

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25CP	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/11/2024
NAME OF PROVIDER OR SUPPLIER COMPERE NH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 865 NORTH STREET JACKSON, MS 39202		
(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 Investigation (CI MS #23785) at the facility from 1/08/23 through 1/11/23. The SA investigated CI MS #23785 for dietary services, and environment and cited M1190 related to bathing dependent residents in a cold shower room. 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; 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	M 500		2/16/24

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/02/24

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M 500	<p>Continued From page 1</p> <p>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;</p> <p>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;</p> <p>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;</p> <p>6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial</p>	M 500		

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M 500	<p>Continued From page 2</p> <p>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;</p> <p>7. is free from mental and physical abuse;</p> <p>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.</p> <p>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;</p> <p>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;</p> <p>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;</p> <p>11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;</p> <p>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,</p>	M 500		

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M 500	<p>Continued From page 3</p> <p>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);</p> <p>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);</p> <p>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);</p> <p>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</p> <p>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.</p> <p>This Statute is not met as evidenced by: Level II</p> <p>Based on observation, interviews, record review, and facility policy review, the facility failed to honor residents' rights or choices, as evidenced</p>	M 500	<p>M500 Residents Rights</p> <p>" Resident #13's rights and choices are being honored and is getting out of bed on a daily basis and goes out of room</p>	

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M 500	<p>Continued From page 4</p> <p>by the resident having to remain in her room despite her request to get up and interact with other residents for one (1) of fifteen (15) sampled residents. Resident #13</p> <p>Findings include:</p> <p>Record review of the facility's "Resident Rights" dated 4/2012, revealed, "... Residents' rights, policies, and procedures shall insure that each resident admitted to the center ... 5. Is encouraged and assisted throughout the resident period of stay...9. Is treated with consideration, respect, and full recognition of his dignity and individuality...12. May...participate in activities ...at his discretion..."</p> <p>On 1/08/24 at 12:42 PM, during an observation and interview of Resident #13 revealed the resident was lying in bed with her head elevated watching television. In the interview, the resident stated that she wishes she could get out of her room every day, but staff do not get her up as often as she would like.</p> <p>On 1/9/24 at 8:54 AM, in an interview with Certified Nursing Assistant (CNA) #1, while in the room with Resident #13, she stated that she gets the resident out of her room every other day. CNA #1 stated that today is her shower day therefore, she will be up to attend bingo, which is good because the resident enjoyed playing bingo. CNA #1 confirmed that the resident has no physical constraints that would prohibit her from getting up daily.</p> <p>On 1/9/24 at 9:03 AM, during an interview with Resident #13, she stated that CNA #1 was lying. She says they do not take her out of her room every other day. She claims she wants to get up</p>	M 500	<p>for activities of choice. Resident was interviewed by activities director on 1/31/24 with activity choices updated.</p> <p>" All non-independent residents have the potential to be affected.</p> <p>" In-services were began on 1/10/24 by Staff Development Nurse regarding resident right and self determination regarding residents getting out of bed daily and attending out of room activities of choice. In-servicing was completed on 1/14/24. All residents will have activity choices reviewed by activity director and updated as needed by 2/10/24. Activity Director will update as needed or on a quarterly basis. Whichever comes first. Every resident will be offered to get out of bed and room daily.</p> <p>" Every resident will be offered to get out of bed and room daily. Refusals will be documented in the medical record. The Director of Nursing (DON) or Registered Nurse Supervisor (RN Supervisor) will note resident refusals to get out of bed daily x 30 days and then weekly x 30 days and document any resident refusals to get out of bed beginning 1/19/24. Nurses were also in-serviced on documenting residents refusing to get up daily during shifts.</p> <p>" Director of Nursing or Register Nurse Supervisor will audit med records to ensure that refusals are documented three (3) times weekly x 2 months beginning 1/19/24. Findings of the resident refusal and documentation audits will be brought to the Quality Assurance Committee weekly x 2 months to ensure continued compliance beginning 2/1/24.</p>	

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M 500	<p>Continued From page 5</p> <p>daily, but they rarely do that and that they only occasionally take her to play bingo. Resident #13 said she wants to get up daily and go to Bingo whenever they have it.</p> <p>On 1/9/24 at 9:34 AM, in an interview with Registered Nurse (RN) #1, she stated that CNAs must get all residents out of their rooms daily unless their acuity level forbids it. As a result, there is no need for a written system to determine if a person wishes to get up or refuses. She stated that she believed the CNA and that if they could not get a resident up, the resident had refused to do so. She added that, based on what she knows, all residents who want to leave their rooms on a daily basis are doing so.</p> <p>On 1/10/24 at 9:04 AM, in an interview with the Activities Director (AD), she stated that there is no resident get-up list or any other documented procedure in place to notify staff of residents who wish to get up on a daily basis. She stated that after her rounds with the residents, she notifies the CNAs of the residents who had indicated that they want to get up for activities. The AD stated that she does not recall and is unsure whether Resident #13 requested to be out of her room daily.</p> <p>On 1/10/24 at 11:57 AM, in an interview with Resident #13's daughter, she indicated that she frequently saw her mother in bed while other residents were up and out of their rooms during her visits. She revealed she had asked the CNA assigned to her mother, "Why is my mother in bed?" She stated the CNA informed her that her mother could only get up every other day, and today was not that day. The daughter said she did not like that response but assumed it was how things were done at the facility.</p>	M 500		

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M 500	<p>Continued From page 6</p> <p>On 1/10/24, at 12:31 PM, in an interview with the Director of Nursing (DON), she indicated that all residents are permitted to leave their rooms on a daily basis. If a resident refuses to get up, CNAs should report it to the nurse, who should document it in their progress notes. She further stated that regardless of whether the Resident is completely dependent, they should be free to leave their rooms daily, unless the Resident declines. She says denying residents the freedom to get up and out of their rooms violates their rights.</p> <p>On 1/11/24 at 12:52 PM, in an interview with the Administrator, he indicated his expectation of staff is to daily check with the residents and ask in an assumptive tone, "Let's get you up today!" He added that when staff refuses the request of the resident to get up, it violates their rights.</p> <p>A record review of the Admission Record revealed the facility admitted Resident #13 on 4/30/21. Her diagnoses included Cerebral Aneurysm, Epilepsy, Type 2 Diabetes, and Hypertension.</p> <p>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/09/23, revealed a Brief Interview for Mental Status (BIMS) score of 6, indicating the resident had severe cognitive impairment. However, the interview with the daughter corroborates the resident's account of being left in bed and the resident not being gotten up as she desired.</p>	M 500		