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
	41NM	A. BUILDING: _____ B. WING _____	C 09/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NMMC BALDWYN NURSING FACILITY	739 4TH STREET SOUTH BALDWYN, MS 38824

(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 re-certification survey along with a complaint investigation (CI) MS #22064, CI MS #22071, and CI MS #22099 at the facility from 9/5/23 through 9/7/23. During the survey, the SA determined that the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm related to M610. The SA identified non-compliance and cited M500 for failure to resolve a resident's grievance and M625 for failure to provide range of motion exercises for CI MS #22099. The SA identified non-compliance and cited M815 for failure to wear a hair net while prepping food and unlabled and undated foods. There were no deficiencies cited for CI MS #22064 and CI MS #22071. The census at the time of the survey was 98 with a bed capacity of 107.	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,	M 500		10/19/23

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M 500	Continued From page 1 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 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	M 500		

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M 500	Continued From page 2	M 500		

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 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;

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M 500	Continued From page 3 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 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	M 500		

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M 500	Continued From page 4 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 resident and staff interviews, record review, and facility policy review, the facility failed to promptly address and provide a follow up to grievances for four (4) of 32 residents reviewed. Resident #45, Resident #47, Resident #62, and Resident #64. Findings Include Record review of facility policy titled, "Resident Rights: Complaint/Grievance Policy and Procedure" dated 10/17, revealed, "Policy: To provide a timely mechanism for receiving, responding, resolving, and documenting the outcome of patient complaints and grievances that is in compliance with current Resident Rights guidelines." The policy also revealed, "5. Response to a grievance is expected to take place within five business days of receipt of grievance and acknowledged in writing appropriately to the resident council, resident, or his/her representative." Record review of facility policy titled, "Electronic Device Guidelines", undated, revealed, "The use of electronic devices and social media has become a part of many employees' daily lives, but is not appropriate activity during work time.... If electronic devices are allowed to be brought into the workplace, responsible use is expected and required. The following are examples of minimum expectations... 3. Employees should not use personal electronic devices in patient	M 500	1. Documented resident grievances for 45, 47, 62, and 64 concerning cell phone use in patient care areas, updated grievance policy, and resident follow-up was individually addressed on 9/27/2023 by the Nursing Home Administrator (NHA) and Licensed Social Worker (LSW). 2. All residents have the potential to be affected by this deficient practice. 3. All employees will be in-serviced by the Clinical Educator starting 9/29/2023 concerning the Grievance Policy, the follow-up process to residents, and the use of electronic devices by employees and be completed by 10/19/2023. NHA and LSW will visit with the Resident Council upon invitation on 9/27/2023 to review the Grievance Policy and the Follow-up process with residents to resolve grievances. Any open grievances will be reviewed by the administrative council weekly. 4. Starting on 9/18/23 the Baldwyn Administrative Team will round on employees three times a week for four weeks, then twice a week for four weeks, and then once a week for four weeks to ensure the Grievance Policy, follow-up process to residents, and the use of electronic devices by employees is being followed. Deviations from these policies will be immediately investigated and appropriate corrective actions will be taken to correct these deviations.	

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M 500	Continued From page 5 areas or in halls where patients or family members are present, except for common eating areas." On 9/6/23 at 3:00 PM, a Resident Council meeting was held with nine (9) residents attending. During this meeting, Resident #47, Resident #62, and Resident #64 revealed they had a concern with the staff's use of personal cell phones while providing care in the residents' rooms. They revealed this was an ongoing concern that had been mentioned in multiple Resident Council meetings, yet the issue had not been resolved. Resident #62 and Resident #64 revealed the staff did not respond and give follow-ups to their grievances. Resident #47 who is the Resident Council President revealed he had gone to the Administrator on several occasions and asked if a grievance were addressed and the follow-up to the grievance, but he felt this information should be provided without the residents having to ask. An interview with the Licensed Social Worker (LSW) on 9/7/23 at 9:00 AM, revealed she attended the Resident Council meetings and would take the minutes for the meeting. She revealed the concern with staff using their cell phones in resident care areas had been a concern for several months now. She stated when a nursing concern was discussed in the Resident Council meeting, she provided the information to the Director of Nursing (DON), the Assistant Director of Nursing (ADON), and the Administrator. She confirmed that the staff received in-services, but she was unaware of other measures that were put in place to resolve this issue. She confirmed when a grievance is filed, it is the staff's responsibility to address the grievance and to notify the residents with a	M 500	The results based from verbal exit and the written statement of deficiencies report (CMS-2567) from the State Survey Team was reported to the Quality Assurance and Performance Improvement (QAPI) Committee on 9/26/2023. These rounds/results and the facility Plan of Correction (POC) were up for review at our QAPI meeting on 9/26/23. Recommendations from this committee were implemented as required and will be monitored until compliance is achieved. These rounds/results will be reviewed on the (10/17/23) QAPI Meeting and on-going for the next 2 scheduled quarterly QAPI meetings (January 2024 and April 2024) to ensure solutions are sustained. 5. 10/19/23.	

