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
	73UH	A. BUILDING: _____ B. WING _____	05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNION CO HEALTH AND REHAB CENTER, INC	1111 BRATTON ROAD NEW ALBANY, MS 38652

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 05/01/23 through 05/04/23. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards of Operation for Institutions of Aged or Infirm, state licensure requirements and cited M 500 and M 1570. Census at the time of survey was 49 and the facility held a license 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 nurse practitioner/physician assistant in his	M 500		5/26/23

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M 500	Continued From page 1 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 transactions made on his behalf should the	M 500		

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M 500	Continued From page 2 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, and send and receive his personal mail	M 500		

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M 500	Continued From page 3 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 and resident interview, and facility policy review, the facility failed to provide privacy to a resident during	M 500	M500 * On 5/02/2023, upon completion of incontinent care evaluation on resident #31 provided by Certified Nursing Assistant #1, Certified Nursing Assistant	

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M 500	Continued From page 4 incontinent care as evidenced by failure to close the window blinds for one (1) of three (3) residents observed for incontinent care. Resident #31 Findings include: Record review of the facility "Procedural Guideline for Performing Perineal Care for a Female Patient," revealed, "...#4 Provide privacy..." An observation on 05/02/23 at 1:13 PM, revealed Certified Nursing Assistant (CNA) #1 provided incontinent care to Resident #31 and failed to close the window blinds on the large window in the resident's room to provide privacy to the resident. The observation revealed a large open area outside of the resident's window with a walkway and a busy parking lot present outside of the window. An interview on 05/02/23 at 1:25 PM. with CNA #1 revealed that she pulled the privacy curtain to provide privacy from the door but forgot to close the window blinds for privacy at the window and stated, "I was in a hurry and just didn't do it." An interview on 5/3/23 at 8:35 AM, with Resident #31 revealed that she did not know the window blind was open when they did her care, but it should have been closed where nobody would see her that might be walking by outside. An interview on 5/3/23 at 11:20 AM, with the Director of Nursing (DON) revealed the blinds should have been closed to provide privacy in case anyone was outside. Record review of the in-service forms revealed	M 500	#1 was given a one-on-one Teachable Moment in-service by Charge Nurse on the requirement to provide privacy during incontinent care for the resident. (Attachment #M500-1) Certified Nursing Assistant #1 verbally acknowledged understanding of this requirement. The Social Services Director then talked with resident #31 to see if the failure to provide privacy resulted in any negative outcomes for the resident. (Attachment #M500-2) Resident #31 stated she did not realize that the blinds were not drawn and did not feel scared or offended in any way. * The Director of Nurses conducted a chart audit of residents to determine those receiving incontinent care, which could be affected by this deficient practice. (Attachment #M500-3) * On 5/3/2023, the facilities' policy and procedures on providing resident privacy and dignity during incontinent care was reviewed by the facilities' Quality Assurance Committee. (Attachment #M500-4) No changes were recommended at this time. An in-service on privacy and dignity for residents was initiated on 5/3/2023 to direct care staff by the staff development nurse and/or charge nurse, to be completed by direct care staff by 5/18/23. (Attachment #F583-5) Any direct care staff not receiving this in-service will not be allowed to work until they receive this in-service. All shifts including weekend staff must be in-serviced. * The staff development nurse and	

