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 |
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| | 61BC | A. BUILDING: _____ B. WING _____ | 03/30/2023 |

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| M 000 | Initial Comments<br><br>The State Survey Agency (SSA) conducted an annual re-certification survey at the facility from 03/27/2023 through 03/30/2023. During the survey, the SSA detemined that the facility was not in complainace with the Minimum Standards o Operation for Institutions for the Aged or Infirm M500 and M855. | M 000 | | |
| M 500 | 45.17.2 Residents' Rights<br><br>Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility:<br><br>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;<br><br>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;<br><br>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 | | 5/11/23 |

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| M 500 | Continued From page 1<br>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;<br><br>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;<br><br>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;<br><br>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<br><br>7. is free from mental and physical abuse;<br>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;<br>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;<br><br>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;<br><br>11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;<br><br>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<br>record);<br><br>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);<br><br>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);<br><br>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<br><br>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.<br><br>This Statute is not met as evidenced by:<br>Level II<br><br>Based on observation, interviews, and facility policy review, the facility failed to provide care in a manner that treated residents with dignity and respect by not providing meals at the same time to all residents who needed assistance and were seated at the same table for one (1) of two (2) residents that required assistance with eating. | M 500 | a. Resident #67 was assessed on 03/29/23 by the Director of Nurses for any adverse effects related to how the facility failed to provide care in a manner that that treated residents who needed assistance and were seated at the same table. There were no adverse effects noted.<br><br>b. All Residents that need assistance with | |

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| M 500 | Continued From page 4<br>Resident #67<br><br>Findings include:<br><br>A review of the facility's policy titled, "Resident Rights," with a revision date of 11/17, revealed ... "All residents in a long term care facility have rights guaranteed to them ... Residents at this facility will be guaranteed a dignified existence ... These rights include: 30. To be treated with dignity and respect ..."<br><br>On 3/27/23 at 11:55 AM, during an observation of residents eating lunch in the dining room, Resident #67 was observed sitting in a Geri chair at a table for residents that required assistance with eating. Resident #67 was observed watching Licensed Practical Nurse (LPN) #1 feed an unsampled resident.<br><br>On 3/27/23 at 11:59 AM, in an interview with LPN #1, she revealed that she had asked another staff member to assist with feeding Resident #67.<br><br>On 03/27/23 at 12:08 PM, during an observation and interview with Resident #67, she continued to watch the unsampled resident at the same table being fed by LPN #1. Resident #67 stated "I'm hungry," and looked down at her plate. LPN #1 responded to Resident #67 and stated someone was coming to feed her.<br><br>On 03/27/23 at 12:10 PM, Registered Nurse (RN) #1 was observed entering the dining room and began feeding Resident #67. At this time, it was noted that the unsampled resident sitting at the same table had consumed approximately 75% of her meal.<br><br>On 03/29/23 at 10:08 AM, in an interview with the | M 500 | meals has the potential to be affected by this deficient practice.<br><br>c. On 03/29/23 an observation of meal times was conducted by the Director of Nurses to ensure all residents that needed assistance with meals and were seated at the same table were provided assistance with eating at the same time. On 03/29/23 Licensed Practical Nurse #1 was in-serviced by the Director of Nurses regarding Resident's Rights with emphasis on residents that are seated at the same table who need assistance should be fed at the same time. Certified Nursing Assistants, Licensed Practical Nurses, and Registered Nurses were in-serviced on 03/30/23 regarding Resident's Rights Policy by the Director of Nurses, and again on 04/11/23. The Facility Administrator and Director of Nurses will ensure all residents that need assistance with meals that are seated at the same table will be provided assistance with eating at the same time.<br><br>d. Beginning on 03/30/23 the Director of Nurses and/or Licensed Practical Nurse will observe meal times for residents that need assistance with eating and are seated at the same table, first 4 residents 5 times a week for 2 weeks, then 4 residents 3 times a week for 2 weeks, then 4 residents 1 time a week for 2 weeks, to ensure that residents are fed at the same time. Areas of concern will be brought to the Quality Assessment and Improvement Committee for review. The Quality Assessment and Improvement Committee will convene on 04/27/23 to | |

