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
	12AC	A. BUILDING: _____ B. WING _____	02/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKESIDE HEALTH AND REHABILITATION CE	191 HIGHWAY 511 EAST QUITMAN, MS 39355

(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 2/17/2020 until 2/19/2020. During the survey the SA determined the facility was not in compliance with the Minimum Standards for The Institutions for The Aged and Infirm. The SA cited the state statute M 500. At the time of survey, the census was 109, and the facility held a license for 120 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	M 500		4/3/20

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M 500	Continued From page 1 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 transactions made on his behalf should the	M 500		

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M 500	Continued From page 2 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, and send and receive his personal mail	M 500		

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M 500	Continued From page 3 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 ensure Resident #68's right to be free from the use of a physical restraint as evidenced by failure	M 500	1. On 2/18/20, the lapbuddy was released and Resident #68 was toileted. There was no negative outcome noted to the resident. On 2/18/20, the assigned Licensed Practical Nurse(LPN)#1 and Certified Nurses Assistant(CNA)#1 was	

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M 500	Continued From page 4 to monitor and release her lap buddy every two (2) hours, for one (1) of three (3) residents reviewed for restraints. Findings Include: A review of the facility's "Physical Restraint Application" policy, dated November 2017, revealed the Purpose of this procedure is to provide safety or postural support of a resident to prevent injury to himself/herself or others. The Definition of a physical restraint is defined as any manual or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. The Key Procedural Points included: 7. Written policies and procedures governing the use of restraints specify which staff member may authorize the use of restraints and clearly delineate the following: a. Orders indicate the specific reason, type, and period of time for the use of the restraints. Restraints must be used only as a last resort. 8. Release for care and services as needed. During an observation, on 2/18/2020 at 8:55 AM, Resident #68 was sitting in the front lobby in her wheelchair with a lap buddy restraint secured across her lap. During a continuous observation, on 2/18/2020 from 9:10 AM until 11:40 AM, Resident #68 remained positioned in the wheelchair with the lap buddy in place for greater than two (2) hours with no staff interventions for toileting or releasing the lap buddy. During an interview, on 2/18/2020 at 3:43 PM,	M 500	in-serviced by the Director of Nursing on the removal of lapbuddy every 2 hours for assistance of daily living(ADL)care. On 2/19/20, visual checks every 30 minutes for placement of lapbuddy and removal of lapbuddy every 2 hours was added to the physician order and careplan of Resident #68. 2. On 2/20/20, all residents were reviewed for potential restraints by Careplan Nurse and Director of Nursing. Visual checks every 30 minutes for placement of restraint and removal of restraint every 2 hours was added to the physician order and careplan of one other resident. 3. On 2/24/20, the Administrator in-serviced all nursing staff on resident's rights which included resident's rights to be free of restraints. The in-service included who currently have restraints, the correct application/removal of restraints by Registered Nurse, Licensed Practical Nurse, or Certified Nurses Assistant, and our communication tools if any additional restraints are added. The in-service also included the visual checks of residents every 30 minutes and removal of restraints every 2 hours. 4. On 2/28/2020, the Director of Nursing will monitor for compliance of resident's rights with restraints by monitoring proper visual checks every 30 minutes and removal of restraints every 2 hours via an audit tool while observing all restrained resident's application and removal of physician ordered restraints and reviewing these resident's care plans each week. The results of the audit will be reviewed monthly by the Quality Assurance Committee for any systemic changes	

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M 500	Continued From page 5 Licensed Practical Nurse (LPN) #1 confirmed removing the lap buddy every two (2) hours was on Resident #68's Care Plan, but she had not removed the lap buddy at all that morning. During an interview, on 2/18/2020 at 2:24 PM, Registered Nurse (RN) #1/ Staff Development Nurse stated the nursing staff and the Certified Nursing Assistants (CNAs) are the ones that have the responsibility for removing Resident #68's lap buddy every two (2) hours. During an interview, on 2/18/2020 at 3:13 PM, with the Director of Nursing (DON), she confirmed it is the responsibility of the nurses and the CNAs to remove/release restraints. The DON stated both nurses and CNAs are trained on the use of restraints. The DON confirmed when Resident #68's restraint had not been removed by a staff member every two (2) hours, Resident #68's Care Plan and Medical Doctor (MD)'s orders had not been followed. A review of Resident #68's Care Plan revealed a Focus problem was initiated, on 1/9/2020, for the use of a lap buddy while up in the wheelchair for her safety related to falls. The Interventions included remove the lap buddy every two (2) hours and during meals. Nursing was the designated staff responsible for this intervention. A review of Resident #68's Order Summary Report revealed an order, dated 1/9/2020, for the application of a lap buddy to the resident's wheelchair while she was up in the wheelchair for safety related to (r/t) falls. Further review of the orders revealed an order, dated 1/10/2020, to remove the lap buddy every two hours and during meals	M 500	needed	

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M 500	Continued From page 6 Review of the Face Sheet revealed Resident #68 was admitted by the facility, on 11/3/2017, with the included diagnoses Alzheimer's Disease and Cerebral Infarction. Review of Resident #68's Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/1/2020, and Quarterly MDS with an ARD of 12/12/2019, revealed the resident's Basic Interview for Mental Status (BIMS) score was 99, which indicated the interview was not completed. The resident's Cognitive Skills For Daily Decision Making was coded a 3, which indicated the resident never or rarely made decisions. Further review of the MDS revealed Resident #68 was coded for the use of a trunk restraint device daily when up in chair or out of bed. The MDS also revealed Resident #68 required extensive assistance with transfers and bed mobility, was totally dependent on staff with one person physical assist with locomotion on and off the unit, extensive assistance with one person physical assist with dressing and eating, extensive assistance with two person physical assist with toileting, and was totally dependent on staff with one person physical assist with personal hygiene and bathing. The wheelchair was coded as the resident's mobility device. Resident #68 did not have Range of Motion (ROM) deficits of any of her extremities.	M 500		