 with the Administrator at 3:30 PM, revealed she called Resident #1's conservator on 12/29/21 to inform him of the discharge of Resident #1 from the facility. Interview on 3/24/22 with the Administrator at 1:50 PM, revealed "(Name of Hospital) in Jackson, MS only called and asked if I planned on taking him back. I told the case manager, not at this time. She asked if he was on bed hold, I said no. No one ever called and said he was ready for discharge. The Case manager called on 12/27/21. We discharged him on 12/23/21, the day he went to (name of local hospital) for the critical lab." Record review revealed on 10/8/21, a 30-day discharge letter was sent to the Conservator, Resident #1, State Long Term Care Ombudsman, and local Ombudsman. The facility began to	M 500		

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M 500	Continued From page 7	M 500		

send referrals to other Long-Term Care (LTC) facilities for admission into their facility. The 2nd 30-day discharge letter was sent 11/15/21 and the 3rd was sent 12/14/21. The facility continued to send referrals to other LTC facilities looking for placement for Resident #1. The letters state that the reason for the discharge was "due to threatening and harassing behavior towards staff. This pattern of dangerous behavior has progressed and has become increasingly problematic." Each letter also states the behavior is a contrast to the facility's "promise to maintain an environment that is free from harassment and hostility."

Post Survey Interviews

In a interview on 4/8/22 at 9:04 AM, with the Medical Director stated he does remember Resident #1. "He was resistant to about any treatment that was ordered. He would ask for physical therapy, the facility would evaluate him, get the orders then Resident#1 would refuse to participate. He would not comply. He would pull his wound bandages off. He wouldn ' t take his medications consistently. He was non-compliant and resistant to any care. He had to be the only resident in a semi-private room because he wouldn ' t allow another resident stay in the room with him. He refused to be evaluated by the local hospital. I don ' t know of any other resident this has happened to. It was a tough situation. Residents have the right to refuse care but where there is imminent danger, like his was, it makes it very difficult. He had to be medicated just to get him to a higher level of care." "He was a danger to himself and others. When he would refuse his medications and treatments, he was a danger to himself and others." The Medical Director was aware there are regulations regarding discharging

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M 500	Continued From page 8 a resident from a nursing home. He said the resident was discharged to a hospital, a medical facility. He said that Resident #1 required the higher level of care due to his lab levels. During an interview on 4/8/22 at 9:57 AM, with the Director and Manager of Case Management at the local hospital, revealed the SA asked about the phone call between a part time Case Manager and the Nursing Home Administrator. They stated that the first call to the Administrator was the initial discharge planning that has to take place in the first 24 hours after a patient has been admitted to the hospital. There were several case managers that spoke with the Administrator after his admission to the hospital. Resident #1 was admitted to the local hospital on 12/25/21. The Manager of Case Management said that the Nursing Home Administrator did say Resident #1 had been given an eviction notice prior to being admitted by the hospital. She stated she specifically remembers that because she thought the word eviction was strange to use. The Nursing Home Administrator did say they would not be taking Resident #1 back into the facility. The Nursing Home Administrator did say he was refusing treatment at the nursing home. She stated that she had called the Nursing Home Administrators about Resident #1's vaccination status and asked again if the facility would be accepting him back. The Nursing Home Administrator said he had behaviors and had been issued a 30-day discharge notice. We sent out 184 referrals electronically and no one would admit him. There were more referrals done by phone, but I know there are 184 electronically. The AS asked how Resident #1 was as a patient in the local hospital and was told "He was a very difficult patient while here." This was confirmed by both the Director and Manager of Case	M 500		

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M 500	Continued From page 9 Management. The SA asked this twice and that was the response both times. "He would on occasion allow treatments". The Director of Case Management stated, "He came to us on 12/25/21 and was here until a court ordered departure on 3/30/22 to the State Mental Hospital for evaluation."	M 500		