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
	18CP	A. BUILDING: _____ B. WING _____	C 11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF PETAL	908 S GEORGE STREET PETAL, MS 39465

(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) completed a complaint investigation, CI MS #19596, at the facility from 11/15/22 through 11/16/22. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement. Although there was no deficient practice related to verbal abuse, the SA determined there was deficient practice related to resident rights and cited M500. The facility had a license for 60 beds, with a census of 56.	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	M 500		12/16/22

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M 500	Continued From page 1 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 and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;	M 500		

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M 500	Continued From page 2 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 purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other	M 500		

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M 500	Continued From page 3 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. This Statute is not met as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to ensure that a resident was treated with dignity and respect for	M 500	1. On September 9, 2022 residents 1 and 2 were assessed by the Director Of Nursing and were found to have no	

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M 500	Continued From page 4 one (1) of three (3) sampled residents. Resident #1. Findings include: Record review of the facility's policy, "Promoting Maintaining Resident Dignity - Resident Rights", dated 10/2/2022, revealed, "Policy: It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity ...Compliance Guidelines ...10. Speak respectfully to residents ...." Record review of the facility's "Investigation" revealed that on 10/9/22 at approximately 11:30 AM, Certified Nursing Aide (CNA) #1 was assisting with feeding Resident #2, when Resident #1 walked over to the air conditioner and watching CNA #1's interaction with the roommate (Resident #2). CNA #1 asked Resident #2, "You don't want your food?" CNA #1 then attempted to give Resident #2 her container of Ensure and the resident turned her head. CNA #1 then repeated the same question (to Resident #2), "You don't want your food?" Resident #1 then told CNA #1 that she "can't tell her (Resident #2) not to eat, that is why she is not eating". CNA #1 responded to Resident #1, explaining that she was not making a statement, but she was asking a question. CNA #1 asked Resident #1 to go back to her side of the room so she may assist with feeding Resident #2. Resident #1 became agitated and stated that CNA #1 cannot tell her where to go. Resident #1 admitted refusing to leave the area and pointing her finger at CNA #1's face. CNA #1 used profanity directed at the resident (Resident #1) and immediately left the room and went to the Director of Nursing (DON). Resident #1 followed CNA #1. CNA #1 was very agitated when entering the DON's office. CNA #1	M 500	negative mental or physical effects from the incident. On September 9, 2022 the CNA was dismissed from the facility and terminated. 2. All of the residents in the facility have the potential to be affected. 3. Staff Development conducted facility wide in-services on September 29, 2022, September 30, 2022 and December 1, 2022 to educate all staff and ensure that all staff members have an accurate understanding of the residents' rights according to our handbook/policy. This was focused on each resident's right to respect and dignity. The education also included ways to avoid conflict and resolve confrontation in an appropriate manner. It was communicated to all staff that there will be zero tolerance to any staff member not upholding the standards of our company with regards to the rights of our residents. Education and discussion takes place throughout the year at resident council meetings, led by our Activities Director, ensuring all residents understand their rights. A paper copy of Resident Rights is received by each resident/resident representative upon admission and again annually thereafter. To ensure there are no current risks of violating these rights, interviews were held with several of our residents by social services on 11/29/22. The evaluation consisted of an interviewon 11/29/22 with 50% of our current residents with a BIMS(Brief Interview for Mental Status) score of 12 or higher. The interview	

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M 500	Continued From page 5 stated to the DON that she needs to get the resident away from her, while using more profanity. The DON then told CNA #1 to stay in her office and immediately walked Resident #1 back to her room. Once the resident was interviewed and found to be safe, the DON sent CNA #1 to the Administrator's office where she explained the situation and was requested to give a written statement. CNA #1 was very upset, crying, and apologizing throughout the statement. After recording her information, CNA #1 was immediately sent home pending investigation. An investigation was started, and the event was reported to the appropriate agencies. After conducting interviews with the DON, CNA #1, and Resident #1, Social Services and the DON conducted a separate interview with Resident #1 to determine if there was a negative psycho-social impact on the resident from the incident. During this process social services stated that Resident #1 found the incident comical, laughing throughout conversation. All the statements collected matched each other with a consistent picture being painted. It was found that this was an isolated scenario of the misconduct of an employee that had no negative impact on the resident. It was determined that the situation did not rise to the level of abuse. However, CNA #1 was terminated from the facility and all staff was educated on zero tolerance of profanity in the workplace. Record review of the "Admission Record" revealed the facility admitted Resident #1 on 4/26/22 with a diagnosis of Hemiplegia and Hemiparesis following Cerebral Infarction. Record review of the Quarterly "Minimum Data Set" (MDS) with an Assessment Reference Date (ARD) of 10/27/22, revealed Resident #1 had a	M 500	questions were as stated: "Do you feel as if Bedford Care Center of Petal employees treat you with dignity and respect?". If the resident were to answer "no" it was followed by a second question: "Please elaborate a little further". The final question was: "Is there anything that stands out that we can do to improve on this?". After gathering all interviews it was found that there were no violations of respect or dignity with any of the twelve residents. 4. To monitor our facility and ensure this situation is not repeated, we will interview two cognitively intact residents per hall weekly for the next six weeks starting on 11/29/22. Cognitively intact defined as having a Brief Interview for Mental Status score of 12 or higher. This will consist of two cognitively intact residents from 300 hall and two from 100/200 hall. These interviews will ensure our residents are being treated with dignity and respect. The information gathered will be recorded onto a spreadsheet. The results of the monitoring will be taken to Quality Assurance and Quality Assurance and Performance Improvement meetings with all department head on December 16, 2022 and will be followed up monthly for the next three months. There was also a Quality Assurance/Quality Assurance and Performance Improvement meeting held 12/2/22 with all department heads and the Medical Director to better communicate and plan for future prevention of this issue. Consistent and frequent education with staff and residents was agreed to be our resolution.	

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M 500	Continued From page 6 Brief Interview for Mental Status (BIMS) score of 15, which indicated she is cognitively intact. On 11/15/22 at 10:40 AM, during an interview with the Administrator, he confirmed that the information as written in the "Investigation" was obtained through interviews. He explained that the facility determined that CNA #1 admitted to using foul language toward Resident #1. The facility has a policy of no foul language used in the workplace, and CNA #1 was terminated for that behavior. Following the incident, the facility monitored Resident #1 for emotional distress, in which she stated she had none and demonstrated none. On 11/16/22 at 10:00 AM, during an interview with Resident #1, she stated that she remembered the incident in which CNA #1 used profanity to her, but she had no issues or felt unsafe following the incident. On 11/16/22 at 11:00 AM, during an interview with the DON, she confirmed that the facility reported the incident to the SA when CNA #1 used foul language to a resident. It was determined that CNA #1 acted against the policy with profanity and was terminated immediately. The DON revealed that the facility's expectation is that the staff are not allowed to speak with profanity toward residents.	M 500		