STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25WC	A. BUILDING: _____ B. WING _____	02/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	49 WILLOW CREEK LANE BYRAM, MS 39272

(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 recertification survey at the facility, from 02/21/23 through 02/23/23. 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 requirements and cited M500, M610, and M815.	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 participate in the planning of his medical	M 500		3/29/23

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M 500	Continued From page 1 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 responsibility to the facility for any period of time	M 500		

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M 500	Continued From page 2 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 documented by his physician or nurse	M 500		

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M 500	Continued From page 3 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 observations, interviews, and facility policy review, the facility failed to honor the resident's right to make choices, as evidenced by residents having to remain out of bed during mealtimes for two (2) of four (4) residents reviewed for choices. Resident #15 and #24	M 500	1. What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice? Resident #15 and Resident #24 were assessed by the Director of Nursing. No negative outcome from this alleged	

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M 500	Continued From page 4 Findings include: Review of the facility policy titled, "Residents Rights," with the date reviewed/revised of 4/18/18, revealed " ... 6. Self-determination. The resident has the right to, and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to: ... b. The resident has the right to make choices about aspects of his or her life in the facility that are significant to the resident." A record review of a signed letter provided by the Administrator, on the facility's letterhead, dated 2/23/23, revealed "There is no written policy that care is not to be given during mealtimes." During an interview on 2/21/23, at 11:03 AM, Resident #24, revealed she preferred to lay down at lunch time, as this is something she has done in the past. However, she revealed staff have told her that no one is allowed to go back to bed during lunch time, so she is required to stay up. An interview and observation on 2/21/23, at 12:40 PM, revealed Resident #15 was whimpering, noting that her back was hurting, that she was tired of sitting up, but could not get help to get in bed until all the lunch trays were picked up. Although the resident was observed to have completed her lunch, and her tray had been removed from her room, she revealed there was a rule that no one could ask to get back in bed during mealtime. An interview on 2/21/23, at 12:44 PM Certified Nurse Aide (CNA) #4, revealed she had been told no resident can get back in bed until all the trays for a meal are passed out, all residents that need	M 500	deficient practice was identified. Both Residents were assured that in the future a staff member would be to provide assistance to Residents during mealtime. 2. Steps taken to identify other residents having the potential to be affected by the same alleged practice. Residents in the facility as identified by the Minimum Data Set that require assistance being put in bed have the potential to be affected by the alleged deficient practice. 3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? On February 21, 2023 an in-service was completed by the Administrator and Director of Nursing for licensed nurses and certified nurse assistants that a staff member would be assigned daily during mealtime to provide assistance to residents and answer call lights. (need to provide documentation of which residents were informed of this) Beginning February 22, 2023, staff were assigned daily to provide assistance to Residents and answer call lights at mealtime. The assignment sheets are being reviewed to ensure compliance daily in morning Clinical Meeting. Daily review will continue for the first month. Any negative findings will be reported to the Quality Assurance Committee. Beginning March 6, 2023, Activities will interview five (5) residents, twice a week	

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	25WC	A. BUILDING: _____ B. WING _____	02/23/2023

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M 500	Continued From page 5 to be fed are fed, and all trays are picked up after the mealtime was over. She commented she did observe Resident #15 whimpering in pain and asking to get in bed, but the resident had to wait until the trays were picked up before she could go to bed. CNA #4 revealed she was not aware of a past request from Resident #24 to go to bed during a mealtime. During an interview on 2/21/23, at 12:48 PM with Licensed Practical Nurse (LPN)#2, and the Registered Nurse (RN)/Wound Care Nurse, they both revealed that residents are not to be put to bed during mealtimes. They reported that the meal trays must be passed out, the CNAs must feed the residents that require assistance with their meals, and the CNAs must then pick up all the trays prior to assisting residents to bed. LPN #2 added, she told CNA #4 that she would give Resident #15 something for pain to hold her over until she could be put back in bed. They noted they were unaware of past requests from Resident #24 to go to bed during mealtime. Both nurses revealed that they were not aware if this was facility policy or if is information that had been passed on to them by other staff in their training. An interview on 2/21/23, at 2:00 PM with the Director of Nursing (DON), revealed residents are aware, during mealtimes, the CNAs pass out meal trays, feed the residents that require assistance, and must pick up the meal trays before residents are placed back in bed. The DON also revealed she could not recall if this practice was based on facility policy. However, confirmed that residents have the right to choose when they want to go to bed, and that preferences were not being honored for Resident #15 and Resident #24.	M 500	for two (2) months and then five (5) residents weekly for three (3) months to ensure that assistance is being provided to residents during mealtime. These findings will be reported weekly to the Administrator in the morning Stand-Up Meeting so that any problems can be addressed immediately. 4. Monitoring the corrective actions (Quality Assurance Program) to ensure that the alleged deficient practice does not recur. The results of the monitoring, as described above, will be brought to the Quality Assurance committee for five (5) months beginning on March 24th.	

