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
	31JC	A. BUILDING: _____ B. WING _____	03/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JASPER COUNTY NH	15 A SOUTH SIXTH STREET BAY SPRINGS, MS 39422

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M 000	Initial Comments The State Agency (SA) conducted an Annual Recertification Survey at the facility from 3/20/23 to 3/23/23. 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 requirement 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 treatment, to not be limited in his/her choice of a	M 500		4/28/23

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M 500	Continued From page 1 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 in conformance with State law;	M 500		

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M 500	Continued From page 2 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 practitioner/physician assistant in his medical	M 500		

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M 500	Continued From page 3 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: Based on interviews, record review, and facility policy review, the facility failed to accommodate resident preferences by not allowing bedfast residents to receive showers as their preferred bathing method for two (2) of two (2) residents reviewed for preferences. (Resident #7 and Resident #41) This had the potential to affect (12) of (12) bedfast residents.	M 500	m500 #1 The two bedfast residents identified during the inspection, #7 & #41 were re-evaluated by the unit RN supervisor on 3/24/23 to determine their ability to be safely transferred using the hoyer lift. Once the reclining shower chair has been delivered to the facility and put into use, the unit RN supervisor will assess the bed	

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M 500	Continued From page 4 Findings include: Record review of the facility's, "Bed Bath Policy", undated, revealed, "It is the policy of this facility that a bed bath will be given as follows: For any bed bound resident ..." Resident #7 During an interview on 3/22/23 at 4:25 PM, with Registered Nurse (RN) #1, she confirmed Resident #7 received bed baths. She explained the facility did not have the equipment for bed bound resident to receive showers, but they were given bed baths daily. During an interview on 3/22/23 at 4:30 PM, Resident #7's father complained that the resident only received a bed bath. He stated he was told by the facility that she could only get bed baths because she was bed bound and required a Hoyer (mechanical) lift. He explained that the facility did not have the equipment to provide a shower for his daughter. Record review of the "Facesheet" revealed Resident #7 was admitted by the facility on 3/16/10 with the diagnoses that included Anoxic Brain Damage and Hemiplegia. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/07/23, revealed Resident #7 had severely impaired cognitive skills for daily decision making and she required total dependence on staff for transfers and bathing. Review of the facility's, "Completed Care Tasks" from 2/2/23 through 3/22/23, revealed Resident #7 received bed baths as the bathing method.	M 500	fast residents #7 & #41 to determine their ability to be safely showered in the reclining shower chair. After the assessments are completed, the sponsors of the two bedfast residents #7 & #41 will be contacted for consent or denial for the two bedfast residents #7 & #41 to receive a shower at least weekly using the reclining shower chair. #2 All bedfast residents have the potential to be affected by the deficient practice. All other bed fast residents on the facility census have the potential to be affected by the cited deficient practice. #3 On 4/04/23 the facility placed an order for a reclining shower chair which will be used to allow bedfast residents to receive a shower at least weekly. The unit RN nursing supervisors for each unit will begin contacting the sponsors of all of the bedfast residents on 4/10/23 and will be ongoing and completed by 4/28/23 to determine their bathing preferences. The facility bed bath policy was reviewed and revised on 3/24/23 by the director of nurses. The facility shower policy was reviewed on 3/24/23 by the director of nurses with no revisions necessary. On 3/24/23 the staff development nurse began inservicing all direct care employees on the new bed bath policy. The inservice on the new bed bath policy was completed on 4/10/23. (see attached policy) #4 The registered nurse supervisor for each unit will begin monitoring bedfast residents on their unit once the reclining	

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M 500	Continued From page 5 Resident #41 During an interview on 03/21/23 at 1:17 PM, with Resident #41's husband, he expressed concern that his wife had not received a shower in two (2) years, and he wanted her to be able to receive showers. He said the facility stopped giving her a shower during the COVID-19 outbreaks and she became bed bound. He stated the facility used a (mechanical) lift to transfer her and that is why the facility did not provide the resident with a shower. During an interview on 03/22/23 at 01:28 PM, with Certified Nurse Aide (CNA) #3, she confirmed that residents who are bedridden did not receive showers because it was hard to get them into the shower chair. During an interview on 03/22/23 at 01:36 PM, with RN #1, she confirmed Resident #41 received bed baths daily and explained that bed bound resident did not receive showers. Record review of the "Facesheet" revealed the facility admitted Resident #41 on 2/09/2020 and she had diagnoses that included Encephalopathy, Muscle Weakness, and Obesity. Record review of the Quarterly MDS with an ARD of 11/07/22 revealed Resident #41 had a Brief Interview of Mental Status (BIMS) score of 03, which indicated she had severe cognitive impairment. Review of Section G revealed she required total dependence on staff for bathing. Review of the facility's, "Completed Care Tasks" from 2/2/23 through 3/22/23, revealed Resident #41 received bed baths as the bathing method.	M 500	shower chair has been received and put into use to ensure those identified can be safely showered. Current bedfast residents will be assessed quarterly by the RN nursing supervisor on each unit and as deemed necessary to ensure that it is safe for them to continue receiving a shower. Bedfast residents admitted after the date of the survey will be assessed on admission by the RN nursing supervisor for each unit to determine their ability to shower safely. The registered nurse supervisor for each unit will include the assessments in their quarterly supervisor progress note. The registered nurse supervisor for each unit will provide a written report of the monitored results to the quality assurance performance improvement nurse to be presented to the quality assurance committee for recommendations or improvement if deemed necessary beginning on 4/18/23 and then monthly for 3 months or until compliance is met.	

