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
	25CC	A. BUILDING: _____ B. WING _____	10/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLINTON HEALTHCARE LLC - SNF	1251 PINEHAVEN ROAD CLINTON, MS 39056

(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 an Annual survey at the facility on 10/03/22 through 10/06/22. During the survey the SA determined the facility was not in compliance with Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm and cited M500. The facility held a license for 121 beds and had a census of 103 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; 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		11/8/22

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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	M 500		

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

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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 interviews, record reviews, and facility policy review, the facility failed to resolve repeated dietary concerns reported during three (3) of the six (6) Resident Council meeting minutes reviewed.	M 500	M500 1. On 10/04/22, Facility Dietary Manager (DM), reviewed Resident Council Concerns from September 21 Resident council meeting with Residents, at that time residents stated their concerns were	

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M 500	Continued From page 4 Findings include: Review of the facility's policy, "Resident and Family Grievances/Complaints" (undated) revealed, "It is the policy of this facility to support each resident's and family member's right to voice grievances, without discrimination, reprisal or fear of discrimination or reprisal ... "Prompt efforts to resolve", include facility acknowledgment of a complaint/grievance and actively working toward resolution of that complaint/grievance ... 1. Social Director has been designated as the Grievance Official and can be reached at Social Services office. 2. The Social Worker is responsible for overseeing the grievance process: receiving and tracking grievances through to their conclusion; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances: issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations ... 8. Grievances may be voiced in the following forums: a. Verbal complaint to a staff member or Social Worker. b. Written complaint to a staff member or Social Worker. c. Written complaint to an outside party. d. Verbal complaint during resident or family council meetings ... 10 ...d. The Social Worker will take steps to resolve the grievance, and record information about the grievance, and those actions, on the grievance form. i. Steps to resolve the grievance my involve forwarding the grievance to the appropriate department manager for follow up. ii. All staff involved in the grievance investigation or resolution should make prompt efforts to resolve the grievance and return the grievance form to the Grievance Official. "Prompt efforts" include	M 500	resolved, as indicated by their signature on the resolution. On 10/24/22, sample plates were evaluated by the Dietary Manager for appropriate size and design to fit present system, and weight to fit plate warmer. On 10/26/22 plates were ordered by Dietary Manager for plate warming system. Tenatative delivery date by 10/31/22. 2. All resident council participants have the potential to be affected. On 10/10/22, the facility Administrator requested permission from the Council to attend and participate in the council meeting on 10/20/22, the residents granted the Administrator, Director of Nursing (DON) and Social Service Director (SSD), request to attend. 3. On 10/20/22, During the Resident council Meeting, the Residents were re-educated on the grievance process, how to report concerns, and to report any unresolved concerns to the Administrator or Social Service Director. The Administrator conducted the Resident Council meeting as an Education to Activities Director (AD) on how to document, report, handle and follow-up to ensure grievance are reported, handled and are resolved to the residents satisfaction. The Activity Director or Activity Assistant will complete grievance/concern form with Resident Council identified as the person filing the grievance, for concerns Identified during resident council, or if only one individual with the concern Activity Director or Activity Assistant may complete	

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M 500	Continued From page 5 acknowledgement of complaint/grievances and actively working toward a resolution of that complaint/grievance ... 12. The facility will make prompt efforts to resolve efforts to resolve grievances." Reviews of the facility's policy, titled "Resident Rights," dated 1/24/22 revealed, "The center through its Administrator, is responsible for establishing written policies that will safeguard the rights and responsibilities of medical assistance residents. The staff of the center is trained and involved in the implementation of these policies and procedures. The Administrator is responsible of adherence of the policies and procedures and for making them known to residents, families, and sponsor. Resident rights, policies, and procedures shall insure that each resident admitted to the center ... 5 ....may voice grievance and recommend changes in policies and service to center staff and/or outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal ...". During a Resident Council meeting on 10/4/22 at 10:00 AM, the Resident Council members told the State Agency (SA) that they have complained for several months about the food being salty, cold, and bland, but nothing has been done to make things better. The Council reported that in September, the Dietary Manager was asked to attend their meeting to discuss the food issues. The members revealed that they were told their complaints would be given to the Dietary, Director of Nursing (DON), Administrator, and Social Worker. Resident #76 commented that the Dietary Manager told him one day in the hallway that she wanted to lose weight and look like him. Resident #76 said he told her that if you want to	M 500	grievance as an individual concern on the form and give them to the Social Service Director within 24 hours. The Social Service Director will meet with the appropriate department to determine a resolution. Social Service Director or Activity Director will discuss in resident council any unresolved grievances from previous meeting, and will report them to the Administrator and Department manager within 24 hours. The resolution will be discussed with resident and resident will sign when resolution is satisfactified as met. On 10/10/22 through 10/20/22 facility staff in-service conducted by Staff Development Nurse and Infection Control Nurse on Residents Rights and Reporting, documenting and handling resident grievances. 4. Social Service Director and/or Administrator will monitor through resident interviews, at least three (3) interviews weekly x three (3) weeks, then monthly through resident council, beginning 10/20/22. Social Service Director or administrator will report findings to Quality Assurance Performance Improvement committee on 11/8/22 and Monthly x (3) three months, for review, revisions, or resolution to the plan.	

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lose weight, maybe you should eat the food in this facility. "It will make you lose weight, because its cold and taste awful." The residents in Resident Council said some of their families bring them food and other stated that they eat snacks. The Council members reported that, as of this date, nothing has been done to address their complaints.

Review of Resident Council minutes dated 7/21/22, 8/18/22, 9/21/2022 revealed Resident #97 complains about food being cold and salty.

In an interview on 10/4/22 at 1:00 PM, with the Activity Director, she confirmed the residents have complained about the food being salty and cold. The Activity Director explained that she gave a copy of the Resident Council minutes to the Administrator, DON, Dietary, Maintenance and the Social Worker. The Activity Director said it is up to the Department Heads to resolve the grievances.

During an interview on 10/4/22 at 2:00 PM, with the Dietary Manager, it was confirmed the residents have complained of cold food for six months. The Dietary Manager said the previous Administrator ordered an electric plug for the plate warmer to keep the food warm, but the plates don't fit the food warmer. The Dietary Manager said she had been waiting on approval from corporate for the purchase of new plates but had failed to follow up with the new Administrator regarding the status of the approval.

In an interview with the Administrator on 10/06/22 at 03:04 PM, she said she called the previous Administrator after the Dietary Manager told her the residents complained the food was cold. The Administrator said the previous Administrator said

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M 500	Continued From page 7 a Performance Improvement Project (PIP) was done before he left regarding cold food but stated she could not find the PIP. The previous Administrator told her that he ordered the plate warmer and had an electrician to come in. The kitchen was rewired to adjust to the plate warmer. The previous Administrator told her the plates that the facility has is too small and the tops don't stay down on the plates and new plates should have been ordered. The Administrator confirmed that the new plates were not ordered because everything got lost during the change in administration. The Administrator confirmed that she was going to get the plates to keep the resident food warm. During an interview with the previous Administrator on 10/6/22 at 3:30 PM, he confirmed the residents complained the food was cold six months ago when he was at that facility and a PIP had been done. He also confirmed that the electrical work had been done to accommodate the plate warmer, but the plates used at that time were too small. The Previous Administrator confirmed he did not order the plates prior to leaving the facility, "so the plate order fell through the cracks."	M 500		