STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	73RR	A. BUILDING: _____ B. WING _____	12/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW ALBANY HEALTH & REHAB CENTER	118 SOUTH GLENFIELD ROAD NEW ALBANY, MS 38652

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M 000	Initial Comments The State Agency (SA) conducted an annual re-certification survey at the facility from 12/4/23-12/7/23. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements and cited M 500 and M 840. The census at the time of the survey was 89 and the facility is licensed for 114.	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		1/26/24

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M 500	Continued From page 1	M 500		

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

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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, staff and resident interview, record review and facility policy review the facility failed to provide privacy for a resident	M 500	On 12/5/2023, resident #79 catheter bag was covered with a privacy bag. The facility has determined that all residents with catheters have the potential to be affected.	

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M 500	Continued From page 4 with a urinary catheter as evidence by no privacy bag covering the urine drainage bag for one (1) of four (4) residents with catheters reviewed. Resident # 79 Findings Include: Record review of facility policy titled "Resident Rights" dated 2020, revealed, "The resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. ... 7. Privacy and confidentiality. a. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. a. Personal privacy includes accommodations, medical treatment ...personal care ..." Record review of facility note on letterhead revealed "Our catheter policy does not use the verbiage 'privacy bag'. It is added to include this verbiage as of 12/6/23, staff are being in serviced on the use of privacy bags." This was signed by the Administrator and dated 12/6/23. An observation and interview on 12/5/23 at 2:50 PM, of Certified Nursing Assistant (CNA) #1 during catheter care for Resident #79 revealed a catheter bag attached to the left side of the bed with yellow urine noted in the tubing and bag. The catheter bag was not covered with a privacy bag. CNA #1 revealed she was unsure why this resident had a catheter bag without the privacy flap attached since the privacy catheter bag is the type used in the facility. She revealed an uncovered bag was a dignity concern for the resident. During an interview on 12/5/23 at 2:53 PM,	M 500	A 100% audit of all residents with catheters was conducted by the Quality Assurance (QA) nurse on 12/5/2023 to ensure all catheters have a privacy bag in place. The staff educator began an in-service on 12/6/2023 with nurses and aides on using privacy bags with all catheters. The QA nurse will conduct catheter audits 2 times per week for 4 weeks beginning on 12/5/2023 and then weekly for 3 months. This plan of correction will be monitored at the monthly Quality Assurance meeting beginning January 8, 2024 until such time consistent substantial compliance has been met. This plan of correction will be discussed at the monthly Quality Assurance meetings for the next 6 months.	

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M 500	Continued From page 5	M 500		

Resident #79 revealed she was unaware her bag was uncovered. She stated she preferred it to be covered.

During an interview and observation with the Assistant Director of Nursing (ADON)/Wound Manager on 12/5/23 at 2:55 PM, the ADON observed the catheter bag without a privacy bag, and she revealed it was the facility's policy for a urinary catheter bag to have a privacy bag. She stated she was unsure why this bag without a privacy flap was being used. She confirmed the use of a privacy bag was for dignity and privacy for each resident with a urinary catheter and should be in use.

During an interview on 12/5/23 at 2:59 PM, the Director of Nursing (DON) revealed a urinary catheter bag should be in a privacy bag or a bag with a privacy flap to protect the resident's privacy. She confirmed that by not using a privacy bag for this resident, the facility failed to honor the resident's right for privacy.

During an interview on 12/5/23 at 3:10 PM, the Administrator confirmed the facility failed to protect the resident's right for privacy and dignity by not ensuring the urinary catheter bag was covered.

Record review of Order Summary Report revealed a physician's order dated 11/20/23 for a Foley catheter to bedside drainage bag.

Record review of Resident #79's "Admission Record" revealed she was admitted to the facility on 10/18/22 with diagnoses that included Obstructive and Reflux Uropathy.

