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
	45CM	A. BUILDING: _____ B. WING _____	C 01/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON CO NH	1421-A EAST PEACE STREET CANTON, MS 39046

(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 re-certification along with a complaint investigation (CI) MS# 20440 from 1/23/23 to 1/26/23. The SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm related to CI MS #20440 and cited M500. The SA also cited at M 190 Restraints. Census at the time of the survey was 92 and the facility was licensed for 95 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	M 500		2/21/23

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M 500	Continued From page 1 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 given at least a quarterly accounting of financial	M 500		

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M 500	Continued From page 2	M 500		

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 facility to work for improvements in resident care,

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M 500	Continued From page 3 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: Level II Based on observation, staff interview, record review and facility policy review the facility failed to prevent the misappropriation of medication for one (1) of eighteen residents sampled. Resident	M 500	A. Resident #79 was in the hospital at the time of the medication incident. The medication was replaced at facility expense. The resident was never without the medication. Licensed Practical Nurse	

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M 500	Continued From page 4 #79 Findings include: Record review of facility policy titled, "Abuse, Neglect, Exploitation and Misappropriation Prevention Program", undated, revealed, "Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse, any physical or chemical restraint not required to treat the resident's symptoms". The policy also revealed, "The resident abuse, neglect and exploitation prevention program consists of a facility-wide commitment and resource allocation to support the following objectives: ....1. Protect residents from abuse, neglect, exploitation or misappropriation of property by anyone including, but not necessarily limited to: a. facility staff ...e. staff from other agencies. 2. Develop and implement policies and protocols to prevent and identify: a. abuse or mistreatment of residents; b. neglect of residents; and/or c. theft, exploitation or misappropriation of resident property." An interview with the Director of Nursing (DON) on 1/24/23 at 3:00 PM, revealed a drug diversion occurred at the facility on 12/31/22, and through their investigation, it was determined that an agency nurse, Licensed Practical Nurse (LPN) #6, was the one that diverted the drugs. She stated LPN #6 signed out a narcotic card on the narcotic card count log and decreased the number by one on the card log, but did not put the resident information on the card. This made the numbers of narcotic cards and sheets on the medicine cart match the number on the card log, and it was not detected until the next day on	M 500	#6 was banned from the facility by the Director of Nursing on 01/02/23 and the Director of Nursing notified the MS State Department of Health, MS State Attorney General's Office, MS State Board of Pharmacy, MS State Board of Nurses and the Canton Police Department. B. All residents had the potential to be affected by the deficient practice. C. A narcotic card count was completed for all residents with no adverse findings on 01/05/23 by the Director of Nursing and Quality Assurance Nurse. The pharmacy consultant inserviced all active nurses on the proper handling of narcotics on 01/11/23. The agency orientation checklist was updated on 01/12/23 by the Director of Nursing to include controlled substance storage policy and procedure. D. The Director of Nursing/Quality Assurance Nurse will check the narcotic card count on all carts weekly beginning 01/30/23 for no less than three months to ensure compliance is achieved. Any findings will be reported beginning 02/21/23 for at least three months to the Quality Assurance Committee for resolution.	

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M 500	Continued From page 5 1/1/23, when Registered Nurse (RN) #2 noticed that the card count log was not filled out properly or completely and she notified the DON. A phone interview with RN #2 on 1/26/23 at 9:50 AM, revealed she worked on Saturday 12/31/23 and counted at 7 AM with the nurse leaving and the card count was 30 at that time. She stated LPN #6 came into work approximately 8:30 AM, so she counted with her and handed the keys and cart to her for her shift and at that time the card count and paper log remained at 30. She stated on Sunday morning at 7 AM she came in to work and she counted with the nurse going home and the card count and the paper log were both 29. She stated she realized shortly after that the card count log count was correct, but it was not filled out completely with the resident's name and medication that was removed from the cart. She stated the only information present was the date of 12/31/22 and the count of 29 and the signature of LPN #6. Stated at that point they tried to locate the medication and sheet and she contacted the DON to inform her of this incident. She stated all medication carts were checked and the card of medication and sheet could not be located. An interview with the DON on 1/26/23 at 2:30 PM, revealed the drug diversion at the facility occurred and she confirmed the facility failed to prevent the misappropriation of a resident's medication. Record review of Resident #79's Face Sheet revealed she was admitted to the facility on 2/10/22, with diagnoses of Adjustment Disorder with Mixed Anxiety and Depressed Mood, Dementia, Major Depressive Disorder, Opioid Dependence with unspecified Opioid Induced Disorder.	M 500		

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M 500	Continued From page 6 Record review of Physician Orders revealed an order dated 11/22/22 for Hydrocodone-Acetaminophen 10-325 milligrams (mg), give one tablet by mouth three (3) times a day every eight (8) hours for pain. Record review of the Minimum Data Set with an Assessment Reference Date of 11/8/22 revealed a Brief Interview for Mental Status score of nine (9) which indicated moderate cognitive impairment.	M 500		