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
	06OG	A. BUILDING: _____ B. WING _____	04/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK GROVE RETIREMENT HOME	209 OAK CIRCLE DUNCAN, MS 38740

(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 re-certification survey at the facility from 4/10/2023 to 4/13/2023. During the survey, the SA determined the facility was not in compliance with with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements. The SA identified non-compliance and cited M500. The census at the time of the survey was 60 and the facility is licensed for 60 beds.	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	M 500		5/25/23

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M 500	Continued From page 1 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; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial	M 500		

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M 500	Continued From page 2	M 500		

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 residents or individuals within or outside of the facility to work for improvements in resident care,

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M 500	Continued From page 3 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 and policy review the facility failed to ensure residents were free from physical restraints for one (1) of	M 500	M500 Residents Rights 1. Correction action accomplished for alleged deficient practice: On 4/11/2023, resident was assessed by Director of Nursing and the long bedrail	

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M 500	Continued From page 4 60 residents reviewed. Resident #26. Findings Include: Record Review of the facility policy titled, "Restraint Devices, Physical Policy and Procedure" without a date, revealed, "Purpose: ... 3. Restraints of any type will not be used as punishment or as a substitute for more effective medical and nursing care or for the convenience of the facility staff... Policy: Restraints are to be used as ordered by the physician. Procedure: 1. Assess the resident's need for least restrictive restraint/safety device use... 2. Obtain informed consent for restraint device use... 3. Obtain physician's order for safety device..." An observation on 4/10/23 at 7:15 PM, revealed Resident #26 was in the bed with his eyes closed. The right side of bed against the wall with a side rail the length of the bed raised on the left side of the bed. An observation and interview on 4/11/23 at 8: 20 AM, with Resident #26 revealed, he was sitting up in bed eating breakfast, right side of bed was against the wall, with a side rail the length of the bed, raised on the left side of the bed. When Resident #26 was asked if he knew why he had the side rail up he stated, " I don't know, thank you." An observation on 4/12/23 at 10:00 AM, revealed sitting up in bed with the right side of bed against wall, and a side rail the length of the bed, remained raised on the left side of the bed. During an interview and observation with Licensed Practical Nurse (LPN) #1 on 4/12/23 at 10:45 AM, she verified that Resident # 26's bed	M 500	was removed. No further negative findings noted. a) On 4/11/2023, Director of Nursing completed, 100% audit on all siderails needed and were removed and changed per oreders by Director of Nursing and Maintenance. On 4/11/2023, the medical director was notified by Director of Nursing of the need to have a 1/4 inch rail to allow the resident to assist in turning in the bed to help staff with care. A new physician order was obtained, consent was obtained, assessment completed, care plan was completed, and a new 1/4 inch rail was placed on the left side of the bed. On 4/11/2023, Director of Nursing completed a 100% audit for restraints, side rails, orders, consents, assessments. On 4/11/2023, Director of Nursing provided nursing provided in service to nursing staff on restraints, residents who have restraints and the type of restraints. 2. All residents have potential to be affected by this deficient practice. 3. Measure put in place to ensure the alleged deficient practice does not reoccur. a)On 4/11/2023, Administrator/Director of Nursing in-service to all nursing staff and maintenance on side rail vs assistance bar procedure. 4.On 4/11/2023, Director of Nursing will make weekly rounds to assess siderail use within the facility weekly x 8 wks or until compliance is met. 5. Any negative findings will be reported to Administrator on 5/10/2023 for Quality Assurance monthly and quarterly for 6 months review findings and make	

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M 500	Continued From page 5 was against the wall on the right side and that a full side rail, the length of the bed, was in use on the left side of the bed. She revealed that she did not know why the side rail was up. LPN #1 stated that with the bed against the wall on one side, and a full side rail up on the other side, it could be considered a restraint. She stated that the resident could get wedged between the mattress and injure an arm or leg. During an interview on 4/12/23 at 10:50 AM, with Certified Nursing Assistant #1 (CNA) he stated that Resident #26 should not have had the side rail up. He stated that he put the side rail down this morning and did not know who put it up. During an interview with the Director of Nursing (DON) on 4/12/23 at 10:54 AM, she stated Resident #26 was using the side rail for bed mobility and that he could help staff turn him by pulling on the side rail. She stated he had a full side rail on the bed because that was probably the only rail they had. An interview with the Minimum Data Set (MDS) nurse on 4/13/23 at 8:25 AM, revealed that she uses the Physician's orders to determine if a side rail assessment and care plan are needed. She confirmed that Resident #26 did not have a physician's order for side rails. During an interview with the DON on 4/13/23 at 8:27 AM she verified that Resident #26 should have had a consent, physician's order, side rail assessment and care plan for the full side rail on his bed prior to 4/12/23. During an interview with the Administrator on 4/13/23 at 12:20 PM, she confirmed that with the bed against the wall on one side and a full side	M 500	recommendations for corrections.	

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M 500	Continued From page 6 rail on the other side of the bed, it could be considered a restraint, especially with no consent, physician's order, or care plan. She stated that the bed rail was 78 inches long. Record review revealed no consent for side rail use, no physician's order for side rail use, no side rail assessment, and no care plan was developed for the full side rail until 4/12/23. Record review of Resident #26's Admission Record revealed he was admitted to the facility on 6/16/2017 with diagnoses that included Cerebral Infarct, Unspecified Dementia, and Hemiplegia and Hemiparesis after Cerebral Infarct Affecting Left Non-Dominant Side. Record review of Resident #26's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/7/23, Section C, Brief Interview for Mental Status (BIMS) score is 11, indicating moderately impaired cognition. Section G, Physical Function, Bed Mobility is extensive assistance of two (2) staff members.	M 500		