STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255288	A. BUILDING _____ B. WING _____	02/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKESIDE HEALTH AND REHABILITATION CENTER	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) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey at the facility from 2/17/2020 until 2/19/2020. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements for participation. The SA cited the regulatory deficiencies F604 and F656. At the time of survey, the census was 109, and the facility held a license for 120 beds.	F 000		
F 604 SS=D	Right to be Free from Physical Restraints CFR(s): 483.10(e)(1), 483.12(a)(2) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2). §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that	F 604		4/3/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/10/2020

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F 604	Continued From page 1 are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review and facility policy review, the facility failed to ensure that Resident #68 was free from the use of a physical restraint as evidenced by failure 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.	F 604	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 Nursing Assistant(CNA)#1 was in-serviced by the Director of Nursing on the removal of lapbuddy every 2 hours for activities 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 residents who have restraints and the correct application/removal of restraints by Registered Nurse(RN), LPN, or CNA. The in-service also included the visual checks of residents every 30 minutes and removal of restraints every 2 hours. 4. Starting 2/28/20, the Director of Nursing will monitor for compliance of resident's	

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F 604	Continued From page 2 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, 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	F 604	right to be free of restraints with 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 needed.	

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F 604	Continued From page 3	F 604		

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.

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

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F 604	Continued From page 4 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.	F 604		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes.	F 656		4/3/20

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F 656	Continued From page 5 (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review and facility policy review, the facility failed to follow Resident #68's Care Plan for the use of a physical restraint regarding the releasing of the lap buddy every two hours, for one (1) of 23 care plans reviewed. Findings Include: A review of the facility's "Physical Restraint Application" policy, undated, revealed the Key Procedural Points included the interdisciplinary assessment team, in coordination with the resident and his/ her family or representative (sponsor), develops and maintains a comprehensive care plan for the resident. A review of Resident #68's "Care Plan" revealed a Focus problem was initiated, on 1/9/2020, related to the use of a lap buddy on the resident's wheelchair while the resident was up in the wheelchair for safety related to falls. Further review of the care plan revealed an Intervention to remove the lap buddy every two (2) hours and during meals. During an observation, on 2/18/2020 at 8:55 AM,	F 656	1. On 2/18/20, the Careplan nurse reviewed Resident #68 careplan for proper development and implementation of careplan to include visual checks every 30 minutes and removal of lapbuddy every 2 hours. 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 careplan of one other resident. 3. On 2/24/20, the Administrator in-serviced all nursing staff on following the plan of care on residents who have restraints and the correct application/removal of restraints by Registered Nurse, Licensed Practical Nurse, or Certified Nurses Assistant. The in-service also included the visual checks of residents every 30 minutes and removal of restraints every 2 hours. 4. Starting 2/28/20, the Director of Nursing will monitor for compliance of restraints with proper visual checks every 30 minutes and removal of restraints every 2	

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F 656	Continued From page 6 Resident #68 was observed sitting in the front lobby. Resident #68 was observed in a wheelchair with a lap buddy restraint secured across her lap. An observation, on 2/18/2020 from 9:10 AM until 11:40 AM, revealed Resident #68 remained positioned in the wheelchair with the lap buddy, for greater than two (2) hours and was not released or repositioned during this time by any staff. During an interview, on 2/18/2020 at 3:43 PM, Licensed Practical Nurse (LPN) #1 confirmed she had not removed Resident #68's lap buddy at all that morning. LPN #1 stated Resident #68's lap buddy/restraint was supposed to be removed every two (2) hours per the Care Plan and Physician's Orders. During an interview, on 2/18/2020 at 3:13 PM, the Director of Nursing (DON) confirmed Resident #68's Care Plan was not followed for releasing the restraint or toileting every two (2) hours. A review of Resident #68's Physician's Orders revealed the Medical Doctor (MD) had reviewed and approved the Plan of Care for Resident #68. 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,	F 656	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 needed.	

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F 656	Continued From page 7 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.	F 656		

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	255288	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**02/18/2020**

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K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/01/2020

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E 000	Initial Comments ********** Survey conducted on 02/18/20 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were cited.	E 000		

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