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
	59AL	A. BUILDING: _____ B. WING _____	07/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LONGWOOD COMM LIVING CENTER	200 LONG STREET BOONEVILLE, MS 38829

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M 000	Initial Comments The State Agency (SA) conducted an annual re-certification survey at the facility from 7/05/23 through 7/06/23. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm and the SA cited M500, M610 and M815. The census at the time of the survey was 47 and the facility is licensed for 64 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	M 500		8/9/23

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M 500	Continued From page 1 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; 6. may manage his personal financial affairs, or is	M 500		

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M 500	Continued From page 2	M 500		

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 residents or individuals within or outside of the

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M 500	Continued From page 3 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, resident and staff interviews, and facility policy review the facility	M 500	1. On 7/6/2023, Resident #38 was educated and agreed to have privacy curtain pulled while lying in bed uncovered.	

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M 500	Continued From page 4 failed to ensure that a resident who was unclothed had privacy and was free from view to maintain personal privacy for one (1) of 47 residents reviewed during initial tour. Resident #38 Findings include: Record review of the undated facility policy entitled, "Dignity and Respect", undated, revealed, "Policy Statement It is the policy of this facility to treat each resident with respect and dignity...Procedure...3. Residents shall be examined and treated in a manner that maintains the privacy of their bodies. A closed door or drawn curtain shields the resident from passers-by..." On 07/05/23 at 11:00 AM an observation was made of Resident #38 lying in bed with no shirt on and was covered with a blanket from his waist down. His door was not closed, and the resident was visible to anyone passing down the hallway. Resident #38 was lying in the first bed at the doorway just inside the room. On 07/05/23 at 12:00 PM, an observation was made of Resident #38 lying in bed with a brief on and with no top sheet or blanket covering him and he had no shirt or pants on. The door to the hallway was open and there was no curtain pulled to prevent exposure of resident from those ambulating in the hallway. Resident was lying flat in bed and was visible to those outside the room. On 07/05/23 at 2:00 PM, an observation of Resident #38 from the hallway, revealed the door to his room was open, and he was lying in bed with only a brief on and there was not a top sheet or blanket covering him.	M 500	2. This alleged deficient practice has the potential to affect all residents. 3. On 7/6/2023, in-service began with nursing staff on residents' rights including ensuring privacy of a residents' body shall be maintained at all times including while lying in bed uncovered, during toileting, bathing, and other activities of personal hygiene, except when staff assistance is needed for the residents' safety. Room Rounds initiated on 7/12/2023. Any privacy concerns will be corrected immediately. Medical Director also made aware of all findings. 4. Beginning 7/12/2023 Director of Nursing (DON) will observe during walking rounds 5 days per week x 4 weeks, then weekly x 2 months to ensure residents are covered appropriately during care and while in view in common areas. Any privacy concerns will be immediately corrected. Director of Nursing will report results of the audit to Quality Assurance Performance Improvement Committee (QAPI) monthly x 3 months starting 8/8/2023 and as needed for review/revision.	

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M 500	Continued From page 5 On 07/06/23 at 8:02 AM, an interview with Resident #38 revealed that he had trouble breathing and didn't like to wear shirts or pants. Resident stated, "I don't want to put a shirt on." Resident revealed that he tried to keep the cover over him; but he sometimes got hot and felt like he was smothering and would kick the cover off. Resident #38 revealed that he would rather not be seen by other's when he was uncovered. Resident #38 stated, "I don't want people to see my legs." On 07/06/23 at 9:20 AM, an interview with Director of Nursing (DON), revealed that Resident #38 constantly kicked his covers off, would not wear clothes, and the staff had to constantly watch him. She revealed that they had tried gowns, more comfortable shirts, and shorts; but he just took them off. She stated that the staff usually monitor him and when he was uncovered, they would go in and cover him back up. On 07/06/23 at 9:50 AM, an interview with DON, revealed that she agreed one hundred percent that the resident lying in bed uncovered with only a brief on was a personal privacy issue, especially because he didn't want anyone to see his legs. On 07/06/23 at 10:00 AM, an interview with the Administrator (ADM), revealed that she was made aware of the concern with Resident #38 today. The ADM confirmed that this resident lying in his bed unclothed and uncovered with the door to his room left open was a privacy issue. Record review of Resident's Admission Record revealed an admission date of 06/02/23 with the following diagnoses to include Heart Failure,	M 500		