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M 500	Continued From page 6 During an interview on 03/23/23 at 1:07 PM, with the Director of Nurses (DON), she confirmed the residents who are bed bound did not receive showers because those residents could not sit up in the facility's shower chairs. The DON explained that the facility did not have a shower bed or a reclining shower chair to safely provide showers to bed bound residents. During an interview on 03/23/23 at 01:42 PM, with the Administrator, he confirmed that he was aware that the facility did not have shower beds or reclining shower chairs, but he did not realize there was a problem with bed bound residents receiving showers. Level II Based on interviews, record review, and facility policy review, the facility failed to accommodate resident preferences by not allowing bedfast residents to receive showers as their preferred bathing method for two (2) of two (2) residents reviewed for preferences. (Resident #7 and Resident #41) This had the potential to affect (12) of (12) bedfast residents. Findings include: Record review of the facility's, "Bed Bath Policy", undated, revealed, "It is the policy of this facility that a bed bath will be given as follows: For any bed bound resident ..."	M 500		

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M 500	Continued From page 7 Resident #7 During an interview on 3/22/23 at 4:25 PM, with Registered Nurse (RN) #1, she confirmed Resident #7 received bed baths. She explained the facility did not have the equipment for bed bound resident to receive showers, but they were given bed baths daily. During an interview on 3/22/23 at 4:30 PM, Resident #7's father complained that the resident only received a bed bath. He stated he was told by the facility that she could only get bed baths because she was bed bound and required a Hoyer (mechanical) lift. He explained that the facility did not have the equipment to provide a shower for his daughter. Record review of the "Facesheet" revealed Resident #7 was admitted by the facility on 3/16/10 with the diagnoses that included Anoxic Brain Damage and Hemiplegia. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/07/23, revealed Resident #7 had severely impaired cognitive skills for daily decision making and she required total dependence on staff for transfers and bathing. Review of the facility's, "Completed Care Tasks" from 2/2/23 through 3/22/23, revealed Resident #7 received bed baths as the bathing method. Resident #41 During an interview on 03/21/23 at 1:17 PM, with Resident #41's husband, he expressed concern that his wife had not received a shower in two (2) years, and he wanted her to be able to receive	M 500		

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M 500	Continued From page 8	M 500		

showers. He said the facility stopped giving her a shower during the COVID-19 outbreaks and she became bed bound. He stated the facility used a (mechanical) lift to transfer her and that is why the facility did not provide the resident with a shower.

During an interview on 03/22/23 at 01:28 PM, with Certified Nurse Aide (CNA) #3, she confirmed that residents who are bedridden did not receive showers because it was hard to get them into the shower chair.

During an interview on 03/22/23 at 01:36 PM, with RN #1, she confirmed Resident #41 received bed baths daily and explained that bed bound resident did not receive showers.

Record review of the "Facesheet" revealed the facility admitted Resident #41 on 2/09/2020 and she had diagnoses that included Encephalopathy, Muscle Weakness, and Obesity.

Record review of the Quarterly MDS with an ARD of 11/07/22 revealed Resident #41 had a Brief Interview of Mental Status (BIMS) score of 03, which indicated she had severe cognitive impairment. Review of Section G revealed she required total dependence on staff for bathing.

Review of the facility's, "Completed Care Tasks" from 2/2/23 through 3/22/23, revealed Resident #41 received bed baths as the bathing method.

