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
	41CH	A. BUILDING: _____ B. WING _____	04/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARS HEALTH CENTER	2800 WEST MAIN STREET TUPELO, MS 38801

(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 and a complaint investigation (CI) MS # 00021294 at the facility from 4/11/23 through 4/13/23. During the survey, the SA determined the facility was not in compliance with the Minimum Standards of Operation for Institutions of Aged or Infirm, state licensure requirements and deficiencies were cited at M500. The CI MS #00021294 was not substantiated. The facility held a license for 140 beds at the time of the survey, and the facility census was 130.	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	M 500		5/17/23

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M 500	Continued From page 1 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 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;	M 500		

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M 500	Continued From page 2 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; 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	M 500		

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M 500	Continued From page 3 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 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 observation, staff interview, record	M 500	1. The resident's urine bag was covered on 4/12/23, and the certified nursing assistants caring for resident #115 were	

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M 500	Continued From page 4 review, and facility policy review the facility failed to promote and maintain the dignity of a resident as evidenced by a urinary catheter bag with no privacy bag for one (1) of four (4) residents reviewed with a urinary catheter. Resident #115 Findings Include: Record review of the facility policy titled, "Promoting/Maintaining Resident Dignity" with a revision date of 10/2022 revealed "Policy: It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances resident's quality of life by recognizing each resident's individuality ....12. Maintain resident privacy ..." Record review of a typed statement dated April 12, 2023 and signed by the Administrator revealed "We do not have a specific policy on covering catheter bags." An observation on 04/11/23 at 3:48 PM, revealed Resident #115 sitting in the day room of the (Proper name) building on the sofa with his urinary catheter bag hanging off the front of the sofa with no cover over the urine bag that was full of urine. An interview on 4/12/23 at 12:05 PM, with the Director of Nurses (DON) confirmed that residents with urine catheter bags should have a privacy bag covering their urine catheter bag for the resident's dignity. She revealed that the facility has blue privacy bags, and the staff are aware they should always put a privacy bag over the urine catheter bag based on an understood policy.	M 500	in-serviced on proper procedures for covering catheter bags by the Administrator and the Green House Guides (lead Certified Nursing Assistants). 2. The facility determined that all residents requiring a catheter had the potential to be affected. An MD order list was printed to identify those residents with a catheter. 3. Those residents with a catheter were rounded on to ensure the catheter was covered on 4/12/23, by the Green House Guide. An in-service was initiated on 4/12/23, by the administrator for certified nursing assistants and licensed nursing personnel regarding promoting dignity by ensuring all catheter bags were covered. The clinical educator will complete this training by 5/9/23. 4. The Director of Nursing, Green House Guide, and Administrator will conduct observation of the elders with catheter bags weekly times four weeks starting 4/17/23 and monthly times 3 months to ensure staff are promoting and maintaining residents right to dignity by keeping the urine bag covered. These observation audits will be brought to the Quality Assurance and Performance Improvement Plan Committee (QAPI) meeting on 5/17/23, for review and recommendations monthly until such a time consistent substantial compliance has been achieved as determined by the committee.	

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M 500	Continued From page 5 An interview on 4/12/23 at 3:15 PM, with the Administrator confirmed that it is an understood policy that urine catheter bags should be covered with a privacy bag regarding dignity for the resident. Record review of Resident #115's Order Summary Report revealed an order dated 3/15/23, "Indwelling Foley catheter in place due to neurogenic bladder..." Record review of Resident #115's Admission Record revealed the resident was admitted to the facility on 03/14/23 with medical diagnoses that included Retention of urine and Vascular dementia, unspecified severity. Record review of Resident #115's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/21/23 revealed in "Section H" that the resident has an indwelling catheter and in "Section C" a Brief Interview for Mental Status (BIMS) score of 05, which indicated the resident is severely cognitively impaired.	M 500		