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
	25MA	A. BUILDING: _____ B. WING _____	09/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANHATTAN NURSING AND REHABILITATION CENTI	4540 MANHATTAN RD JACKSON, MS 39206

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey along with a complaint investigation (CI) MS# 19524 at the facility from 9/19/22 to 9/22/22. The SA did not substantiate the CI MS# 19524 for Poor Quality of Care related to positioning and leaving residents wet or Resident Rights related to visitation, with no deficiencies cited. During the survey, the SA determined that the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged and Infirm with deficiencies cited at M500, M815 and M950.	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	M 500		10/29/22

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M 500	Continued From page 1	M 500		

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, free from restraint, interference, coercion, discrimination, or reprisal;

6. may manage his personal financial affairs, or is

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M 500	Continued From page 2	M 500		

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;

12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the

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M 500	Continued From page 3 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: Based on facility policy review and resident and staff interviews, the facility failed to ensure that residents received their mail promptly, within 24 hours of delivery. This had the potential to affect	M 500	1. Personal mail was delivered beginning 09/24/22 for Residents who received mail. Resident funds were made available for Residents to access beginning the	

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M 500	Continued From page 4 131 of 131 residents residing at the facility. Based on interview, record review, and facility policy review, the facility also failed to ensure that residents have reasonable and ready access to their funds, as funds are not available on weekends. This deficient practice has the potential to affect 95 of 95 residents with funds held by the facility. Findings include: Review of the facility's "Resident Bill of Rights", dated 11/17, revealed, "Each resident has a right to a dignified existence, self -determination, and communication with and access to persons and services inside and outside the Facility in a manner and in an environment that promotes maintenance or enhancement of (his or her) quality of life, regardless of diagnosis, severity of condition or payment source and to exercise those rights as a citizen of the United States without interference, coercion, including those rights specified herein... 22. Manage his or her financial affairs. The resident must authorize the facility in writing to manage any personal funds and the facility must ensure the resident has reasonable and ready access to those funds ...27. To send and receive mail promptly and unopened ...". During an interview on 09/20/22 at 2:00 PM, during a Resident Council meeting, the residents complained that they do not receive their mail on weekends because the Activities Director is off on weekends. The 17 residents present at the meeting also complained of not being able to get their funds on the weekends. The residents admitted that they have not requested money on the weekend because there is no one available that has access to the money. They said that if	M 500	weekend of 09/24/22. An emergency Resident council was held on 09/28/22 to ensure that Residents were aware that personal mail will be delivered and personal money will be available on weekends . A total of 16 Residents attended Resident council and voiced no complaints or had any ill effects from this deficient practice. 2. All Residents who receive personal mail and have personal funds within the facility have the potential to be affected. 3. All cognitive Residents were interviewed on 10/04/22 by the Social Services to ensure they were aware that personal mail would be delivered and personal funds would be available on weekends. An in-service was initiated on 09/23/22 by the Executive Director for Department Heads in regards to ensuring Residents who receive mail on the weekend is delivered and personal funds are available. 4. The Executive Director initiated weekly audits x 4 weeks beginning 09/26/22 of the weekend mangers' report to ensure that personal mail was delivered and personal funds were available for Residents on the weekend. Any concerns will be immediately addressed. The Executive Director will forward the results of the audits to the monthly Quality Assurance Committee beginning 09/30/22. The Quality Assurance Committee will determine on 10/28/22 the frequency or discontinuation of audits based upon the results achieved.	