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M 500	Continued From page 6 follow-up to their grievance and she confirmed that this was not done. An interview with the DON on 9/7/23 at 9:15 AM, revealed he was aware of the residents' ongoing concern of employees using personal cell phones in resident care areas. He confirmed the facility had in-serviced the staff, but they continued to use their phones during care of the residents and that the facility failed to resolve the residents' grievances and provide follow-ups to the residents timely. An interview with the Administrator on 9/7/23 at 9:40 AM, revealed cell phone use by staff was a concern of the residents and had been voiced in several Resident Council meetings. He confirmed the facility failed to find a solution to the grievance and failed to notify the residents with a response to the grievance timely. He confirmed this was an unresolved grievance from multiple Resident Council meetings and the facility failed to resolve this grievance. Record review of "Resident Council Minutes," dated 1/25/23, revealed, "All residents feel as they are ignored by staff and that staff are coming into their rooms with earphones in their ears and talking on the phone." Record review of "Resident Council Minutes", dated 2/22/23, revealed, "Resident on B and C halls mentioned Certified Nursing Assistants (CNAs) are still on their cellphones via (by) earbud." Record review of "Resident Council Minutes", dated 3/30/23, revealed, "Several residents reported that some CNAs are still talking on their cellphone while in the rooms."	M 500		

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M 500	Continued From page 7 Record review of "Resident Council Minutes", dated 4/21/23, revealed, "Resident stated, when staff give her care, they are always on the phone." Record review of "Resident Council Minutes", dated 6/27/23, revealed, "Several residents mentioned that staff continue to talk on their phones via earbuds while entering their rooms." Record review of "Resident Council Minutes", dated 7/26/23, revealed, "It was mentioned that CNAs continue using cellphones in the rooms." Record review of "Resident Council Minutes", dated 8/24/23, revealed, "It was mentioned CNAs are lazy, sit at the desk all the time, stay on the work phone and their cellphones." Record review of the Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 6/13/23, revealed Resident #47 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated resident was cognitively intact. Review of Resident #62's MDS with ARD of 7/28/23, revealed a BIMS score of 15 which indicated the resident was cognitively intact. Review of Resident #64's MDS with ARD of 6/21/23, revealed a BIMS score of 15 which indicated the resident was cognitively intact. Resident #45 During an interview on 9/5/23 at 10:55 AM, with	M 500		

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M 500	Continued From page 8 Resident #45 he stated that the facility does not notify him of what has been done about issues that he reports or follow up with him to find out if the issue has been resolved. Record review of the facility Resident Grievance Form, dated 5/16/23, filed by Resident # 45, revealed that the resident reported he was not receiving range of motion (ROM) exercises, he was not being turned, staff did not assist him to bed when he requested, his bed is not always made up after he gets up, his dirty clothing is left in his room, his hair is not getting washed, and staff have been on their cell phones. A record review of the response provided by the ADON revealed a formal schedule was put in place for ROM exercises, staff was provided in-service education regarding, turning, making beds, assisting residents, answering call lights, and cell phone usage. During an interview on 9/6/23 at 9:15 AM, with the DON stated he was aware of the grievance and that the staff was provided an in-service. The DON confirmed that the resident grievances were not resolved with the in-service. During an interview on 9/6/23 at 1:58 PM, with LSW, verified she forwards grievances to the DON, ADON and Administrator but does not follow up with residents to ensure grievances are resolved. She stated she was not aware that she needed to do the follow up. She assumed that the DON, ADON and the Administrator took care of the issues. During an interview on 9/6/23 at 2:00 PM, with the DON he agreed that there is no evidence that Resident #45's grievance was resolved.	M 500		