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M 500	Continued From page 6 Chronic Obstructive Pulmonary Disease, Morbid Obesity, Restlessness and Agitation, and Weakness. Record review of Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 06/08/23, documented under Section C a Brief Interview for Mental Status (BIMS) Score of 08 which indicated that resident had moderate cognitive deficits.	M 500		
M 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by: Level II Based on observation, staff and resident interviews, record review, and facility policy review the facility failed to provide personal hygiene as evidenced by long, jagged fingernails with a brown substance underneath the nails for one (1) of 12 sampled residents. Resident #40 Findings include: Record review of the facility policy titled, "Fingernails/Toenails, Care of" with a revised date	M 610	1. On 7/5/2023, Resident 40 nail care was provided immediately by the Director of Nursing (DON). 2. This alleged deficient practice has the potential to affect all residents. 3. On 7/5/2023 DON and Nursing Supervisor performed nail care for all residents. Starting 7/6/2023, staff were in-serviced regarding use of care plan in residents care and providing nail care by DON. Starting 7/12/2023, DON will	8/9/23

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M 610	Continued From page 7 of February 2018, revealed, "Purpose: The purposes of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections..." An observation and interview on 07/05/23 at 3:15 PM, revealed Resident #40's fingernails on both hands were approximately one-half (1/2) inch long and jagged past the tip of the fingers and had a brown substance underneath the nails. The resident revealed he wasn't sure when the last time they were cut and he would like for them to be cut. An interview on 07/05/23 at 3:20 PM, Certified Nurse Aide (CNA) #1 revealed we are responsible for making sure the resident's nails are cleaned each time they are bathed but the nurses trim their nails on the weekends. She revealed she is assigned to Resident #40 but just came in to work and wasn't sure what was done today. An observation and interview on 07/05/23 at 03:25 PM, the Director of Nurses (DON) revealed according to Resident #40's physician orders the resident is supposed to get routine nail care weekly on Saturday. She revealed the residents are supposed to have their nails cleaned every day when they are bathed or cleaned up. She confirmed that Resident #40's nails were long and jagged and needed to be cleaned. She revealed with his nails long and dirty he could cut his skin and could also possibly spread infection. She stated "I will make sure they get cleaned and cut right now." Record review of Resident #40's Order Summary report revealed an order dated 9/1/2021 for "Routine nail care every Saturday..."	M 610	monitor nail care and correct any nail care concerns immediately. Medical Director also made aware of findings. 4. Beginning 7/12/2023, DON will monitor nail care is being completed according to the care plan through rounds weekly x 4, then monthly x 2. DON will report all results of audit to Quality Assurance Performance Improvement (QAPI) monthly x 3 starting on 8/8/2023 and as needed for review/revision.	

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M 610	Continued From page 8 Record review of Resident #40's Admission Record revealed the resident was admitted to the facility on 09/01/2021 with diagnoses that included Depressive episodes, Chronic Respiratory failure, and Tachycardia. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of April 12, 2023, revealed Resident #40 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident is cognitively intact.	M 610		
M 815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This Statute is not met as evidenced by: Level II Based on observation, staff interviews, and facility policy review, the facility failed to ensure items in the kitchen refrigerators, dry storage room and on metal shelves were dated, labeled and discarded by the expiration date for one (1) of two (2) kitchen tours. Findings include: Review of the facility policy titled, "Food Storage" dated August 18, 2011, revealed, It is the policy of this facility that food storage areas be maintained in a clean, safe, and sanitary manner ... 8. All foods stored in refrigerators and freezers that have been opened, will be covered, and labeled	M 815	1. On 7/5/2023, Dietary Staff 1 and 2 were in-serviced on labeling and dating cold leftovers by Dietary Manager. On 7/5/2023, the great northern beans, tuna fish, peeled onion, opened pack of celery, sour cream, pimento and cheese, and cereal were discarded by Dietary Manager. On 7/5/2023, the Dietary Manager was in-serviced on ensuring food is to be stored in an airtight container by Administrator. 2. All residents have the potential to be affected by the alleged deficient practice. 3. Dietary Manager audited kitchen for proper storage of food and expiration date	8/9/23

