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
	48RP	A. BUILDING: _____ B. WING _____	04/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER PLACE NURSING CENTER	1126 EARL FRYE BOULEVARD, SOUTH AMORY, MS 38821

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M 000	Initial Comments The State Agency (SA) conducted an annual re-certification survey at the facility from 4/17/23 to 4/20/23. The SA determined that the facility was not in compliance with state licensure requirements Minimum Standards for Institutions for the Aged or Infirm with deficiencies cited at M 190 and M 500. The census at the time of the survey was 54 with a bed capacity of 60 beds.	M 000		
M 190 SS=D	45.2.33 Restraint Restraint. The term "restraint" shall include any means, physical or chemical, which is intentionally used to restrict the freedom of movement of a person. This Statute is not met as evidenced by: Level II Based on observation, resident interview, staff interview, record review and facility policy review the facility failed to ensure a resident was free of the use of a restraint as evidenced by use of a body alarm that restricted the movements of a resident who could turn and position themselves and they could not easily remove the device for one (1) of 54 residents reviewed. Resident #43 Findings include: A review of the facility's policy titled "SUBJECT: RESTRAINT POLICY", revealed, "POLICY: As per OBRA (Omnibus Budget Reconciliation Act) requirements all residents have the right to be unrestrained. Restraints should be used only as a last alternative and only when other less restrictive measures have been tried and	M 190	1. What corrective action will be accomplished? for those residents found to have been affected by the alleged deficient practice? Clip alarm was immediately removed from Resident #43 on 4-17-2023. Audit was completed by the Director of Nursing on 4-17-2023 to ensure that no other alarms were in the building. Non were found to be in use. 2. Steps taken to identify other residents having the potential to be affected by the same alleged practice? The facility has determined that no other	6/9/23

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M 190	Continued From page 1 rejected. DEFINITION: "Physical Restraints" are defined as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body...PROCEDURE:..2.) All residents using a restraint are to be evaluated and re-evaluated approximately every quarter..." A review of the facility's policy titled "SUBJECT: PHYSICIAN'S ORDER FOR A PHYSICAL RESTRAINT DEVICE," revealed, "POLICY: "All residents requiring a physical restraint must have a Physician's Order ..." An interview with CNA #4 on 4/17/23 at 11:00 AM, revealed she provides care to Resident #43 at times and confirmed she would fuss when we had to put the alarms on, but we didn't want her to fall. An observation and interview on 4/17/23 at 1:43 PM, Resident #43 was asked why she had a body alarm clipped to the back of her blouse, she revealed the staff put it on her because she has had a couple of falls when she came in, but she is in therapy and stronger now. She stated, "I hate the alarm and I feel insulted having to wear it, I can't even bend down to pick something up if I need to without it going off and when I'm in bed I hate to even turn over because the alarm scares me and wakes up the whole hall." She also revealed the staff had showed her how to put the alarm back together so it would stop alarming when she moves to much in the bed and stated, "That's kind of hard to do when its dark or you can't reach it on the back of the chair," and confirmed she had told the staff over and over she wanted it off.	M 190	residents in the facility were affected by this alleged practice but do have the potential to be affected. 3. What measures will be put in place or systematic changes made to ensure that the deficient practice will not recur? On 5-12-2023 nursing facility staff including nurses and Certified Nursing Assistants were in -serviced by the DON on the use of fall alarms and restraints. All alarms were disposed of 4-17-2023. 4. Monitoring the corrective actions (Quality Assurance Program) to ensure that the alleged deficient practice does not recur? Administrator and DON beginning 5-15-2023 will continue to observe and make walking rounds to ensure alarms are not being used on a weekly basis for 3 months. Walking rounds and observations will be done by the Director of Nursing or Registered Nurse Supervisor and findings documented weekly for three months. Beginning in June 9th, 2023 any adverse findings of alarms will be brought to the risk Management / Quality assurance Committee for six months or until such time consistent substantial compliance has been achieved as determined by the committee. audit results will be shared with the Resident Council on 6-15-2023 for comment and suggestions.	