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| M 500 | Continued From page 5<br>Director of Nursing (DON), she confirmed all residents at a table that need to be fed should be fed at the same time. She stated LPN #1 should have fed both residents and not fed one resident while another is only able to watch.<br><br>On 03/29/23 11:12 AM, in an interview with RN #1/Charge Nurse, she revealed the residents are usually fed at the same time. She confirmed LPN #1 should not have allowed a resident to sit and watch another resident be fed while her plate sat in front of her. RN #1 confirmed that LPN #1 should have sat in the center of the table and fed both residents at the same time.<br><br>A record review of the "Face Sheet" for Resident # 67 revealed, the facility admitted the resident to the facility on 3/3/22, with diagnoses that included Alzheimer's Disease, Muscle Weakness, and Unspecified Lack of Coordination.<br><br>A record review of the Physician Orders for March 2023 revealed an order, dated 3/3/2 for, "Mechanical soft diet finger foods and assistance for initiation and cues during meals."<br><br>A record review of the annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/6/23 for Resident #67 revealed a Brief Interview for Mental Status (BIMS) score of three (3), which indicated the resident had severe cognitive impairment and required one-person physical assistance with eating. | M 500 | discuss further recommendations as needed. Additional training and/or disciplinary action will be considered as warranted. | |
| M 855 | 45.30.7 Food Preparation<br><br>Food Preparation. Foods shall be prepared by methods that conserve optimum nutritive value, flavor, and appearance. Also, the food shall be | M 855 | | 5/15/23 |

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| M 855 | Continued From page 6<br>acceptable to the individuals served. A file of tested recipes shall be maintained to assure uniform quantity and quality of products.<br><br>This Statute is not met as evidenced by:<br>Level II<br><br>Based on a test tray meal observation, interviews, and facility policy review, the facility failed to provide food that is palatable with an appetizing temperature for seven (7) of seven (7) residents reviewed for meal satisfaction. Residents #1, #11, #18, #20, #27, #31 and #50.<br><br>Findings include:<br><br>Review of the facility policy titled, "Resident Tray Service and Delivery," revealed, "Procedure: ... 2. B. Hot foods are held at or over 135' F ... g. The temperature of foods is taken with a calibrated thermometer and documented on the Temperature Monitoring Log ... 3. A food service employee tastes food items, including modified foods, to confirm acceptability quality ..."<br><br>An observation on 3/27/23 at 11:33 AM, revealed Resident #50's lunch meal was late. When dietary was notified that the resident didn't receive a tray, they delivered a late lunch tray of country fried steak with French fries. The resident refused to eat the food, as the meat was fried hard, and the French fries were cold. The daughter was in the room and asked for something else. Dietary bought a tray with hamburger steak and mashed potatoes.<br><br>During an interview on 3/27/23 at 11:40 AM, with the Resident #1's daughter, revealed the resident's food is always cold and does not taste good. The resident's daughter stated she brings | M 855 | a. Resident #1, Resident # 11, Resident #8, Resident #20, Resident #27, Resident #31, & Resident #50 were assessed 04/03/23 by the Director of Nurses for any adverse effects related to how the facility failed to provide food that is palatable with an appetizing temperature. There were no adverse effects.<br><br>b. All residents who receive oral meal intake have the potential to be affected by this deficient practice.<br><br>c. On 03/29/23 Registered Dietary Nutritionist in-serviced dietary staff on Thermometer Use & Calibration, Cleaning & Sanitizing, and Individualized Diets in LTC & Residents Rights. All Dietary Staff was in-serviced on 04/03/23 by Facility Administrator on Dietary Services. On 04/03/23 Facility Administrator in-serviced Dietary Manager, Dietary Assistant Manager, and all Cooks on Food Sampling. Facility Administrator in-serviced Dietary Manager and Assistant Dietary Manager on Menus. The Facility Administrator and Dietary Manager will ensure that all food served is palatable with an appetizing temperature prior to being served.<br>On 04/13/23 new kitchen equipment (commercial plate warmers) were ordered for the upstairs and downstairs kitchen areas. | |

