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
	17DH	A. BUILDING: _____ B. WING _____	04/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESOTO HEALTHCARE CENTER	7805 SOUTHCREST PARKWAY SOUTHAVEN, MS 38671

(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) determined during an annual recertification survey, conducted from 4/16/23 through 4/19/23 that the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements with deficiencies cited at M500. Census at the time of the survey was 86 and the facility had beds for 110 residents.	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	M 500		5/22/23

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M 500	Continued From page 1 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 facility accept his written delegation of this	M 500		

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M 500	Continued From page 2	M 500		

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 unopened, unless medically contraindicated (as

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M 500	Continued From page 3 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, resident and staff interviews, record review, and facility policy review the facility failed to provide residents an opportunity to choose a dining location as evidenced by all evening and weekend meals	M 500	1.) The Administrator has met with resident #8 and #15, seperately to discuss residents choice in being able to attend all meals, now being served in the dining room and no further concerns have been voiced. Residents #8 and #15 were given a choice to have their meal in the dining	

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M 500	Continued From page 4 being served in resident rooms, for one (1) of four (4) survey days observed. Resident #8 and Resident #15 Findings include: Review of the facility policy titled, "Resident Rights" with no revision date revealed under, "5. 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: a. The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interest, assessments, and plan of care and other applicable provisions of this part. 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." Resident #8 An observation on 04/16/23 at 5:45 PM, revealed no residents in the dining room for the supper meal. Meal carts were being sent out to the floor. An interview on 04/17/23 at 08:50 AM, with Resident #8 revealed we eat in our rooms on the weekends because the dining room is closed. He revealed he would much prefer to eat his meals in the dining room, but we just stay in our rooms. He revealed he was never given a choice regarding where he wanted to eat his meals. An interview on 04/17/23 at 5:05 PM, with the Administrator revealed he was not aware that any of the residents were voicing any issues about eating in their rooms. He revealed, he doesn't	M 500	room on the evening of 4/18/2023. Residents #8 and #15 were notified that the dining room would be open for weekend meals on 4/18/2023 starting Saturday 4/22/2023. 2.) All residents have the potential to be affected. 3.) All meals are offered in the dining room seven days per week. All residents were notified of their self-determination and choice of meal location by the Activities Director and the Administrator on 4/18/2023. New residents will be notified upon admission of resident's rights and self-determination by Social Services. 4.) Grievances regarding meal locations and self-determination will be maintained and investigated by Social Services with the assistance of the DON and the Administrator as necessary and brought to the weekly High-Risk meeting starting 4/26/2023 for four weeks and then monthly times three months to the facility Quality Assurance meeting for review and recommendations starting on 5/22/2023. The Administrator, Director of Nursing, Quality Assurance nurses, Dietary Manager, Unit Manager, or Activities Director will audit resident meals in the dining room to ensure they are served three times a day and seven days per week for four weeks to include weekends and all three meals beginning on 4/22/2023. Resident satisfaction concerning meal locations will also be reviewed monthly for three months in the resident council meeting with the Activities	

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M 500	Continued From page 5 believe anyone was given a choice about their preference about continuing to eat their meals in their rooms on the weekends and at night and confirmed that he really didn't present it to the residents about the dining room being closed for meals on the weekend. He confirmed it should have been opened back up and we are opening it back up fully today. An interview on 04/18/23 at 09:11 AM, Certified Nurse Aide (CNA) #1 revealed she was told a while back that the residents were not to eat in the dining room on the weekend. She revealed she let the Administrator know a couple of months ago that there are some residents that would like to go to the dining room on the weekends. She revealed they like to go to the dining room to eat and socialize. A review of the Face Sheet revealed Resident #8 was admitted to the facility on 12/30/17 with diagnoses that include Chronic obstructive pulmonary disease, Bipolar Disorder, and Anemia. A review of the Minimum Data Set (MDS), Section C-Cognitive Patterns, with an Assessment Reference Date (ARD) of 2/22/2023, revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicates Resident #8 is cognitively intact. Resident #15 An interview on 04/16/23 at 05:25 PM, with Registered Nurse (RN) #1 revealed she was the weekend supervisor and stated that all meals were served in the residents' rooms on the weekends and stated, "You know, I'm not sure why."	M 500	Director beginning 4/26/2023. 5.) The given date for completion of the facilities plan of correction is 5/22/2023.	

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M 500	Continued From page 6 An observation of the dining hall on 04/16/23 at 5:30 PM revealed no supper meals being served in the dining hall. An interview on 4/17/23 at 08:44 AM, with Resident #15 revealed she loved to eat in the dining room, the food was served hotter, and she stated, "I would like to go to the dining room for at least one (1) meal on the weekend." Resident #15 revealed she does not know why she cannot eat in the dining room on the weekend, and they always brought her meals to the room. An interview on 4/17/23 at 02:30 PM, with Certified Nurse Aide (CNA) #2 revealed that the supper meals Monday through Friday and all meals on the weekend were served in the resident's room. She stated that the facility did not have a big staff on the weekend, and they all must work together to get the meal trays passed. She revealed that the facility just recently started serving meals in the dining room again, following the end of the Covid-19 pandemic. An interview with the Director of Nursing (DON) on 4/17/23 at 2:40 PM, revealed she has been in this position since October 2021. She stated that the residents were not eating in the dining room when she entered the DON position due to Covid-19. She revealed that the residents prefer to eat off the dining room steam table so they can choose the foods they want. When the State Agent (SA) asked if the residents had been given a choice on whether they eat their food in their room or the dining room, she revealed she had not asked them. She stated that eating in the dining room was the Administrator's decision. An interview with the Administrator (ADM) on	M 500		

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M 500	Continued From page 7 4/17/23 at 2:50 PM, revealed they recently resumed eating in the dining room in October 2022 due to the Covid-19 pandemic. He stated they started with breakfast and then added lunch. He revealed that the facility casually asked the residents if they would like to resume eating in the dining room, and at the time, there was not a tremendous amount of interest. He revealed he could not swear that every resident was asked about their preference regarding where they ate their meals. He revealed with things changing so much with COVID-19, we just decided that eating in the rooms was best, and when we started eating breakfast and lunch in the dining room back in October 2022, we continued to have them eat their meals in their rooms for supper and all meals on weekends. When the SA asked the Administrator what the setback for residents would be with them not having a choice of where they ate their meals and socialized, the Administrator stated, "I see what you mean". When the SA inquired if residents should have a choice the Administrator stated, "yea, yea." Record review of the Face Sheet revealed Resident #15 was admitted to the facility on 3/21/23 with medical diagnoses that included Streptococcal Infection, unspecified, Urinary Tract Infection, site not specified, and Pneumonia, unspecified organism. Record review of Section C of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/28/23 revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicates Resident #15 is cognitively intact.	M 500		