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M 500	Continued From page 5 CNA #1 attended an in-service/check off on perineal care and catheter care on 4/26/23, which included providing privacy. Review of the facility Face Sheet for Resident #31 revealed an admission date of 5/27/22 with diagnoses that included Epilepsy, Heart Failure, and Anemia. Review of Section C of the significant change Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/27/23 revealed a Brief Interview for Mental Status (BIMS) score of seven (7) which indicated Resident #31 had severely impaired cognition.	M 500	charge nurse will conduct unannounced observations of staff providing resident privacy during incontinent care starting 05/03/2023, one observation of incontinent care per day on each shift for two weeks for a total of 24 direct care staff being observed/evaluated during this time frame, then staff development nurse and or charge nurse will observe incontinent care and compliance with privacy policies and procedures two times a week for two weeks, eight personnel observed during this time frame, for a total of eight personnel, then one time a week for two weeks, for a total of four direct care staff being observed for that two week period, with a total of 40 personnel being observed thru the intensified observation period. After completion of this intensified observation period monthly observations will be conducted as part of ongoing Quality Assurance measures for the facility commencing in July 2023. (Attachment #M500-6) Results will be recorded on a Quality Assurance worksheet and copies provided to the Administrator and Director of Nursing within forty eight hours of the observation. The facilities' Quality Assurance Committee will meet once a week on Thursday at 1400 hours and lasting approximately one hour, instead of once a month beginning 5/3/2023, to review the results of the privacy and dignity observations thru the intensified observation period. (5/3/23 thru 6/14/23) The Quality Assurance Committee will meet on 6/15/23 to discuss effectiveness of intensified observations of incontinent care resident privacy compliance. Should there be negative results identified thru the	

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M 500	Continued From page 6	M 500	observations, the Quality Assurance Committee will recommend any changes necessary to correct the problem at this meeting. The Quality Assurance Committee will resume monthly meeting in July 2023 and review finding of observations of incontinent care privacy concerns provided thru monthly incontinent care observations. The Director of Nursing will provide the Quality Assurance Committee with copies of the compliance observations at the Quality Assurance Meeting each week, at which time The Director of Nursing will verbally review findings of weekly and or monthly observations. Weekly Quality Assurance meeting will end 6/15/2023 at which time monthly Quality Assurance Meeting will return to once a month scheduled to accommodate our Medical Directors Schedule and or Facility Quality Assurance needs.	
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a	M1570		5/26/23

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M1570	Continued From page 7 mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by: Level II	M1570	M1570 * On 5/3/23, Facilities policy and procedure on Hand Hygiene was reviewed by the Quality Assurance Committee with no recommendations for changes. (Attachment #M1570-1) Certified Nursing Assistant #3 received a teachable moment in-service one on one by the charge nurse on 5/3/2023. (Attachment #M1570-2) Certified Nursing Assistant #3 voiced understanding of hand hygiene requirements during incontinent care. * All residents in this facility receiving incontinent care could be affected by this deficient practice. * An in-service on hand hygiene provided during incontinent care was initiated on 5/3/2023 by the Infection Control Preventionist to direct care staff. (Attachment #M1570-3) Direct care staff that have not received this in-service will not be allowed to return to work until they have completed it after 5/18/2023. Exam	

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M1570	Continued From page 8	M1570	Gloves will be placed in dispensers by the entrance door of residents' rooms to make exam gloves more convenient to the personnel engaged in providing incontinent care. (Attachment #M1570-4) * Infection Control Preventionist and/or charge nurse will make observations of direct care staff providing incontinent care starting on 5/3/23, to ensure compliance of infection control hand sanitation/washing policies and procedures, one incontinent care session(one direct care staff), each shift a day for two weeks, twenty eight personnel, twice a week for two weeks, sixteen direct care personnel, then once a week for two weeks, four direct care personnel, all shifts. (Attachment #M1570-5) Results of these observations will be recorded on a Quality Assurance Worksheet which will be submitted to the Director of Nursing within forty eight hours of the observation. The Director of Nursing will provide the Quality Assurance Committee results of Hand hygiene observations weekly at Quality Assurance Committee meetings held on Thursday at 1400 hours thru the 6/15/2023, for review and possible changes to Facilities efforts to improve infection control compliance by direct care staff during incontinent care. The Quality Assurance Committee will be meeting once a week starting 5/3/23 and continuing thru the intensified observation period to review progress and make recommendations for change if necessary, the Quality Assurance Committee meeting on 6/15/23, will assess facilities efforts to ensure direct staff compliance with hand	

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M1570	Continued From page 9	M1570	hygiene during incontinent care. Quality Assurance Committee will return to regular meeting schedule of once a month beginning in July of 2023 to review results of ongoing Quality Assurance observations related to direct care staff following infection control policies and procedures on performing hand hygiene care during incontinent care. The date of facilities monthly Quality Assurance meeting is determined by our Medical Directors schedule and events in the Facility.	