STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255342	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) COMPLETION DATE
F 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 annual recertification survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F583. The facility was licensed for 110 beds and had a census of 98 at the time of survey.	F 000		
F 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken),	F 583		9/8/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 08/16/2023

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F 583	Continued From page 1 written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service. §483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by: 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:	F 583	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.	

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F 583	Continued From page 2 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 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	F 583	b. Resident personal and medical information will be communicated thru the Kiosk to care team members to 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 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 audits will be 9/8/23.	

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F 583	Continued From page 3 remove the signs or place them so that only staff could view the information.	F 583		