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
	25JA	A. BUILDING: _____ B. WING _____	C 06/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS STATE VETERANS HOME-JACKSON	4607 LINDBERGH DRIVE JACKSON, MS 39209

(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 Facility Reported Incident/Complaint Investigation (CI) MS #21508, CI MS #21587, CI MS 21718, and CI MS #21777 at the facility from 6/26/23 to 6/28/23 concerning resident abuse and care issues.. 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 requirements related to abuse for MS #21587. A deficiency was cited at M500. No deficiencies were cited for MS #21508, MS# 21718, or MS #21777. At the time of the survey, the facility had a census of 97 and held a license for 150 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	M 500		

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M 500	Continued From page 1	M 500		

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, free from restraint, interference, coercion,

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M 500	Continued From page 2	M 500		

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: Level II	M 500		

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M 500	Continued From page 4 Based on staff interview, record review, and facility policy review, the facility failed to report an allegation of abuse to the state agency within the appropriate time frame for one (1) of two (2) residents reviewed for abuse allegations. Resident #5 Findings include: Review of the facility policy titled, "Abuse Reporting," with an origination date of December 22, 2015, and a review date of May 13, 2022, revealed, " ...The Mississippi State Veterans Home must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown origin and misappropriation of resident property be immediately reported to the administrator of the facility and to other officials in accordance with regulations... All personnel, residents, visitors, etc. are required to report any alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property to the Administrator ... When an alleged or suspected case of misappropriation of resident property is reported, the administrator, or his/her designee, will notify the following persons or agencies of such incident, orally or telephonically within two (2) hours of such incident ..." An interview on 6/26/23 at 12:25 PM, with the Director of Operations (DO) and Administrator revealed the incident occurred on a Sunday. The Registered Nurse (RN) supervisor sent the alleged Certified Nursing Assistant (CNA) home when the allegation was reported to her. The DO stated she did not get all the info they needed until Monday morning. She stated the Director of Nursing (DON) thought she had texted her about	M 500		

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M 500	Continued From page 5 the alleged incident but thought it must have gone to someone else because the DO stated she did not get it. The DO stated that she would have called the facility back and would have reported to the state at that time. She stated that when she did not call the DON back, the DON should have called her again. She stated that she reported the allegation the following day. She stated the DON was in the process of leaving the facility when the allegation occurred. An interview, on 6/28/23 at 1:00 PM, with the current Director of Nursing (DON), and current Administrator (ADM) confirmed that the alleged incident that occurred on 5/14/23, should have been reported to the state agency within two (2) hours. Record review of the facility reporting information confirmed the incident occurred on 5/14/23 at 8:30 AM and was reported to the state agency on 5/15/23.	M 500		