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
	61BC	A. BUILDING: _____ B. WING _____	01/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDON COURT	100 BURNHAM ROAD BRANDON, MS 39042

(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 licensure renewal survey from 01/02/19 through 01/04/19. During the survey the SA determined the facility was not incompliance with the Minimum Standards for the Aged and Infirm. The SA cited M500. At the time of survey, the facility held a license for 100 beds and had a census of 75.	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 medical record), is afforded the opportunity to	M 500		3/4/19

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M 500	Continued From page 1 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 facility accept his written delegation of this	M 500		

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M 500	Continued From page 2 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 unopened, unless medically contraindicated (as	M 500		

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M 500	Continued From page 3 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 Resident Council interview, staff interview, record review, and facility policy review, the facility failed to promptly act on a recommendation of the Resident Council for two (2) of 12 months of Resident Council Minutes	M 500	On 4 JAN 2019, the Dietary Manager updated breakfast menu to include offering cheese toast for breakfast. On 4 JAN 2019, the Dietary Manager reviewed November and December Resident Council minutes indicating that	

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M 500	Continued From page 4 reviewed; November/December 2018. Findings Include: A review of the facility's policy titled "Resident Council", with a revision date of 11/17, revealed the facility was to consider the views of the group and act promptly upon recommendations regarding issues of resident life in the facility. A review of Monthly Resident Council Minutes revealed there was a group recommendation to have cheese toast as an option for breakfast in the month of November and December 2018. The November minutes were recorded by designated Activity Staff (AS) #1. The December minutes were recorded by designated AS #2. Although the recommendation was made in November, the December minutes did not indicate any old business and neither monthly minutes indicated any action taken on the recommendation to have cheese toast as an option for breakfast. In a Resident Council meeting on 01/03/19 at 1:46 PM, the residents in the meeting stated they had requested that they wanted cheese toast as a choice for breakfast, but the facility had not provided the cheese toast, and no one had told them anything or heard back from the request. The residents stated AS #1 and AS #2 were to tell Dietary about the request. An interview on 01/03/19 at 5:00 PM, with AS #1, revealed her acknowledgement of the residents' request for cheese toast to be added as an option for breakfast in the Resident Council meeting in November. AS #1 stated as far as she knew the request has not been acted upon, because some	M 500	Residents desired to have cheese toast. Out of the fifteen (15) Residents participating in Resident Council both months, 15 out of 15 Residents had the potential to be affected by this deficient practice. On 7 JAN 2019, the Facility's Administrator provided in-service education to all staff on policies and procedures concerning Residents Rights with a latest revision date of November 2017. Additionally, on 7 JAN 2019, the Facility's Administrator provided in-service education to Activities and Social Services on policies concerning the operation of Resident Council with a last revision date of November 2017. The Quality Assurance Committee reviewed both policies referenced above, Residents Rights and Resident Councilwithout recommending any changes during its meeting on Tuesday, 8 JAN 2019. Social Services will facilitate Resident Council alongside Activities and will provide a copy of typed minutes from each meeting to all Facility department heads in order to ensure the timely communication of Resident feedback. The Quality Assurance Committee was pleased with the implementation of a feedback loop to ensure that all departments have the notes necessary to act on the recommendations of our Residents and noted this to be a vital improvement activity during its aforementioned 8 JAN 2019 meeting. The Facility's Administrator will review Resident Council minutes every month in	

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M 500	Continued From page 5 of the residents told her they still hadn't been offered cheese toast. AS #1 stated when residents made a request or brought up problems in group, she typed the issue and gave a typed copy to the departmental staff the issue pertained to. AS #1 stated she typed the request for cheese toast as an option for breakfast and gave it to the Dietary Manager (DM) and the Administrator. She stated she didn't follow up with it after that and it was up to the Department Head of the department it was given to to resolve the issue, along with the Administrator. An interview on 01/03/19 at 5:10 PM, with AS #2, revealed the residents had requested an option of cheese toast being added for breakfast in the December Resident Council meeting. AS #2 stated as far as she knew the residents had not been offered cheese toast at breakfast. AS #2 stated she told the DM of the request. AS #2 stated she did not list the recommendation of cheese toast on the old business on the Resident Council minutes because it was still an issue. AS #2 stated she submitted the request to the DM and says she didn't follow up except at the Resident Council meetings. An interview on 1/3/19 at 5:23 PM, with the DM, revealed he generally did not talk to the residents regarding their preferences and relied on DS #2 and nursing staff to ensure preferences were honored. The DM stated he had not been informed of the Resident Council's request to have cheese toast as an option for breakfast and that it would be a very easy request to honor. An interview on 01/04/19 at 12:40 PM, with the facility Administrator, regarding the group recommendation of offering cheese toast as a choice at breakfast and resident food choices	M 500	order to ensure that the Facility promptly acts on the feedback shared by Residents present at the meeting. Additionally, the Dietary Manager will review feedback from Resident Council monthly and submit their findings for the inspection of the Administrator. The Quality Assurance Committee will review the Administrator's notes from his own review and those of the Dietary Manager's submission once a month for the duration of three (3) months. January's notes from the Dietary Manager were provided to the dministrator on the 28th of January 2019, and the Administrator approved the recommendations of the Dietary Manager and Registered Dietician Consultant regarding Resident input implementation from the month on the 31st of January 2019. These items were presented to the Quality Assurance Committee's satisfaction during its meeting on Tuesday, 5 February 2019. The Quality Assurance Committee will continue to monitor improvement activities, recommending changes as it deems prudent. By submitting the enclosed materials, we are not admitting to the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceeding and submit these responses pursuant to our regulatory obligations.	

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M 500	Continued From page 6 being honored, revealed the Administrator was not aware of the Resident Council making a request of having cheese toast as a choice for daily breakfast and had not been informed by Activities staff of the request. The Administrator stated he believed there was a problem with communication that needed to be resolved to ensure resident requests and preferences were honored.	M 500		