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
	65RA	A. BUILDING: _____ B. WING _____	08/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS CARE CENTER OF RALEIGH	309 MAGNOLIA DR/HIGHWAY 35 SOUTH RALEIGH, MS 39153

(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 recertification survey and Complaint Investigations (CIs), MS #21850, MS #21561, and MS #21524, at the facility from 7/31/23 through 8/3/23. The SA investigated MS #21850 and MS #21561 for facility staffing, dietary services, pharmaceutical services, and quality of care related to treatment. The SA investigated MS #21524 for facility staffing, quality of care related to treatment, and medications not given according to physician orders. There were no citations related to the complaint investigations. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement and cited M500.	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;	M 500		9/8/23

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M 500	Continued From page 1 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 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,	M 500		

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M 500	Continued From page 2	M 500		

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;

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;

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M 500	Continued From page 3 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); 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:	M 500		

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M 500	Continued From page 4 Level II Based on observation, interview, and facility policy review, the facility failed to ensure a resident's privacy as evidenced by posting of clinical care signage on the resident's wall for one two (2) of 20 sampled residents. Resident #32 and Resident #10. Findings Include: Review of the facility's policy, "Personal Privacy/Confidentiality of Record", undated, revealed the document did not address clinical care signage in resident rooms. Resident #32 On 08/01/23 at 10:40 AM, an observation revealed there were signs posted on the resident's wall over the bed as follows: 1. "When resident is in the bed ensure bed is in its lowest position with fall mat beside bed before exiting." 2. "Nectar thickened liquids." 3. "201B Meal Instructions" 1. Assist with all meals, 2. Slow rate, 3. Give one sip then swallow, 4. Give small bites/small sips, 5. Keep upright during meals and 30 min after meals." In an interview on 08/01/23 at 01:35 PM, Licensed Practical Nurse (LPN) #1 revealed that she acknowledged the signage was posted in resident's room but was unsure of who had placed it. She stated she believed it was possibly the hospice company. Resident #10 On 08/01/23 at 01:35 PM, an observation	M 500	1. a. Resident #32 had three posted signs regarding personal medical information removed on 8/1/23 at 2:10 p. m. by Registered Nurse #1. b. Resident #10 had two posted signs regarding personal medical information removed on 8/1/23 at 2:05 p. m. by Registered Nurse #1. 2. The facility has determined all residents have the potential to be affected. 3. a. An in-service on Resident's Privacy and Dignity: Posting of Signage in Resident Rooms was conducted by the Staff Development Nurse on 8/10/23. b. Resident personal and medical information will be communicated thru the Kiosk to care team members that begin on 8/3/23. c. Initial Signage Audit for removal of all posted personal and medical information for resident rooms was completed on 8/3/23. d. Resident Room Posting Policy will be approved by the Quality Assurance Committee on 8/21/23. 4. a. Privacy and Confidentiality Audit was created to audit 5 resident rooms on each nursing unit every week for 4 weeks beginning 8/17/23 and beginning on 9/21/23 auditing every 2 weeks for 3 months. These resident rooms will be assessed to ensure that unwanted postings with personal or medical	

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M 500	Continued From page 5 revealed there were signs posted on the resident's wall over the bed as follows: 1. "When resident is in the bed ensure bed is in its lowest position with fall mat beside bed before exiting." 2. "Keep head of bed elevated at all times" On 08/01/23 at 02:02 PM, an interview with Registered Nurse (RN) #1 Charge Nurse, revealed the signage had been posted due to the removal of bed rails and the staff placed the signs as a reminder to place the beds in the lowest position. The charge nurse removed the signage during the interview and stated that reminders could be placed on the kiosks used by the Certified Nursing Aides (CNAs). On 08/01/23 at 02:41 PM, in an interview with the Director of Nurses (DON), she acknowledged the posted signage and stated the facility would remove the signs or place them so that only staff could view the information.	M 500	information are not identified. If any are found they will be promptly removed. b. All audit findings will be reported monthly to the Quality Assurance Committee by the Quality Assurance Nurse for three months to ensure continued compliance as determined by the Quality Assurance Committee. First Quality Assurance Committee meeting to review audit will be 9/8/23.	