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M 500	Continued From page 9 During an interview on 9/6/23 at 3:30 PM, with the Assistant Administrator he agreed that there is no evidence that Resident # 45's grievance was resolved. Record review of Resident #45's "Clinical Summary" revealed the resident was admitted to the facility on 2/1/22 with medical diagnoses that included Compression of the Spinal Cord with Myelopathy and Paraplegia at T9 level. Record review of the MDS, with an ARD of 6/27/23, revealed a BIMS score of 15, indicating that the resident is cognitively intact.	M 500		
M 625 SS=D	45.21.5 Range of motion Range of motion. Residents with limited range of motion shall receive treatment and services to increase range of motion or prevent further decline in range of motion. This Statute is not met as evidenced by: Level II Based on observations, staff and resident interviews, record review and facility policy review, the facility failed to provide range of motion (ROM) exercise for a resident at risk for contractures Resident #45, and a splint for a resident with contractures Resident #26 for two (2) of 44 residents reviewed with limited ROM. Findings include: Record review of the facility policy titled "Restorative Care Program" with a revision date of 08/18 revealed under, "Policy: It is the policy of (proper facility name) that residents' maximum	M 625	1. Resident numbers 26 and 45 care plans were reviewed by Assistant Director of Nursing (ADON) and Director of Nursing (DON) on 9/7/2023. On 9/6/2023 Licensed Practical Nurse (LPN) number 1 applied a palm protector to resident number 26. On 9/6/2023 Certified Nursing Assistant (CNA) number 2 provided resident number 45 with Range of Motion (ROM) and documented it on the calendar hanging in the resident room. 2. All residents of the facility have the potential to be affected by this practice. 3. Nursing leadership will round starting 9/18/2023 to ensure proper ROM and contracture management is being caried	10/19/23

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M 625	Continued From page 10 functional potential and independent living should be promoted." Also revealed under, "a. Range of Motion ... These exercises should be planned, scheduled, and documented in the clinical record." ... Also revealed under, "Splint or Brace Assistance: ... 2) where staff have a scheduled program of applying and removing a splint or brace, assess the resident's skin and circulation under the device, and reposition the limb in correct alignment. These sessions are planned, scheduled, and documented in the clinical record." ... Resident #26 Record review of Resident # 26's "Active Orders Report" revealed an order dated 11/17/20, "Frequency: < User Schedule > (every 1 day: 08:00, 20:00) -Wash right hand with soap and water. Apply palm protector/rolled wash cloth to right palm daily." An observation on 9/05/23 at 10:45 AM, of Resident # 26 revealed the resident lying in bed and a right-hand contracture without a device in place. An observation on 9/06/23 at 10:00 AM, of Resident #26 revealed the resident lying in bed and a right-hand contracture without a device in place. An observation and interview on 9/06/23 at 10:40 AM, with Registered Nurse (RN) # 1 confirmed that Resident #26 did not have a palm protector inside his right hand. She confirmed that the resident had a physician order to apply a palm protector/rolled wash cloth daily, scheduled for 08:00 (8:00 AM) and 20:00 (8:00 PM).	M 625	out for resident numbers 26 and 45. An in-service education will be conducted by the Clinical Educator with all direct care staff started by 9/29/2023 addressing the significance ROM and importance of proper protection against worsening contractures to be done by 10/19/2023. 4. The Baldwyn leadership team will round on all residents with orders for ROM and/or worsening contractures starting 9/18/2023, weekly for one month (September) then every two weeks for one month (October), and once monthly (November) to ensure these active orders are being done. The results based from verbal exit and the written statement of deficiencies report (CMS-2567) from the State Survey Team was reported to the Quality Assurance and Performance Improvement (QAPI) Committee on 9/26/2023. These rounds/results and the facility Plan of Correction (POC) were up for review at our QAPI meeting on 9/26/23. Recommendations from this committee were implemented as required and will be monitored until compliance is achieved. These rounds/results will be reviewed on the (10/17/23) QAPI Meeting and on-going for the next 2 scheduled quarterly QAPI meetings (January 2024 and April 2024) to ensure solutions are sustained. 5. 10/19/23.	