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WILLOW CREEK RETIREMENT CENTER	49 WILLOW CREEK LANE BYRAM, MS 39272

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M 500	Continued From page 6 An interview on 2/21/23, at 09:20 AM with the Administrator, revealed the CNAs are to complete the mealtimes, breakfast, lunch, and dinner, before assisting resident, to avoid cross contamination. She added that the nurses are available and should have assisted with putting Resident #15 back to bed. She noted Resident #15's and Resident #24's rights were not being honored, if they requested to be put in bed upon request. The Administrator revealed the facility did not have a policy preventing residents from going to bed during mealtimes. She stated this was a directive from lead staff. Record review of the "Face Sheet" for Resident #15, revealed the facility admitted the resident to the facility on 4/8/22. Current diagnoses include Hemiplegia and Dementia. Record review of Section C of the Quarterly Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 1/9/23, for Resident #15, revealed a Brief Interview for Mental Status score of 11, indicating the resident had moderate cognitive impairment. Record review of the" Face Sheet" for Resident #24, revealed the facility admitted the resident to the facility on 11/15/21. Current diagnoses include Type 2 Diabetes Mellitus and Acute Transverse Myelitis. Record review of Section C of the Annual MDS Assessment, with an ARD of 11/14/22, for Resident #24, revealed a BIMS score of 15, indicating Resident #24 is cognitively intact.	M 500		

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M 610	Continued From page 7	M 610		
M 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by: Level II Based on observations, interviews, record reviews, and facility policy review, the facility failed to shave a resident that required assistance with shaving for one (1) of 18 residents reviewed for Activities of Daily Living. Resident #48 Findings include: Review of the facility policy titled, "A.M. Care" revealed, "A.M. care will be given to residents daily ... Responsibility: All Nursing Assistants. Equipment: ... 7. Razor, shaving cream ..." An observation on 2/21/23 at 9:01 AM, revealed Resident #48 unshaven with facial hair about ½ inch long. He stated he hasn't been shaved in a month, but when he was able to do it for himself, he shaved daily. An observation on 2/21/23 at 10:00 AM, revealed Resident #48 receiving a bed bath.	M 610	1. What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice? Resident #48 was shaved on 2-21-23 at 4 pm. There were no negative outcomes from this alleged deficient practice. 2. Steps taken to identify other residents having the potential to be affected by the same alleged practice. Residents in the facility as identified by the Minimum Data Set as needing help with Activities of Daily Living have the potential to be affected by the alleged deficient practice. 3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? On February 21, 2023, the Director of	3/29/23

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M 610	Continued From page 8 In an interview on 2/21/23 at 3:15 PM, Certified Nursing Assistant (CNA) #1 confirmed she had given Resident #48 a bath this morning. She confirmed that she had washed his face but didn't offer him a shave, because she didn't think he needed it. However, after looking at the resident again, she stated he had needed to be shaved. During an interview on 2/22/23 at 4:00 PM, the Director of Nursing (DON) revealed Resident #48 did need to be shaved. She confirmed the hair on the face of Resident #48 was about approximately ½ inch long and he should have been offered a shave. An interview on 2/23/23 at 12:23 PM, CNA #5 revealed the residents are assigned shower days on a schedule at the nurse's desk. She confirmed that shaving is part of that care. An interview with the DON on 2/23/23, at 10:45 AM, revealed CNA's have a list of residents scheduled for showers and that care includes all care required by the residents, including shaving. A record review of the "Face Sheet," for Resident #48, revealed the facility admitted the resident on 11/1/22. The diagnoses of Resident #48 included Type 2 Diabetes Mellitus with Diabetic Neuropathy, Peripheral Vascular disease, Muscle Weakness, and Lack of Coordination. A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/20/23, revealed Resident #48 had a Brief Interview for Mental Status (BIMS) score of 13, which indicated the resident was cognitively intact.	M 610	Nurses and licensed nurses completed an audit of all residents to see which residents needed to be shaved and ensure if the resident needed to be shaved the task was completed All certified nurse assistants were in-serviced on March 1, 2023, by the Director of Nurses on the importance of ensuring dependent resident□s receive assistance in completing Activities of Daily Living. 4. Monitoring the corrective actions (Quality Assurance Program) to ensure that the alleged deficient practice does not recur. The Director of Nursing or Registered Nurse Supervisor will monitor five residents twice a week for three (3) months and weekly for three (3) months to ensure that residents are being shaven beginning February 28, 2023. Any negative findings will be addressed immediately. Results of the monitoring will be submitted to the Quality Assurance committee beginning March 24th for six (6) months.	

