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M 000	Initial Comments The State Agency (SA) conducted an annual recertification along with complaint investigations (CI) MS00018572 and CI MS00018185 from 4/4/2022 through 4/7/2022. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm. The SA substantiated CI MS00018572 for Quality of Care for resident not being groomed adequately and Residents Rights for resident not treated with dignity and cited M500 and M610. The SA did not substantiate CI MS00018185 for employee to resident abuse. The SA also cited M640, M815, M945 and M1230. The facility had a census of 54 and held a license for 60 beds at the time of 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		5/31/22

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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	M 500		

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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 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.	M 500		

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M 500	Continued From page 4 This Statute is not met as evidenced by: Level II Based on observation, staff interviews, resident interviews, record review, and facility policy review, the facility failed to ensure that each resident was treated with dignity as evidenced by failure to provide verbal communication to residents during care, knock on resident's door before entering, cover a resident and close door during care, and failure to provide a privacy bag for a catheter for 4 of 24 residents observed. Resident #19, #27, #42, #43. Findings Include Resident #27 Review of the facility policy titled, "Promoting/Maintaining Resident Dignity" with a revision date of 1-19, revealed, " It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances resident's quality of life by recognizing each resident's individuality. " Under "Compliance Guidelines." #1. All staff members are involved in providing care to residents to promote and maintain resident dignity and respect resident rights...#5. When interacting with a resident, pay attention to the resident as an individual... #7. Explain care or procedures to the resident before initiating the activity. #8. Staff members do not talk to each other while performing a task for the resident as if the resident is not there. Conversation should be resident focused, and resident centered...#12. Maintain resident privacy."	M 500	On 4/7/2022, certified nursing assistants were inserviced on promoting/maintaining resident dignity related to resident #27 and #43 including knocking before entering room introducing self, explaining care, and interacting with resident during care. On 4/7/22, Certified nursing assistants were inserviced on keeping resident covered and door closed during care including resident #19. On 4/7/22, resident #42 foley catheter bag was placed in a privacy bag. All residents have the potential to be affected by this deficient practice. On 4/7/2022 the Director of Nursing began inservicing all certified nursing assistants and nurses on promoting and maintaining residents' dignity. Inservice complete on 4/28/2022. On 4/6/2022, all residents with Foley catheters were provided a fig leaf bag or privacy bag by registered nurse Supervisor and Director of Nursing began inservicing all nurses and certified nursing assistants on providing all residents with a foley catheter a privacy bag or fig leaf bag to maintain dignity. Inservice complete on 4/28/2022. The Staff Development Coordinator or Director of Nursing will conduct three (3) observations for providing dignity, privacy with foley catheter bag beginning 5/5/22 per week for the next three (3) months to ensure staff are promoting and maintaining resident dignity in accordance with our facility's practice guidelines and regulatory requirements.	

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M 500	Continued From page 5 An observation on 04/04/22 at 11:59 AM, revealed Certified Nurse Assistant (CNA) #7 yelled from Resident #27's room to CNA #6 who was in the hall and asked her to come help pull the resident up in the bed. State Agency (SA) observed CNA #6 enter Resident #27's room without knocking and assisted CNA #7 to pull the resident up in the bed. Observed that neither CNA spoke to the resident while performing the task and before leaving the resident's room. An interview on 4/5/22 at 3:30 PM, with CNA #5 revealed that when staff enters a resident's room the staff member should knock on the door, speak to them, and let them know why they are entering their room. She revealed that not speaking to a resident while performing care would be rude and a dignity issue. She revealed that it is all about how you approach people when providing care. An interview on 4/5/22 at 4:30 PM, with CNA #8 revealed that the staff should always knock and tell the resident their name and what you are needing to do when entering their room. An interview on 4/6/22 at 1:00 PM, with CNA #6 revealed that it could be a dignity issue if staff did not speak to a resident when they entered their room and performed a task. She revealed that staff should knock, speak, and let them know what you are needing to do. She revealed that if staff does not speak to residents, then the residents may think we are upset with them or just having a bad day. She revealed that if people do not get spoken to then they sometimes will not speak. She revealed she did not remember not speaking to Resident #27 while helping pull her up in the bed. She revealed that	M 500	Observation reports will be reviewed by the Quality Assurance Committee monthly x three (3) months to assure substantial compliance has been achieved as determined by the committee beginning 5/12/22.	

