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
	24DR	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DRIFTWOOD NURSING CENTER	1500 BROAD AVENUE GULFPORT, MS 39501

(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 2/27/23 to 3/2/23. 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. M500 Resident Rights was cited. The facility held a license for 151 beds with a census of 110.	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		4/5/23

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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 interviews, record review and facility policy review, the facility failed to ensure a resident had ready and reasonable access to personal funds for one (1) of 24 sampled	M 500	Resident #68 which was 1 of 24 sampled residents that was identified & interviewed on 2/27/23, at 11:39 AM during the facility survey stated, he cannot get money from his personal funds on the weekend because the office staff is not at the facility	

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M 500	Continued From page 4 residents, Resident #68 Findings include: A review of the facility's policy, "(Proper Name of Facility) - Resident Personal Funds", implemented on 2/1/22, revealed the policy did not contain information regarding ready and reasonable access to personal funds for residents. On 02/27/23 at 11:39 AM, in an interview with Resident #68, he stated that he cannot get money from his personal funds on the weekend because the office staff is not at the facility on weekends. On 03/02/23 at 10:42 AM, in an interview with the Administrative Assistant (AA), she stated she is responsible for the residents' personal trust fund accounts. She said that the Activities Director (AD) also has access to $85 and will issue personal funds to the residents. The AA stated that she works Monday through Friday, from 8:00 AM until 4:30 PM and the AD works on the weekends at times. On 03/02/23 at 10:50 AM, in an interview with the AD, she confirmed that she has $85.00 to issue to residents and that she and the AA are the only staff who have access to the residents' personal fund account. She also confirmed that she works one weekend a month. She explained that the residents know to ask for any money they may need for the weekend by Friday of each week because there is no one at the facility to give the residents money. On 03/02/23 at 11:36 AM, in an interview with the AA, she confirmed that no other staff have	M 500	on weekends was informed of the Resident Funds Policy by the Administrator on 3/9/2023. There were no adverse findings noted regarding residents with available funds not having access to personal monies. Nursing facility residents with a resident funds account have the potential to be affected by the alleged deficient practice. A Special Resident Council Meeting was held on 3/8/2023, with education provided to current residents on the Resident Fund Policy in accordance to with CFR483.10(f)(10)(i)-(ii) Hold, safeguard, manage, and account for, by the facility Administrator. In addition, on 3/9/2023 & 3/10/2023, in-services were conducted to employees on the facility policy and procedure for Resident Funds by the facility Administrator. A complete review of the facility grievances from 1/1/2022 to current was conducted with no grievances noted regarding lack of access to resident funds through 3/16/2023. Activity Department will maintain a petty cash fund to dispense at resident's request beginning 3/14/2023. The Resident Fund policy and procedure will be discussed during our monthly Resident Council Meetings beginning 3/20/2023. The Activity Director will interview a sample of 5 residents per week regarding resident trust fund grievances beginning on 3/8/2023 for 4 weeks. The Activity Director will bring any adverse findings to the weekly Quality Assurance meeting beginning on 3/28/2023 for a total of 4 weeks, and then	

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M 500	Continued From page 5 access to resident personal funds on weekends and that resident ask for any money they may need for the weekend by Friday. On 03/02/23 at 1:12 PM, in an interview with the Administrator, she stated that residents are supposed to have access to their money on weekends and she was unaware that they did not. She explained that the facility has Management staff at the facility seven (7) days a week. On 03/02/23 at 1:20 PM, in an interview with the Corporate Administrator, she confirmed that weekend management does not have access to see if residents have money available in their personal fund account. Record review of the "Face Sheet" revealed the facility admitted Resident #68 on 8/03/22 with a diagnosis of Chronic Obstructive Pulmonary Disease. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/08/22 revealed Resident #68 had Brief Interview for Mental Status (BIMS) score of 12, which indicated his cognition was moderately Impaired. Record review of the "Trust Fund Trial Balance" report revealed Resident #68 had a personal trust account at the facility. Record review of the "Trust Fund Transaction List" with transaction dates from 2/1/23 through 2/28/23 revealed that no resident trust fund transactions took place on a weekend for February 2023.	M 500	to Quality Assurance meeting monthly thereafter 4/27/2023 x 3 months.	