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M 815	Continued From page 9	M 815		
M 815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This Statute is not met as evidenced by: Level II Based on observation, staff interviews, and facility policy review, the facility failed to maintain a clean ice machine for the residents as evidenced by white, red, and black residue build up on the inside and outside of the ice machine, observed on one (1) of five (5) kitchen tours. Findings include: Review of the facility policy titled, "Cleaning Instructions Ice Maker and Dispenser," dated 9/04, revealed, "Policy: Equipment shall be maintained in a clean and sanitary condition ... Procedure: ... The ice making system can be cleaned in place without disassembling the water system. The cleaning process should be performed at least every 6 months or more often if local water conditions dictate ..." An observation and interview on 2/21/23, at 8:08 AM with the Dietary Cook, revealed the ice machine to have streaks of white residue running down from the door covering the ice machine and down the left outer side of the ice machine. There were also observations of the following: 1. Streaks of faded white residue on the inside of the door covering the ice machine. 2. Red residue on the inside ledge, under the door covering the ice machine.	M 815	1. What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice? On February 21, 2023 the ice machine was immediately cleaned both inside and outside by the Dietary Manager. On February 22nd cleaning logs were placed on all ice machines to record the dates the machine was cleaned and who cleaned that machine. There were no negative outcomes from this alleged deficient practice. 2. Steps taken to identify other residents having the potential to be affected by the same alleged practice. Residents in the facility who receive ice from the ice machine have the potential to be affected by the alleged deficient practice. 3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? On February 24, 2023, the Administrator completed an audit of all ice machines to ensure cleanliness, all were found to be clean, and cleaning schedule logs were	3/29/23

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M 815	Continued From page 10 3. Buildup of red residue that extended across the full length of the bottom edge of a white plastic guard, located inside the ice machine, which hung over the ice. 4. Condensation dripping off the white plastic guard and running through the red residue onto the ice located below it. 5. Buildup of red residue inside the machine, on the metal hinges on the right side of the door, located above the ice. 6. Buildup of red residue on a black, outward curved, rubber flap that hung on the right inside area of the ice machine, located under the right-side metal hinge. 7. Thick black build up on a black, outward curved rubber flap that hung inside the machine The Dietary Cook used a wet, white, towel and wiped away the red residue on the inside ledge of the ice machine, located under the door and the red residue on the white plastic guard, that had condensation dripping through it onto the ice. The Dietary Cook confirmed that the ice machine was not clean, but the Dietary Manager is responsible for keeping it clean. An observation and interview on 2/21/23, at 8:30 AM with the Dietary Manager, revealed he was responsible for cleaning the ice machine. He stated that it was last cleaned in January 2023, however, he does not keep a cleaning log for the ice machine, but he makes sure it is cleaned every month. He confirmed that he observed the white streaks, as well as the red and black buildup located inside the machine. He too was observed using a wet, white, towel to wipe more of the red and black residue off the rubber flap. The Dietary Manager confirmed the ice machine was not clean. He revealed that an unclean ice machine could contaminate the ice and cause the residents to become sick.	M 815	posted and completed. Dietary and Maintenance staff were in-serviced on the importance of monthly cleaning of the ice machine on February 22,2023 by the Administrator. 4. Monitoring the corrective actions (Quality Assurance Program) to ensure that the alleged deficient practice does not recur. The Administrator will monitor condition of icemakers weekly for three (3) months and bi-weekly for three (3) months. This began on February 24, 2023. Any negative findings will be addressed immediately and reported in Quality Assurance Committee for beginning March 24th for six (6) months.	

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M 815	Continued From page 11 An interview on 2/22/23, at 4:00 PM with the Administrator, revealed the ice machine should have been clean, as it could contaminate the ice that was being served to the residents. He confirmed that contaminated ice had the potential to cause illness.	M 815		