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she feels like sometimes the staff gets in a hurry and busy trying to complete the task and forget we need to socialize with them more.

An interview on 4/7/22 at 10:00 AM, with the Director of Nursing (DON) revealed that staff should knock on the resident's door and introduce themselves if the resident does not know them, explain the care that needs to be performed and just socialize with them. She revealed that she is not sure if it would be a dignity issue or just non-sociable when a staff member does not speak to a resident while performing care

An interview on 4/7/22 at 12:15 AM, with Resident #27 revealed that most of the time the staff does not speak to her when they come in to do something. She revealed that the staff will talk to each other in front of her, sometimes they have their blue-tooth headphones on and take personal phone calls on their cell phones. She revealed that she does not care if they want to ignore her, but it would be nice to be included.

Record review of Resident #27's Admission Record revealed an admission date of 10/09/15 with medical diagnoses that include Type 2 Diabetes Mellitus and Major Depressive Disorder.

Record review of the residents Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/8/22 revealed a Brief Interview of Mental Status (BIMS) of 15, which indicates the resident is cognitively intact.

Resident #43

An observation on 04/04/22 at 10:40 AM, revealed Resident #43 lying in bed, awake, alert

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and with speech that is hard to understand due to a Cerebrovascular Disease with an onset date of 10/15/13. An observation of CNA #7 enter the resident's room with a fresh glass of water and sit it on the resident's over-bed table. Observed CNA #7 point to the two glasses of water that were already on his over-bed table without speaking. Observed the resident speak to CNA #7, pull one of the glasses toward him and pushed the other glass toward the CNA #7. CNA #7 took the glass of water that the resident pushed toward her and left the room without speaking to the resident.

An observation on 4/4/22 at 12:25 PM, revealed Resident #43 lying in bed, awake and alert. Observed CNA #6 enter Resident #43's room with his lunch tray, set it up on his over-bed table and leave the room without speaking to the resident.

An interview on 4/6/22 at 1:00 PM, with CNA #6 revealed that it could be a dignity issue if staff did not speak to a resident when they entered their room and performed a task. She revealed that staff should knock, speak, and let them know what you are needing to do. She revealed that if staff does not speak to residents, then the residents may think we are upset with them or just having a bad day. She revealed that if people do not get spoken to then they sometimes will not speak. She revealed Resident #43 is hard to understand, but she did not remember, not speaking to him while setting his lunch tray up. She revealed that she feels like sometimes the staff get in a hurry and busy trying to complete the task and forget we need to socialize with them more.

An interview on 4/7/22 at 11:58 AM, with Resident #43 revealed the staff usually does not talk to him

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M 500	Continued From page 8 when they come in his room. Record review of Resident #43's Admission Record revealed an initial admission date of 10/15/13 and medical diagnoses that include Hemiplegia and Hemiparesis following unspecified cerebrovascular disease affecting right dominant side. Record review of Resident #43's MDS with an ARD of 2/26/22 revealed a BIMS of 15, which indicates the resident is cognitively intact. Resident #19 On 04/04/22 at 10:18 AM, an observation of Resident #19 from the hallway, revealed the door was open, and Resident #19 was lying in bed with only a brief on. No top sheet or blanket was covering him. On 04/05/22 at 08:51 AM, an observation of Resident #19 from the hallway, revealed him lying in bed exposed with only a brief on. Licensed Practical Nurse (LPN) #1 was in the room working on the resident's gastrostomy tube. The nurse exited the room leaving the door open with the resident remaining exposed with only a brief on. A Certified Nursing Assistant (CNA) entered the room closing the door behind her. An interview on 04/06/22 at 03:02 PM, with Licensed Practical Nurse (LPN) #1 revealed that Resident #19 should be covered when the door is	M 500		

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open. LPN #1 stated that it could embarrassing to him, and it is a dignity issue.