During an interview on 03/23/23 at 1:07 PM, with the Director of Nurses (DON), she confirmed the residents who are bed bound did not receive showers because those residents could not sit up in the facility's shower chairs. The DON explained that the facility did not have a shower

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M 500	Continued From page 9 bed or a reclining shower chair to safely provide showers to bed bound residents. During an interview on 03/23/23 at 01:42 PM, with the Administrator, he confirmed that he was aware that the facility did not have shower beds or reclining shower chairs, but he did not realize there was a problem with bed bound residents receiving showers.	M 500		
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 observation, interview, record review and facility policy review, the facility failed to ensure a resident who was dependent on staff for personal hygiene received services related to nail care for one (1) of three (3) residents reviewed for Activities of Daily Living (ADLs). Resident #7 Findings include: Record review of the facility's, "Nail Care Policy", undated, revealed, "It is the policy of this facility	M 610	m610 #1 The sponsor for resident # 7 was contacted on 3/22/23 for consent to consult a specialist for treatment of the affected nail. Resident #7□s sponsor declined for the resident to be transported outside of the facility for treatment. Sponsor requested that resident #7 receive treatment of the affected nail inside the facility. On 4/04/23 two specialty clinics were contacted by the nursing home administrator for an on site consult visit and both declined. Resident #7□s	4/28/23

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M 610	Continued From page 10 that nail care will be done as follows: On a daily basis as a part of the resident's personal grooming, Provided to all residents requiring assistance with nail care...Includes: Cleaning fingernails and toenails (done daily and PRN [as needed]), Regular trimming of the nails (trimmed Q [every] 2 weeks and PRN), Filing to maintain a smooth edge ..." Resident #7 During an observation on 03/21/23 at 11:49 AM, Resident # 7 was in a Geri chair. Her left hand was contracted and pressed tightly against her body in her chest area and her left thumb nail was one and one-half (1½) inches in thickness, jagged, and had a dark discoloration. During an interview on 3/22/23 at 4:15 PM, Certified Nurse Aide (CNA) #1 stated that she cleaned the resident's nails but did not cut her left thumb nail because it was thick and jagged. She explained that the nurse performs nail care for that type of nail. She confirmed that Resident #7's left hand was contracted and was pressed against her chest. During an interview on 3/22/23 at 4:25 PM, with Registered Nurse (RN) #1, the Nurse Practitioner (NP), and the Director of Nursing (DON), RN #1 stated Resident #7's thumb nail had been thick, discolored, and jagged for the five (5) years she has been at the facility. She explained that she had not provided any care for the nail herself. RN #1 confirmed that Resident #7 kept her left hand pressed against her body. The NP confirmed that she was aware that Resident #7 had a left thumb nail that was thick, long, and jagged. The DON explained that she was aware of the left thumb nail for Resident #7 and that it had been in that	M 610	attending physician visited on 4/10/23 for evaluation and treatment of the affected nail. Resident #7□s sponsor was notified of treatment received. #2 All residents have the potential to be affected by the cited deficient practice. All other residents on the facility census have the potential to be affected by this cited deficient practice. #3 On 3/23/23 the nail care policy was reviewed by the director of nurses with no revisions necessary. On 4/06/23 the staff development nurse began inservicing all direct care staff on the nail care policy addressing the proper care of nails including resident preferences and high risk conditions such as those having a diagnosis of Diabetes and those receiving Coumadin or other anticoagulants. This inservice is currently ongoing and will be completed by 4/28/23. On 4/07/23 finger and toenail assessments were performed on all residents by the RN nursing supervisor of each unit. #4 On 4/07/23 the RN nursing supervisor for each unit began conducting a nail care audit of five residents weekly. The nail care audit result reports will be submitted to the quality assurance performance improvement nurse beginning on 4/18/23 and then monthly for 3 months or until compliance is met to be presented to the quality assurance committee for recommendations or improvement if deemed necessary. Any negative findings will be reported to and handled by the director of nurses or the nursing home	

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M 610	Continued From page 11 condition for a while. The DON confirmed the residents nail is long, thick, and jagged and that Resident #7 kept her left hand pressed against her body. During an interview with a family member on 3/22/23 at 4:30 PM, he confirmed that Resident #7 kept her left hand pressed against her body. He stated that the facility did not tell him about the condition of the nail and "they should have noticed it during her bath". Record review of the "Facesheet" revealed Resident #7 was admitted by the facility on 3/16/10 with diagnoses that included Anoxic Brain Damage, Hemiplegia, and Contracture of Muscle, Multiple Sites. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/07/23 revealed Resident#7 had severely impaired cognitive skills for daily decision making and she is totally dependent upon staff to perform personal hygiene. Record review of the "Physician Orders" for the month of March 2023 revealed Resident #7 had a Physician's Order dated 5/24/22 to "Perform Finger/Toenail care" with an "Interval Code" of "Q14Day (Every 14 days)".	M 610	administrator for disciplinary action.	
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.	M 815		4/28/23