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| M 855 | Continued From page 7<br>sandwiches and bananas for the resident to eat because the food is so horrible. The daughter revealed that she has scheduled a meeting with the Care Plan Team and the Dietary Manager and if things do not improve after that, she is going to move her mother to another facility.<br><br>During an interview on 3/27/23 at 2:00 PM, with the six (6) Resident Council members present at the meeting, the members complained the food was cold and had no taste (Residents #1, #11, #18, #20, #27, and #31). The Council members revealed the Social Worker and the Activity Director attended their meetings and are aware of their complaints. The members also revealed they had tried to talk to the Administrator but had been told she was too busy.<br><br>During an observation on 3/28/23 at 11:00 AM, the Cook was observed calibrating the thermometer, used for checking the temperature of the food to 40 degrees. The Cook revealed she thought that's what it should have been calibrated to prior to use. The thermometer was re-calibrated to the correct temperature and the temperature of all the food on the line was at or above the holding temperature. The Dietary staff started preparing the plates at 11:32 AM. The requested test tray left the kitchen area on an open food cart at 12:05 PM. The test tray was received at 12:15 PM<br><br>On 3/28/23 at 12:15 PM, during an observation and interview, the Dietary Manager (DM) checked the food temperatures of the food on the test tray using the same calibrated thermometer and they were: turnip greens 80 degrees Fahrenheit (F), pinto beans 80 degrees F, and fried chicken 100 degrees F. The food was tasted with the Dietary Manager and was cold and bland. The DM | M 855 | d. Beginning on 04/03/23 the Facility Administrator and/or Dietary Manager will verify meal improvements to ensure meals are palatable with an appetizing temperature by meeting with 5 residents a week for 2 weeks, then 3 residents a week for 2 weeks, then 2 residents a week for two weeks. Director of Nurses will continue ongoing monitoring, as required by corporate office, to meet with 10 residents monthly concerning satisfaction of meals. Areas of concern will be brought to the Quality Assessment and Improvement Committee for review. The Quality Assessment and Improvement Committee will convene on 04/27/23 to discuss further recommendations as needed. Additional training and/or disciplinary action will be considered as warranted. | |

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confirmed the food was not warm or seasoned enough to be palatable. The DM said, "the facility has to get better." The manager revealed she knew the residents were complaining about the food; however, she had only been the manager for three (3) weeks and had not had enough time to address the complaints.

During an interview on 3/28/23 at 4:00 PM, with the Activity Director and Social Worker, they confirmed the residents complained the food tasted bad and was cold during the resident council meetings. The Activity Director revealed complaints are forwarded to the department director of which the complaints are about. he Activity Director and Social Worker confirmed they would follow-up with the Administrator regarding the resident complaints and the recent finding regarding the food being served.

Resident #1
Record review of the "Face Sheet" for Resident #1, revealed the facility admitted the resident on 2/22/2022, with the diagnoses that included Heart Failure, Diabetes, and Hypertension.

Record review of the annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD)of 2/22/23 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #1 was cognitively intact.

Resident #11
Record review of the "Face Sheet" for Resident #11, revealed the facility admitted the resident on 5/6/2022, with the diagnoses that included Atrial Fibrillation, Kidney Disease, and Hypertension.

Record review of the quarterly MDS, with an ARD

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of 1/10/23, revealed Resident #11 had BIMS score of 15, that indicated Resident #11 was cognitively intact.

Resident #18
Record review of the "Face Sheet," for Resident #18, revealed the facility admitted the resident on 2/23/2023, with the diagnoses that included Osteoarthritis, Diabetes Mellitus, and Hypertension.

Record review of the quarterly MDS with an ARD of 2/22/23, revealed Resident #18 had a BIMS score of 15, that indicated Resident #18 was cognitively intact.

Resident #20
Record review of the "Face Sheet" for Resident #20, revealed the facility admitted the resident on 10/22/2021, with the diagnoses that included Heart Failure, Anxiety, and Hypertension.

Record review of the quarterly MDS with an ARD of 1/27/23, revealed Resident #20 had a BIMS score of 15, which indicated the resident was cognitively intact.

Resident #27
Record review of the "Face Sheet," for Resident #27, revealed the facility admitted the resident on 10/3/13, with diagnoses that included Parkinson's Disease, Diabetes, and Hypertension.

Record review of the quarterly MDS, with an ARD of 3/1/23, revealed Resident #27 had a BIMS score of 15, which indicated the resident was cognitively intact.

Resident #31
Record review of the "Face Sheet," for Resident

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| M 855 | Continued From page 10<br>#31, revealed the facility admitted the resident on 2/22/2022, with diagnoses that included Renal Disease, Diabetes, and Hypertension.<br><br>Record review of the quarterly MDS, with an ARD of 2/3/23 revealed Resident #31 had a BIMS score of 15, which indicated the resident was cognitively intact.<br><br>Resident #50<br>Record review of the "Face Sheet," for Resident #50, revealed the facility admitted the resident on 10/31/2022, with the diagnoses that included Cerebrovascular Disease, Hypothyroidism, and Hypertension.<br><br>Record review of the quarterly MDS, with an ARD of 2/6/23, revealed Resident #50 had a BIMS score of 12, which indicated the resident was cognitively intact. | M 855 | | |