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M 500	Continued From page 5 they forget to ask for money by Friday afternoon, they just wait until Monday. During an interview on 09/21/22 at 09:30 AM, with the Activities Director, she confirmed the mail that is delivered to the facility on Saturdays is not delivered to the residents until Monday morning when she returns to work. She said there was "no weekend staff to deliver the mail." During an interview on 09/22/22 at 08:27 AM, the Business Office Manager (BOM) confirmed that resident funds have not been available to residents on Saturday and Sunday. During an interview on 09/22/22 at 01:44 PM, with the Administrator, she confirmed the residents were not receiving their mail on Saturdays. The Administrator said she thought the Manager on duty was passing out the mail on weekends, but she was advised today that the mail was being held until Mondays when the Activities Director returned to work. The Administrator said the Manager on duty will be designated to deliver the mail to residents on weekends. In an interview on 09/22/22 at 01:48 PM, the Interim Administrator also confirmed that resident funds were unavailable on Saturday and Sunday because the Business Office Manager is off.	M 500		
M 815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations.	M 815		10/29/22

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M 815	Continued From page 6 This Statute is not met as evidenced by: Level II Based on observations, staff interviews, and facility policy review, the facility failed to appropriately label opened items in the freezer and walk-in refrigerator and properly store perishable items to maintain food quality and prevent contamination, for one (1) of three (3) dietary observations. This has a potential to affect all residents receiving meals prepared by the facility's dietary department. Finding include: The facility's "Labeling and Dating Foods Policy" (undated) states, "All foods stored will be properly labeled according to the following guidelines ... Once opened, all ready to eat, potentially hazardous food will be re-dated with a use by date according to current safe food storage guidelines or by the manufacturer's expiration date... Once a package is opened, it will be re-dated with the date the item will be use by according to current safe food storage guidelines or by the manufacturer's expiration date ...". The facility's "Food storage (Dry, refrigerated, and Frozen) Policy" (undated) states, "Food shall be stored on shelves in a clean, dry area, free from contaminants. Food shall be stored at appropriate temperatures and using appropriate methods to ensure the highest level of food safety... General storage guidelines to be followed: ... Label food item held for longer than 24 hours. The label should include the name of the food if not in original packaging, the date by which it should be sold, consumed, or discarded ...". On 09/19/22 at 11:01 AM, the State Agency (SA)	M 815	1. On 09/19/22 the Dietary Manager immediately discarded open items that were not dated in the freezer and walk-in refrigerator and discarded perishable items to maintain food quality and prevent contamination. No Residents were affected by this deficient practice. 2. All Residents who receive meals from the dietary department have the potential to be affected. 3. An in-service was initiated on 09/20/22 by the Dietary Manager for the dietary staff on ensuring that open items are labeled appropriately and discarded to maintain food quality and prevent contamination. 4. The Dietary Manager initiated audits beginning 09/26/22 3 x week x 4 weeks to ensure appropriate labeling of opened items and food quality and contamination is maintained for perishable items. Any concerns will be immediately addressed. The Dietary Manager will forward the results of the audits to the monthly Quality Assurance Committee beginning 09/30/22. The Quality Assurance Committee will determine on 10/28/22 the frequency or discontinuation of audits based upon the results achieved.	

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M 815	Continued From page 7 conducted an initial tour of the dietary department with the Dietary Manager (DM) and the facility Dietitian and observed the following: 1. In the Dry Storage room, there was a 22.68 kilogram(kg) size bag of yellow cornmeal partially open without a use by date, a five (5) lb. bag of Pasta Labelle noodles open and wrapped in plastic wrap without a use by date, and a ten 10 oz. bag of Lays Classic Potato Chips opened and wrapped in plastic wrap without being secured and without a use by date. 2. In the Dry Storage room, there was also a box of bananas covered with gnats. 3. In the freezer and walk-in refrigerator there was a box of biscuits opened and exposed to air, five (5) heads of iceberg lettuce exposed to air and turning brown in a torn, unsealed bag, and chopped green peppers that were leaking and wrapped in plastic. On 09/19/22 at 11:26 AM, the SA in an interview with the DM, she stated that everything is supposed to be labeled within three (3) days of opening foods. She stated that if the residents consumed expired foods, they could get sick and possibly contract salmonella. On 09/23/22 at 01:38 PM, the SA conducted a post-exit interview the Interim Administrator, who stated she expects the kitchen to label and properly store all items daily. She stated that if a resident consumes expired foods, they could get sick.	M 815		