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M 625	Continued From page 11 An observation and interview on 9/06/23 at 10:48 AM, with the Director of Nursing (DON) confirmed that Resident # 26 did not have a palm protector or a washcloth inside his right hand. The DON revealed that the resident could develop worsening of the contracture by not applying the palm protector as ordered. An observation and interview on 9/06/23 at 10:53 AM, with Licensed Practical Nurse (LPN) # 1, with the DON in attendance, revealed that she was the nurse for Resident # 26, and stated that the resident's right hand was supposed to have a palm protector/rolled washcloth applied inside the hand. She confirmed that she did not apply the palm protector yesterday or today. She revealed that the resident could develop worsening contracture by not performing the care. Record review of the "Face Sheet" revealed that Resident # 26 was admitted to the facility on 4/24/23 with medical diagnoses that included Hemiplegia, Contracture Right Hand, and Contracture Unspecified Knee. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/01/23 revealed under "Section C" a Brief Interview for Mental Status (BIMS) score of 99, which indicated the resident is severely cognitively impaired and in "Section G" under functional limitation in range of motion an impairment on both sides (Upper and Lower) extremity. Resident #45 During an interview with Resident #45 on 9/5/23 at 10:55 AM, he stated that he did not	M 625		

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consistently receive his ROM exercises.

A record review of Resident #45's care plan revealed Approaches: Make sure range of motion exercises are done when resident goes to bed-report when done to hall nurses. Problem/Risk: Risk for contractures, Goal: prevent contractures, new order/other: ROM to be done every morning Monday through Friday.

A record review of the monthly ROM schedule for July, August and September 2023 revealed that there are specific staff members listed on the schedule to perform ROM exercises Monday through Friday for Resident #45.

Record review of Certified Nursing Assistant (CNA) #2's weekly schedule revealed that she was scheduled to perform ROM exercises for Resident #45 on Monday, Wednesday, and Friday at 0800.

During an interview with CNA #2 on 9/5/23 at 1:23 PM, she stated that she performs ROM for Resident #45 on Monday, Wednesday and Friday and documents it on the calendar that hangs on Resident #45's wall. She stated she has provided ROM exercises on all the days she was scheduled unless the resident refuses the ROM. CNA#2 confirmed that she does not document the completed ROM in the computer.

During an interview with the Assistant Director of Nursing (ADON) on 9/6/23 at 3:20 PM she stated that the monthly ROM schedule is posted on the resident's wall so he will know who is going to perform his ROM exercises. She stated that it is divided up among the staff that assists with providing ROM for the resident. The ADON stated that the exercises are documented under the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41NM	A. BUILDING: _____ B. WING _____	C 09/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NMMC BALDWYN NURSING FACILITY	739 4TH STREET SOUTH BALDWYN, MS 38824

(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 625	Continued From page 13 CNA tasks in the computer and that the staff initials the calendar hanging in his room. During an interview with Licensed Practical Nurse #2 (LPN) on 9/7/23 at 8:02 AM, revealed she was assigned to Resident # 45 today, but was unfamiliar with his ROM schedule. An interview with CNA #4 on 9/7/23 at 8:20 AM, stated that she provided ROM exercises to Resident #45's legs on the days she is scheduled. She stated that she documents the care provided on the schedule posted on the resident's wall. CNA #4 stated that she has only missed providing ROM exercises for Resident # 45 if he refused but confirmed that she is not documenting it in the computer. During an interview and record review with the ADON on 9/7/23 at 8:32 AM, confirmed that she was unable to locate documentation that the ROM exercises were performed on Resident #45 during the months of July, August, or September 2023. She stated that usually it could be pulled up under completed care, but no documentation was showing up. She stated she no longer had the July or August calendars that staff initialed the care had been provided as they had been shredded. She verified that there was no documentation to prove that Resident #45 had received ROM exercise for July, August, or September of 2023. During an interview with the DON and ADON on 9/7/23 at 8:40 AM, they agreed that failure to perform range of motion could cause contractures. During an interview with the ADON on 9/7/23 at 10:09 AM, she verified that they did not have a	M 625		

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M 625	Continued From page 14 Restorative Program, but they would follow the Restorative Care Program policy when providing range of motion and splinting or brace assistance. Record review of Resident # 45's MDS, with an ARD of 6/27/23, revealed a BIMS score of 15, indicating that the resident is cognitively intact, "Section G", Functional Limitation in Range of Motion revealed that the resident has impairment on both sides of lower extremities. Review of the "Clinical Summary Report" revealed he was admitted to the facility on 02/01/22 with a Diagnosis of Paraplegia at T9 level.	M 625		