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M 190	Continued From page 2 Record review of the April 2023 Physician Orders revealed no order for a body alarm. An interview on 04/18/23 at 10:00 AM, with Certified Nurse Aide (CNA) #1, revealed Resident #43 was to wear the chair alarm all the time while up in the wheelchair to deter her from wanting to stand up and risk falling. She noted that each time she had been assigned Resident #43, she had placed the alarm on Resident #43 when she helped her get in the wheelchair. CNA #1 shared that she was told by the nurses the chair alarm had to be clamped onto Resident #43, because she had fallen not long after being admitted to the nursing facility. She stated that Resident #43 was out of her head when she admitted and was not safe to stand up but has not fallen again in a long time. She also confirmed that there was an alarm the CNAs were to place on Resident #43 when she was in the bed to deter her from getting up and risk falling at night. She admitted she had not asked Resident #43 if she agreed with wearing the chair alarm or if it bothered her to do so. An interview with the Director of Nurse (DON) and the Registered Nurse (RN) Supervisor on 4/18/23 at 1:15 PM, both nurses confirmed that Resident #43 had a body alarm on at all times because the resident's granddaughter insisted she have one after a fall on 3/31/23 and related to confusion on admission, not always using the call light, and she would get up unassisted at night but both nurses confirmed that she is much better now. The DON and RN Supervisor stated that the body alarm would be considered a restraint because it does restrict Resident # 43's movement in the chair and the bed. The RN supervisor confirmed Resident # 43 can turn and reposition herself in the bed and chair and	M 190		

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M 190	Continued From page 3	M 190		

confirmed that there was no physician's order for the body alarm, nor had there been a restraint assessment or consent completed. The DON confirmed that the use of a device restricting movement could cause withdrawal from activities or socialization and cause a decrease in the resident assisting herself.

An interview with the Social Services on 4/18/23 at 2:18 PM, revealed that a restraint restricting a resident's movement could cause anxiety, decrease the desire to do things for themselves and they may isolate themselves to their room.

An interview with the DON on 4/19/23 at 1:59 PM, she revealed Resident # 43 sometimes transfers with handheld assistance and other times may need extensive assistance for transfers.

An interview with the Physical Therapist (PT) on 4/19/23 at 2:47 PM, revealed Resident # 43 can walk 150 feet with a rolling walker and that she required a lot of cueing related to left side impairment. PT stated she is riding the new step bike to strengthen her motor control and is extensive assist of one for transfers.

An interview with the Speech Therapist (ST) on 4/19/23 at 2:49 PM, revealed Resident # 43 is alert and oriented at this time, and confirmed she was alert and oriented at the time of admission.

Record review of the Face Sheet revealed that the facility admitted Resident # 43 to the facility on 2/07/23 with diagnoses of Hemiplegia following cerebral infarction affecting left side, Pulmonary Embolism without acute core pulmonale, Dizziness and giddiness, and Unspecified abnormality of gait.

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M 190	Continued From page 4 Record review of the Minimum Data Set (MDS) Section C with an Assessment Reference Date (ARD) on 2/11/23, revealed that Resident # 43 had a Brief Interview for Mental Status (BIMS) score of 14 which indicated that she was cognitively intact.	M 190		
M 500 SS=D	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 pharmacy or pharmacist provider in accordance	M 500		6/9/23

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M 500	Continued From page 5 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 6 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 record);	M 500		

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M 500	Continued From page 7 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 resident interview, staff interviews, and facility policy review the facility failed to protect a resident's right to privacy in her room for one (1) of 54 residents reviewed for resident rights. Resident #39 Findings include: Review of the facility policy titled, "Resident	M 500	1. What corrective action will be accomplished for those residents found to have been affected by to he alleged deficient practice. On 4-18-2023 Social Services Director spoke with resident number 39 and she confirmed no harm had been done by resident number 36. On the day of the event Resident #36 was immediately	

