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
	66SR	A. BUILDING: _____ B. WING _____	02/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONE COUNTY NURSING AND REHABILITAT	1436 EAST CENTRAL AVENUE 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 recertification survey from 02/12/2019 to 02/14/2019. During the survey the SA determined the facility was not in compliance with the Minimum Standards for the Aged and Infirm. The SA cited the state statute at M500. At the time of survey, the census was 45, and the facility held a license for 59 beds.	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	M 500		3/8/19

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M 500	Continued From page 1 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, 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	M 500		

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M 500	Continued From page 2 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; 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	M 500		

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M 500	Continued From page 3 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: Level II Based on observation, record review, facility policy review, and staff interview, the facility failed to ensure a resident's right to privacy for one (1) of five (5) residents observed for medication administration; Resident #25; and for 1 of six (6)	M 500	M 0500 1.Resident #25 was interviewed and evaluated by the Social Worker(SW)for any negative psychosocial effects as related to privacy being maintained during residents medication administration. No	

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M 500	Continued From page 4 residents observed with a catheter; Resident #152. Findings Include: A review of the facility policy titled, "Resident Rights", dated July 2017, revealed employees shall treat all residents with kindness, respect, and dignity. The facility's policy further revealed, federal and state laws guarantee certain basic rights to all residents of this facility, and these rights included the resident's right to privacy and confidentiality. Resident #25 A record review of the Resident #25's "Physician Orders", dated February 2019, revealed an order dated 1/11/2019 for Lidoderm Five (5) percent (%) patch to be applied to the lower back daily. An observation of medication administration by Licensed Practical Nurse (LPN) #2, on 02/13/2019 at 9:30 AM, revealed LPN #2 failed to close the door and/or close the privacy curtain when applying a topical patch to Resident # 25's lower back, which allowed the resident's buttocks to be seen from the doorway. Resident #25's roommate was also present in the room at this time. An interview with LPN #2, on 02/13/2019 at 9:40 AM, confirmed Resident #25's door was left open and the privacy curtain was not pulled, when she applied the patch to Resident #25's lower back. LPN #2 stated, she usually does both, but was nervous and forgot to close the door and pull the privacy curtain. An interview with the Assistant Director of Nursing	M 500	negative effects observed or reported by resident #25. Resident #152 had his drainage container changed and the new container was placed in a dignity bag. Resident is non-interview able. Observation did not reveal any psychosocial issues. 2.All residents requiring medication administration of a topical patch and all residents with a catheter have the potential to be effected by the deficient practice. LPN (Licensed Practical Nurse) #2, who placed the patch on resident #25, was in-serviced on 2.13.19 on Resident Rights and providing privacy during medication administration by the Director of Nursing (DON). Each resident with a Foley Catheter (FC) drainage container was observed, on 2.12.19, for placement of their container in a privacy bag; 8 of 8 residents with FC's were noted to have their containers in a privacy bag. RN (Registered Nurse) #1 was in-serviced on 2.13.19 by the DON on ensuring proper placement and covers for a catheter drainage bag. 3. An in-service was conducted for all staff on the residents rights to personal privacy and confidentiality on 2/25, 2/27 and 2/28,2019, by the DON. 97 employees have been in-serviced with 22 remaining to complete prior to returning to work. The DON, ADON (Assistant Director of Nursing) or RCM (Resident Care Manager) will conduct random weekly audits, beginning 2/18/2019, for six (6) weeks, on five (5)	

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M 500	Continued From page 5 (ADON), on 02/13/2019 at 4:00 PM, revealed, she stated, LPN #2 should have closed the door and pulled the privacy curtain when she applied the topical patch to Resident #25's lower back. The ADON stated, Resident #25 should never be exposed, and privacy should always be maintained. During an interview, on 02/14/19 at 3:05 PM, with the Director of Nursing (DON), she confirmed LPN #2 should have closed the door and pulled the privacy curtain, when she applied the topical patch to Resident #25's lower back. The DON stated, "That's our policy." A review of the Face Sheet revealed, Resident #25 was admitted by the facility on 01/10/2019, with diagnoses which included Pleural Effusion and Pain. Resident #152 An observation, during the initial tour of the facility, on 02/12/2019 at 11:00 AM, revealed Resident #152's catheter drainage container had no dignity bag, and was sitting on the floor. During a subsequent observation, on 02/12/2019 at 11:20 AM, Resident #152's catheter drainage container was still lying on the floor, without a dignity bag present. A record review for Resident #152 revealed, "Physician Orders", dated February 2019, with an order dated 2/11/2019, for a Foley catheter. During an interview, on 02/12/2019 at 11:28 AM, with Registered Nurse (RN) #1/ Resident Care Coordinator, she confirmed Resident #152's catheter drainage container was sitting on the	M 500	residents receiving topical medication patches or with an indwelling catheter to ensure resident privacy is being maintained. 4.The results of the Privacy and Confidentiality audit will be brought to the QA (Quality Assurance)Committee by the DON and corrective action will be monitored and evaluated by the committee. The QA Committee will meet quarterly, and more often as necessary. If any revision to the plan of correction is needed, the revision will be developed and approved by the QA Committee to ensure the plan of correction is achieved and sustained. The QA Committee includes, but is not limited to the Medical Director, Administrator, DON, Infection Control and Prevention Officer and at least two (2) other members of the facility staff.	

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M 500	Continued From page 6 floor, the two times she had entered the room. RN #1 stated, she entered Resident # 152's room at 11:05 AM to complete a body audit. RN#1 further revealed, she re-entered Resident # 152's room at 11:20 AM, to change the catheter drainage container out for a catheter drainage bag, and put a dignity bag in place. RN #1 stated, the catheter drainage bags should be in a dignity bags. A review of the Face Sheet, revealed Resident #152 was admitted by the facility on 1/29/2019, and re-admitted on 2/11/2019, with diagnoses which included Chronic Kidney Disease and Retention of Urine.	M 500		