Record review of Resident #19's Admission Record revealed the resident was admitted to the facility on 10/26/20 with diagnoses of Huntington's Disease, Dysphagia, Convulsions, and a Personal History of Traumatic Brain Injury.

Record review of MDS with an ARD of 01/25/2022 revealed Resident #19 with a BIMS score of 03, which indicated the resident has severe cognitive impairment.

Resident #42

Review of facility policy titled, "Maintaining Privacy and Dignity For Residents with Foley Catheter Drainage Bags", with a revision date of 2/16 revealed, " It is the policy of this facility to provide privacy and dignity to all residents that have a urinary drainage bag in use. The procedure revealed the drainage bag will be maintained in a storage pouch to hide the contents and prevent embarrassment to the resident".

On 04/04/22 at 10:57 AM, 12:05 PM, and 03:05 PM, observations revealed Resident #42's urinary catheter bag was visible to the hallway. The catheter bag was on the right-hand side of the bed facing the entrance room door without a privacy bag. Urine was noted in urinary catheter bag.

On 04/05/22 at 8:50 AM, and again at 3:50 PM, observations revealed Resident #42's urinary catheter bag on the right side of the bed facing the entrance room door without a privacy bag and visible to the hallway.

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M 500	Continued From page 10 During an observation on 04/06/22 at 09:33 AM , Resident #42's urinary catheter bag was on the right side of the bed without a privacy bag and facing the entrance room door. The catheter was visible from the hallway. During an observation and interview, on 04/06/22 at 1:00 PM, with the Director of Nurses (DON), she confirmed the resident had a privacy bag on the back of his wheelchair, but he should have a privacy bag for his bed, and his catheter bag should not be visible to the hallway. A record review of Resident #42's Admission Record revealed the resident was admitted to the facility on 02/16/2022 with diagnoses of Neuromuscular Dysfunction of the Bladder and Fracture of Left Femur. Record review of the MDS with an ARD of 02/22/2022, revealed Resident #42 had a BIMS score of 15, which indicated the resident was cognitively intact.	M 500		
M 610	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.	M 610		5/31/22

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M 610	Continued From page 11 This Statute is not met as evidenced by: Level II Based on observation, staff and resident interviews, facility policy review and record review, the facility failed to provide personal hygiene as evidenced by long and jagged nails and flecks of white material in resident's hair for 2 of 24 residents observed. Residents #42 and Resident #19. Findings include: A record review of the facility policy "Fingernails/Toenails, Care of", undated, revealed, "Policy The purposes of this policy is to clean the nail bed, to keep nails trimmed, and to prevent infections ...Procedure ...6. Nail care includes daily cleaning and regular trimming ... 8. Trimmed and smooth nails prevent the resident from accidentally scratching and injuring his or her skin... " A record review of the facility policy titled "Shampooing Hair Policy", undated, revealed, Policy ... The purpose of this policy is to clean and maintain the resident's with healthy hair and scalp. Procedure 1. Use a comb to remove any tangles before washing the hair." Two observations on 04/04/22 at 10:44 AM and at 12:11 PM, of Resident #19 lying in his bed. His hair was matted with white fuzz in it. Nails are long and jagged approximately one -half (1/2) inch past the tip of the fingers on each hand. During an observation on 04/05/22 at 09:14 AM, Resident #19 was lying in bed, hair matted with white fuzz in it. Nails continue to be long and	M 610	Resident #19 and resident #42 fingernails were cut on 4/6/22. Resident #19 hair was cleaned and combed on 4/6/22. Nailcare be performed daily as needed and hair will be combed daily. All residents have the potential to be affected by this deficient practice. The Director of Nursing inserviced all certified nursing assistants and nurses beginning on 4/6/22 and completed on 4/28/22 on Activities of Daily Living". The Director of Nursing or registered nurse supervisor, will conduct three (3) observations of resident activities of daily living per week x six (6) weeks beginning 5/2/22 to ensure activities of daily living care is provided to residents. Observation reports will be reviewed by the Quality Assurance Committee monthly x three (3) months beginning 5/12/22 to assure substantial compliance has been achieved as determined by the committee.	

