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
	30CD	A. BUILDING: _____ B. WING _____	12/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SINGING RIVER HEALTH AND REHABILITATIO	3401 MAIN STREET MOSS POINT, MS 39563

(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 a recertification survey from 12/03/2018 - 12/06/2018. During the survey the SA determined the facility was not in compliance with the Minimum Standards for the Aged & Infirmed. The SA cited the deficiencies at M500, M815, and M980. At the time of the survey the census was 103, and the facility held a license for 160 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		1/9/19

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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, facility policy review and staff interview, the facility failed to treat residents with dignity relating to knocking on doors, before entering the rooms, for four (4) of 27 resident	M 500	1. On 12/7/18, Director of Nursing in-serviced Licensed Practical Nurse (LPN)#1 and LPN #3 on Residents Rights Policy & Procedure (which included knocking on doors). Social Services Director assessed residents #8, #19, #76,	

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M 500	Continued From page 4 observations. This affected Residents #8, #19, # 76, and #91 Findings include: A review of the facility's "Dignity" policy, dated December 2017, revealed the facility must treat each resident with respect and dignity, and care for each resident in a manner and in an environment that promotes maintenance and enhancement of his or her quality of life, recognizing each resident's individuality. The facility's policy also noted that it is procedure of the facility to treat each resident with respect and dignity with regards to the following: personal care, while assisting with eating and other activities of daily living, during routine interactions, and during medication and treatment opportunities. A review of the facility's "Meals, Serving" policy, dated November 2017, revealed to knock before entering the resident's room. The procedure guide also noted to identify yourself. Resident #19 An observation, made during the initial tour of the facility on 12/03/2018 at 12:30 PM, revealed Licensed Practical Nurse (LPN) #1 failed to knock on the door or announce her entrance before entering the room of Resident #19. LPN #1 was carrying Resident #19's lunch meal tray into the resident's room. Resident #8 An observation, made during the initial tour of the facility on 12/03/2018 at 12:35 PM, revealed LPN #1 failed to knock on the door or announce her entrance before entering the room of Resident #8.	M 500	and #91 on 1/7/19 for adverse psychosocial effects with no adverse findings. 2. All residents have the potential to be affected by this deficient practice. On 12/7/18, Social Services Director and Director of Nursing initiated an in-service on Residents Rights Policy and Procedure (which included knocking on doors) with all staff. 3. Starting on 1/9/19, the Social Services Director will perform weekly rounds x three months, then quarterly to ensure that Residents Rights Policy and Procedure is being followed by all staff through observation and resident interviews. Social Services Director will perform quarterly in-service with all staff on Residents Rights Policy and Procedure (i.e. knocking on doors). 4. Social Services Director will report the results of rounds and status of in-services in monthly Quality Assurance Performance Improvement (QAPI) meeting with recommendations and systemic changes implemented as needed.	

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M 500	Continued From page 5 Resident #76 An observation, made during the initial tour of the facility on 12/03/2018 at 12:35 PM, revealed LPN #1 failed to knock on the door or announce her entrance before entering the room of Resident #76. Resident #91 An observation, made during medication pass on 12/04/18 at 9:00 AM, revealed LPN #3 failed to knock on the door prior to entering Resident #91's room. On 12/05/18 at 2:51 PM, interview with LPN #3 confirmed she failed to knock on the door prior to entering Resident #91's room. She stated she normally knocks on the door, but she was nervous and forgot. During an interview on 12/06/2018 at 9:50 AM, Registered Nurse (RN) #1 confirmed before entering a resident's room, the correct procedure is to always knock on the door and announce yourself. RN #1 stated there has been recent in-services on Dignity, which included knocking on the resident's doors, within the last 30 days. RN #1 also stated that LPN #2/Staff Development Nurse is the person who usually conducted the in-services, but she had conducted them as well. During an interview on 12/06/2018 at 10:00 AM, Certified Nursing Assistant (CNA) #1 confirmed that before entering the resident's room, the process is to always knock on the door and tell the resident who you are. During an interview on 12/06/2018 at 10:05 AM, CNA #2 stated that you should always knock on the resident's door before entering the resident's	M 500		