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M 500	Continued From page 8 Rights," with a copyright date of 2018, revealed "1. Resident rights. The resident has the right to a dignified existence ... 9. Safe environment. The resident has a right to a safe, clean, comfortable and Homelike environment, including but not limited to receiving treatment and support for daily living safely." An interview on 4/18/23 at 4:00 PM, with Resident #39, during the Resident Council Meeting, revealed Resident #36 had wandered into her room and she did not want uninvited men in her room. She revealed it makes her very uncomfortable for him to be in her room, she feels he was intruding in her private space. She revealed the staff would hear her tell him to get out and would come to convince him to leave. She shared that she would not want to be on the toilet or getting out of her clothes, and he was to come in her room. She revealed that she wanted the staff to assure her that she had the right to her private space, and that she would be comfortable and safe by not having to always watch for him to keep him out of her room. An interview on 4/19/23 at 1:10 PM, with the Registered Nurse (RN) Supervisor confirmed that Resident #36 exhibited wandering behaviors and had wandered in and out of other residents' rooms. She noted that she could not confirm or deny that the male resident had wandered into Resident #39's room before. An interview on 4/19/23 at 1:30 PM, with the Administrator, revealed she had a conversation with Resident #39 some time ago about Resident #36 when he entered her room, and that Resident #39 wanted the Administrator to tell her she would stop Resident #36 from coming in her room. She noted that she informed Resident #39 that she	M 500	removed from Resident # 39's room. A stop sign was ordered on 5-11-2023 for Resident #39's door and will be placed once received. 2. Steps taken to identify other residents having the potential to be affected by the same alleged practice? The facility has determined that all residents in the facility have the potential to be affected by this alleged deficient practice. 3. What measures will be put in place or systematic changes made to ensure that the deficient practice will not recur? An in-service for all staff was conducted by the administrator on 5-11-2023 on the importance of monitoring wandering residents and re - directing as necessary. On 5-11-2023 Social Services placed a sign on the wandering residents door to help him identify his room. Social services identified by interview residents with increased concern about wandering residents and stop signs were ordered on 5-11-2023 and will be placed across the door of those residents rooms once received to help detour wandering residents. This includes the room of Resident #39. 4. Monitoring the corrective actions (Quality Assurance Program) to ensure that the alleged deficient practice does not recur?	

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M 500	Continued From page 9 would do all that she could to keep Resident #36 out of her room but could not promise that he would not enter her room again. She confirmed Resident #39 had the right to privacy, that her right to privacy had been violated. An interview on 4/19/23 at 1:45 PM, with Social Services, confirmed Resident #39's complaint that Resident #36 unwantedly entered her room. She revealed that she did not think Resident #39's rights had been violated because Resident #39 did not present the complaint to her in that manner, that it was not a major occurrence with Resident #36 going into her room, and that she informed Resident #39 that Resident #36's mind does not function like hers anymore and he was not aware of what he was doing. An interview on 4/19/23 at 2:34 PM, with Licensed Practical Nurse, (LPN) #2, confirmed that Resident #36 did exhibit wandering behaviors and had been wandering in and out of different residents' rooms. An interview on 4/19/23 at 4:40 PM, with the Director of Nursing (DON), confirmed Resident #36 did wander in and out of other residents' rooms and that there had been residents that did not like him coming into their rooms. Record review of the "Face Sheet" for Resident #39 revealed an admission date of 12/03/21 and a diagnosis of Adjustment disorder with Mixed Anxiety and Depressed Mood. Record review of the "Patient Progress Note," from Resident #36's physician dated 2/10/23, revealed " ... 91-year-old out and about in the facility in his wheelchair ... he's been a little agitated, going in and out of folks room but so far,	M 500	Through observation and interviews with residents and Beginning 5-10-2023 The Director of Nursing or Administrator will complete weekly rounds to ensure staff are re directing wandering reseidents this will be done weekly times 4 weeks then monthly times 3 months. Beginning June 9th, 2023 audit records will be reviewed by the Risk Management/Quality Assurance Committee for 6 months or until such time consistent substantial compliance has been achieved as determined by the committee. Audit results will be shared with the Resident Council on June 15th, 2023 for comment and suggestions.	

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M 500	Continued From page 10 he's been redirected. ... Impression: ... 2. Dementia." Record review of the Quarterly Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 2/14/23, for Resident #39, revealed an interview dated 2/13/23 with a Brief Interview for Mental Status (BIMS) score of 15, indicating Resident #39 is cognitively intact.	M 500		