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M 815	Continued From page 12 This Statute is not met as evidenced by: Level II Based on observation, interview, and facility policy review, the facility failed to discard expired food and failed to serve food in a sanitary manner related to staff touching a resident's food item for two (2) of five (5) kitchen and dining observations. Findings include: A review of the facility's policy "Food Safety and Sanitation", undated, revealed " ... All local, state, and federal standards and regulations are followed in order to assure a safe and sanitary food service department. Procedure ... 4. Food Storage ... b ... All leftovers are labeled, covered, and dated when stored. They are used within 72 hours (or discarded) ..." On 03/20/23 at 12:20 PM, during a kitchen observation, there were 24 hot dog buns and nine (9) hamburger buns wrapped in plastic wrap in a clear container. The buns had an "open date" of 3/07/23 and a "use by" date of 3/13/23. The buns were firm and hard when touched. On 03/20/23 at 12:45 PM, in an interview with the Dietary Manager, she stated food items are dated to ensure foods served are fresh and not expired because serving expired foods could cause the residents to become sick. She explained that all staff are responsible for discarding expired items. On 03/23/23 at 01:20 PM, in an interview with the Administrator, he stated that he was not aware that the kitchen staff had not discarded expired foods, and he expected the kitchen staff to meet the needs of the residents and follow regulations.	M 815	m815 #1 The hotdog and hamburger buns found in the dietary department during the survey that were past the use by date were immediately removed on 3/20/23 from the dietary department and discarded by the dietary manager. #2 All residents have the potential to be affected by this deficient practice. All residents in the facility who receive meals from the dietary department have the potential to be affected by this cited deficient practice. #3 On 3/23/23 the food safety and sanitation policy was reviewed by the registered dietician with no revisions necessary. On 4/05/23 the certified dietary manager conducted an inservice with all dietary staff on food safety and sanitation. Beginning on 4/03/23 monthly dietary inspections regarding use by date food items will be conducted by the registered dietitian or dietary manager and recorded on the Sanitation Self Inspection Report form to ensure that no food items remain in the dietary department past the use by date. #4 On 4/03/23 the registered dietitian or dietary manager began conducting dietary department inspections weekly. The dietary department inspection result reports will be submitted to the quality assurance performance improvement nurse beginning on 4/18/23 and then monthly for 3 months or until compliance is met to be presented to the quality	

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	31JC	A. BUILDING: _____ B. WING _____	03/23/2023

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M 815	Continued From page 13 A record review of the "Foodservice Inservice Attendance Record:", dated 12/20/2022, revealed the DM provided education for dietary staff related to labeling, dating, and cross-contact. Dining Observation On 3/20/23 at 5:24 PM, during an observation of the resident dining, Certified Nurse Aide (CNA) #2 served a meal tray to an unsampled resident. She picked up a peanut butter and jelly sandwich that was wrapped in plastic wrap from the resident's meal tray. She removed the plastic wrap, touching the sandwich with her bare hands, and placed it on the resident's meal tray. She did not apply gloves before touching the sandwich and did not discard it once her bare hands contacted the food item. On 03/22/23 at 11:10 AM, during an interview with CNA #2, she explained she was not thinking when she pulled the sandwich out of the plastic wrap with her bare hands and she knew better. On 03/23/23 at 1:03 PM, during an interview with the Director of Nursing (DON), she stated CNA #2 should have put on gloves on before touching the resident's food. On 03/23/23 at 1:13 PM, during an interview with RN #2/Infection Preventionist (IP), she explained CNA #2 knew better than to touch a resident's food with her bare hands and that the facility had provided training to the staff. She stated that CNA #2 should have put on gloves before touching the food item or discarded it once she touched it with her bare hands.	M 815	assurance committee for recommendations or improvement if deemed necessary. Any negative findings will be reported to and handled by the registered dietician or the nursing home administrator for disciplinary action. ********** #1 Upon notification of the deficient practice during the survey process the certified nursing assistant #2 who was responsible for the deficient practice was counseled on the proper way to serve meals and snacks without violating infection control practices and the facility policy and procedure on infection control was reviewed by the director of nurses on 3/21/23. #2 All residents have the potential to be affected by this deficient practice. All residents on the facility census who receive meals and snacks have the potential to be affected by this cited deficient practice. #3 The facility□s serving a meal policy and nursing service hand hygiene policy were both reviewed and revised on 4/04/23 by the director of nurses. On 4/06/23 the staff development nurse began inservicing all direct care staff on the serving a meal policy and nursing service hand hygiene policy. This inservice is currently ongoing and will be completed by 4/28/23. On 4/10/23 certified nursing assistant supervisors began performing 5	

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M 815	Continued From page 14	M 815	meal tray checks during meal times to ensure that the tray serving policy and the nursing service hand hygiene policy is being followed with no violation of infection control practices. These meal tray checks will be conducted weekly for 3 months or until compliance is met. (see attached policies) #4 Certified nursing assistant supervisors will report the results of the weekly meal tray checks to the quality assurance performance improvement nurse weekly. The QAPI nurse will report the results of the weekly meal tray checks to the quality assurance committee monthly beginning on 4/18/23 for 3 months or until compliance is met for recommendations or improvement if deemed necessary. Any negative findings will be reported to and handled by the director of nurses or the nursing home administrator for disciplinary action.	