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M 500	Continued From page 6 room. During an interview, on 12/06/2018 at 11:30 AM, LPN #1 stated, "I know that knocking on the door is what you're supposed to do." LPN #1 stated that she did not realize that she was not knocking on the residents' doors before she entered. During an interview, on 12/06/2018 at 11:30 AM the Director of Nursing (DON) confirmed that it is the policy of the facility that staff should knock before entering a resident's room to announce their entrance.	M 500		
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 and staff interview, the facility failed to prepare and distribute food under sanitary conditions. Dishes available for resident use were observed to be dirty with food particles remaining after the dinnerware was washed. Additionally, a kitchen mixer used for resident food preparation wasn't properly cleaned. This had the potential to affect 99 of 103 residents who reside in the facility. Findings include: During the kitchen tour on 12/5/18 at 10:56 AM through 11:37 AM, with the Dietary Manager	M 815	1.On 12/5/18 Dietary Manager cleaned the mixer and ensured it was free of any food/batter splattering, all dishes were cleaned by dietary staff and free of any food particles and were stored dry. 2. There were no residents affected by this issue as there were no residents reporting a food-borne illness during this timeframe. 3.On 12/5/18 an in-service was given to all dietary staff by Dietary Manager on Food Procurement, Storage, Preparation/Service/Sanitation including "all utensils, counters, shelves and equipment shall be kept clean." The Dietary Manager initiated a daily log on 12/5/18 to inspect dishes and equipment	12/7/18

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M 815	Continued From page 7 (DM), observations were made of the following: The mixer had yellow food/batter splattered underneath where the beaters attach, on the right side, on top of the mixer, and on the back of the base. The Dietary Manager stated the mixer needed to be cleaned at the time of the observation. Continued observations during the kitchen tour on 12/05/18, revealed the dishes were found to have food particulate remaining on the them, after the dishes had been washed and stored for staff to use to serve the resident's meals. There were food particles found on nine of 10 bowls, and 31 of 35 divided plates had been either stored wet (increased risk of contamination) and/or had food particles left on the dinnerware after it had been washed and stored. The DM confirmed the plates and bowls needed to be rewashed, at the time of the observations. Observation of the plate warmer during the kitchen tour revealed 17 of 24 plates stored in the plate warmer had food particulate on them and had not been placed in the warmer clean. DM stated the plates needed to be rewashed at the time of the observation. The dishwasher was observed during the survey and was in working order. No concerns were identified related to the dishwashing equipment.	M 815	to ensure it is clean and free of food particles. This will be completed by assigned dietary staff. Registered Dietician will perform monthly audits of the inspection logs x three months and then Quarterly. 4. Dietary Manager will report the results of daily inspection log/audits/observations to the Quality Assurance Performance Improvement (QAPI) meeting monthly with recommendations and systemic changes implemented as needed.	
M 980	45.33.6 Garbage Disposal Garbage Disposal. 1. Garbage must be kept in water-tight suitable containers with tight fitting covers. Garbage containers must be emptied at frequent intervals	M 980		12/7/18

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M 980	Continued From page 8 and cleaned before using again. 2. Proper disposition of infectious materials shall be observed. This Statute is not met as evidenced by: Level II Based observation, staff interview, and review of facility policy, the facility failed to ensure garbage was disposed of properly for two (2) of two (2) dumpsters. Specifically, the dumpsters were not closed, and were overflowing with garbage, with garbage on the ground around the dumpsters. Findings include: Review of a facility policy, titled "Garbage and Rubbish Disposal," dated November 2017, specified " ...Outside dumpsters provided by garbage pick-up services must be kept closed and free of litter around the dumpster area ..." On 12/03/18 at 10:20 AM, during the initial kitchen tour with the Dietary Manager, two (2) outside dumpsters used for facility refuse were observed. One (1) dumpster was observed with the lid down, but not closed, because it was overflowing with garbage. The second dumpster was observed with the lid open, and garbage spilling over the top of the dumpster. There were five (5) bags of garbage and a discarded box on the ground next to the dumpsters. The Dietary Manager stated they had been having trouble with the waste company at the time of the observations.	M 980	1. On 12/3/18 the dumpster was emptied by the disposal company. All bags and trash were cleaned and removed in surrounding areas by dietary and maintenance staff. 2. No residents were affected by this issue. No residents reported any symptoms of illness due to this issue. 3. On 12/3/18 Dietary Manager in-serviced staff on the Garbage and Rubbish Disposal policy including "outside dumpsters provided by garbage pick-up services must be kept closed and free of litter around the dumpster area." On 12/7/18 a daily inspection log was initiated to be completed by assigned dietary staff. Registered Dietician will perform monthly audit of inspection log x three months and then quarterly. 4. Dietary Manager will report results of daily inspection log and audits to the Quality Assurance Performance Improvement (QAPI) meeting monthly with recommendations and systemic changes implemented as needed.	