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jagged approximately 1/2 inch past the tip of the fingers on each hand.

An observation on 04/06/22 at 11:12 AM, revealed Resident #19 lying in bed. His hair was matted with white fuzz. Fingernails were long and jagged approximately 1/2 inch long past the tips of fingers on both hands.

An interview and observation on 04/06/22 at 12:50 PM, with Certified Nurse Assistant (CNA) #1 confirmed the resident's nails are long and jagged and need to be trimmed and smoothed out. CNA
#1 confirmed the jagged edges of the nails could cut us or the resident could cut himself. CNA #1 also confirmed that the resident has white fuzz in his hair. She stated she is not sure where it comes from but it is always like that. She stated, "the resident's hair could be picked out."

An interview and observation on 04/06/22 at 01:05 PM, the Director of Nurses (DON) removed a piece of white material from the resident's hair and stated that it looks like fuzz. The DON confirmed this should not be in his hair. She also confirmed the resident's nails are long and need to be trimmed. She stated that he could scratch and hurt himself with the jagged nails and she would make sure they get trimmed.

A record review of the Admission Record for Resident #19 revealed he was admitted to the facility on 10/26/20 with diagnoses of Huntington's Disease, Anxiety, Convulsions, and a Personal History of Traumatic Brain Injury.

Record review of Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/25/2022 revealed Resident #19 with a Brief

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25BN	A. BUILDING: _____ B. WING _____	C 04/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MADISON HEALTH AND REHAB	111 KELLY BLVD MADISON, MS 39110

(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 610	Continued From page 13 Interview for Mental Status (BIMS) score of 03, which indicated resident has a severe cognitive impairment, requires extensive assistance of one person with personal hygiene. and total assistance of one person with bathing. Resident #42 An observation on 04/04/22 at 10:20 AM and at 3:10 PM, revealed Resident #42's fingernails long and approximately 1/2 inches past the tips of fingers on both hands. An observation on 04/05/22 at 08:50 AM, revealed Resident #42's fingernails untrimmed. An observation and interview on 04/05/22 at 03:50 PM, revealed Resident #42's fingernails untrimmed. The Resident stated that he doesn't know the last time his fingernails were trimmed. Observations on 04/06/22 at 09:15 AM and again at 12:50 PM, revealed the resident's fingernails continued to be untrimmed and approximately 1/2 inch past the tips of fingers on both hands. An observation and interview on 04/06/22 at 12:50 PM, with Certified Nurse Assistant (CNA) #1 confirmed the nails are long and needed to be trimmed and smoothed out. Resident #42 stated that he would like his fingernails cut. An observation and interview, on 04/06/22 at 01:00 PM, with the Director of Nurses (DON) confirmed his nails were long and need to be trimmed. The DON stated, "I will make sure this gets done. " A record review of Resident #42's Admission Record revealed the resident was admitted to the	M 610		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25BN	A. BUILDING: _____ B. WING _____	C 04/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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 610	Continued From page 14 facility on 02/16/2022, with diagnoses of Neuromuscular Dysfunction of the Bladder, Chronic Gout, and Fracture of Left Femur. A record review of Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/22/2022, revealed Resident #42 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact and requires extensive assistance of one person with personal hygiene.	M 610		