Record review of Resident #79's Minimum Data

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M 500	Continued From page 6 Set (MDS) with Assessment Reference Date (ARD) of 10/16/23, revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact.	M 500		
M 840	45.30.4 Menu Menu. The menu shall be planned and written at least one week in advance. The current week's menu shall be approved by the dietitian, dated, posted in the kitchen and followed as planned. Substitutions and changes on all diets shall be documented in writing. Copies of menus and substitutions shall be kept on file for at least thirty (30) days. This Statute is not met as evidenced by: Level II Based on observation, staff and resident interview, record review and facility policy review the facility failed to honor a resident's food choice for one (1) of three (3) residents reviewed. Resident #17 Findings Include: Review of the facility policy titled, "Resident Rights and Responsibilities" with a revision date of 10/10/22 revealed "...5. Self Determination ...b. The resident has the right to make choices about aspects of his or her life in the facility that are significant to the resident..." An observation and interview on 12/04/23 at 11:39 AM, with Resident #17 stated she does not like rice, and they keep serving her rice. An observation of the resident's lunch tray revealed the resident had rice served on her tray and her meal ticket revealed that rice was a dislike.	M 840	The Staff Educator conducted and in-service with dietary staff on 12/8/2023 regarding resident preferences and right to choose, and the importance of checking resident trays prior to leaving the kitchen to determine diet preferences are adhered to. The facility determined that all residents have the potential to be affected. On 12/8/2023 an in-service was conducted with nurses and aides on resident preferences and right to choose, and the importance of checking resident meal tickets prior to delivering the tray to ensure preferences are adhered to. The dietary manager will monitor 3 meal trays before exiting the kitchen 3 times per week for 3 months beginning 12/20/2023, based on resident likes and dislikes and	1/26/24

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M 840	Continued From page 7 An interview on 12/5/23 at 10:15 AM, with District Dietary Support revealed that the Certified Nurse Assistants (CNA) goes around to a list of residents and tells those residents what the menu is for the day and what the alternate is. She stated she is not sure who developed that list of residents. She revealed that the dietary staff look at the resident's meal ticket to determine their diet order, likes and dislikes. Record review with her confirmed that rice was served for lunch on 12/4/23 and 12/5/23. An observation and interview on 12/5/23 at 12:15 PM, revealed that Resident #17 received rice on her lunch tray today and the resident stated that she received rice on her tray a lot, but she just doesn't eat it. She stated she has told them about this many times and they have it listed on her meal ticket as a dislike, but they just keep sending it. An interview and record review on 12/5/23 at 2:00 PM, with District Dietary Support confirmed that Resident #17 had a dislike noted on her meal ticket that indicated the resident disliked "rice". She stated that with that dislike noted then the resident should never receive rice because she does not like it. She stated she could get an alternate for that, like mashed potatoes. She admitted that she served the food onto the resident's trays today for lunch and she missed that the resident disliked rice. She confirmed that the CNA did go and ask the residents on the list that she provided a copy of if they wanted the alternate meal. An review of the list of residents requesting an alternate revealed a list of 15 resident names, which did not include Resident #17. She stated she is not sure if the CNA asked all the residents or just the ones on this list.	M 840	will honor resident food choices. The Quality Assurance Nurse will conduct an audit of 10 resident trays per week for 3 months beginning 12/20/2023 to validate resident preferences are adhered to. This plan of correction will be monitored at the monthly Quality Assurance Committee meeting beginning January 8, 2024 until such time consistent substantial compliance is achieved. This plan of correction will be discussed at the monthly Quality Assurance Committee meetings for a minimum of 6 months.	

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M 840	Continued From page 8 An interview on 12/5/23 at 2:15 PM, with CNA #2 confirmed that she was given a list of residents to ask daily if they want an alternate meal. She stated she was given this list about two months ago from the previous Director of Nurses (DON). A review of the list revealed Resident #17 was not included on the list. She verified if the residents name was not on the list, then she did not go ask them about an alternate meal. An interview on 12/5/23 at 3:45 PM, with the Administrator confirmed that if a resident indicated rice was a dislike and it was noted on their meal ticket then they should not receive rice. Record review of the facility menu for the week of survey revealed that rice was served for lunch on 12/4/23 and 12/5/23. Record review of Resident #17's meal ticket dated 12/5/23 revealed rice was noted as a dislike. Record review of Resident #17's "Admission Record" revealed the resident was admitted to the facility on 4/11/22 with medical diagnoses that included Ankylosing Spondylitis Lumbar Region. Record review of Resident #17's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/13/23 revealed under Section C a Brief Interview for Mental Status (BIMS) score of 15, which indicates the resident is cognitively intact.	M 840		