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M 815	Continued From page 9 with the date and name of food if appropriate, and will be discarded within the appropriate time frame. 9. All leftover foods are to be stored in covered containers, dated, & labeled ...If not used by the (3rd) day, they are to be discarded ...Cold leftovers not used by the third (3rd) day are to be discarded. An observation and interview on the initial tour of the kitchen on 07/05/23 at 10:05 AM, revealed: Refrigerator #1: A round plastic container with a date of 7/1/23 and no label. Dietary Worker #1 revealed these are great northern beans and they should have been thrown away. There was a round plastic container with a label of "meatballs" and a date of 6/30/23, a rectangular plastic container with no label or date. Dietary Worker #1 revealed its tuna fish, but I don't know when it was put in here nor how long it's been in here. There was a peeled onion wrapped in aluminum foil, with no date or label which was identified by Dietary Worker #1. Observed a pack of opened pack of celery with no date. Dietary Worker #1 revealed I'm not sure of the date, I'm going to throw this stuff out. She confirmed we are supposed to keep the refrigerators cleaned out and confirmed the food is supposed to have a label with the name of the food item on it and the date it is put in the refrigerator, and it is supposed to be thrown away within three (3) days. Refrigerator #2: Observed a container with a manufactured label of sour cream with an open date of 6/27/23. Dietary Worker #2 revealed this was supposed to be thrown away. A white round container with two labels on the top of the lid, one label with an opened date of 6/28/23 and another label with an opened date of 6/29/23 was observed. Dietary Worker #2 revealed, I think it was opened on	M 815	and snacks with proper names and expiration dates on 7/5/2023. On 7/5/2023, the Administrator in-serviced Dietary Manager on ensuring facility stores food in a manner that meets professional standards by labeling and dating food in the refrigerator and dry food and ensuring food is stored covered. On 7/5/2023, the Dietary Manager in-serviced dietary staff/ on ensuring facility stores food in a manner that meets professional standards by labeling and dating food in the refrigerator and dry food, also on ensuring food is stored covered. Any mislabel food or improperly stored food will be corrected immediately. Medical Director also made aware of findings. 4. Starting on 7/12/2023, Dietary Manager will audit storage and labeling of foods 5 times a week x 3 weeks and then weekly x 8 weeks. Non-labeled food will be replaced and improper storage will corrected immediately. Dietary Manager will report results of the audit to Quality Assurance Performance Improvement Committee (QAPI) monthly x 3 months starting on 8/8/2023 and as needed for review/revision.	

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M 815	Continued From page 10	M 815		

6/29/23 but I'm not sure because there's another label for 6/28/23. He identified the food as Pimento and Cheese and revealed regardless, it should have been thrown away. Dietary Worker #2 revealed I usually clean out the refrigerator every week but confirmed it had not been cleaned out.

Supply Room:
Observed three (3) bags of opened cereal in original bags. Dietary Worker #2 identified one package of Rice Krispies, one package of Corn Flakes, and the other package as Toasted Oats. Dietary Worker #2 confirmed these are supposed to be labeled and dated and in a plastic bag because they have been opened. He revealed I'm not sure who opened these and not sure how long they had been opened. He stated "they could get stale".

Metal Cart:
Observed a three-tier metal cart with a large clear container with plastic bowls on the bottom shelf. Dietary Worker #2 identified the items in the bowls as cereal. A plastic lid was on each bowl which was too small for the bowl leaving the cereal exposed. Dietary Worker #2 revealed the Dietary Manager (DM) is supposed to be ordering the right size lids. She ordered these but they are too small. Dietary Worker #2 revealed he should have wrapped them with plastic wrap so they wouldn't be exposed. He confirmed there was no date or label on the lids and it should be and stated with the cereal not being properly covered it leaves the food exposed and something could get on the food.

An interview on 07/06/23 at 8:45 AM, the DM revealed everyone is responsible for making sure the foods are labeled and dated. She revealed

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M 815	Continued From page 11 staff is being careless and not labeling, dating, and discarding out-of-date foods. She confirmed that foods that are not dated and discarded properly could possibly cause someone to get sick. The DM confirmed that the cups of cereal on the three-tier metal container should have been covered by plastic wrap being exposed like that could the food to become stale or allow something to get on the cereal. During an interview on 07/06/23 at 8:50 AM, the Registered Dietician confirmed the food items that were not dated, labeled, and exposed could cause cross-contamination and a possible food-borne illness.	M 815		