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	64ME	A. BUILDING: _____ B. WING _____	09/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF MENDENH	925 WEST MANGUM AVENUE MENDENHALL, MS 39114

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 09/05/2023 through 09/07/2023. 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 and M1570.	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 participate in the planning of his medical treatment, to not be limited in his/her choice of a	M 500		10/12/23

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M 500	Continued From page 1 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 responsibility to the facility for any period of time in conformance with State law;	M 500		

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M 500	Continued From page 2 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 documented by his physician or nurse practitioner/physician assistant in his medical	M 500		

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M 500	Continued From page 3 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: Based on observations, interviews, record reviews and facility policy reviews the facility failed to ensure residents were fully informed of their rights and were treated in a dignified manner as evidenced by call lights not in reach, required agency numbers not posted, lack of privacy during resident council and posting of signage at a resident's bedside for three (3) of (3) days of survey.	M 500	1. Resident's rights are prominently displayed in the lobby on the wall and it is part of the admissions packet. Resident rights were distributed on the August 4, 2023 Resident Council meeting and was captured in the minutes. Additional copies were distributed to all residents on 9-20-2023 and are given to residents	

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M 500	Continued From page 4 Findings include: Resident Accommodations Review of the facility's policy titled, "Call Lights: Accessibility and Timely Response," with revised date of 08/02/22, revealed, "Policy: The purpose of this policy is to assure the facility is adequately equipped with a call light at each residents' bedside, toilet, and bathing facility to allow residents to call for assistance. Call lights will directly relay to a staff member or centralized location to ensure appropriate response. Policy Explanation and Compliance Guidelines: 5. Staff will ensure the call light is within reach of resident and secured, as needed. 6. The call system will be accessible to residents while in their bed or other sleeping accommodations within the resident's room ..." On 09/05/23 at 01:43 PM, an observation of Resident "8 revealed the resident was lying in bed with the head of the bed elevated. The resident's call light was lying on the floor. On 09/05/23 at 02:44 PM, an observation revealed a Certified Nursing Assistant (CNA) in Resident #8's room, having a conversation with the resident. Upon entry into the resident's room after the CNA left, revealed the call light remained on the floor. On 09/05/23 at 02:46 PM, an observation and interview with Resident's #8 in his room. revealed his call light was located on the floor and not within his reach. Housekeeper #1 entered the resident's room, saw that the call light was within reach of the resident and picked it up and placed next to the resident.	M 500	and or family members on admission. The State Health Department Hot Line number was posted on 9-6-2023 by the administrator. The Hot Line number is located adjacent to the Ombudsman poster in a prominent area in the facility and visible to all residents, family members, visitors and staff. 2. All Residents have the potential to be affected by the deficient practice. 3. In-service was performed by the administrator to the supervisory staff on 9-29-2023 4. Beginning 9-9-2023, the administrator will make weekly audits to ensure that the State Health Department Hot Line Number continues to be prominently displayed for twelve weeks. The audits will be monitored and reviewed in the monthly Quality Assessment and Assurance Committee meeting for three months Beginning on 09-29-2023 to ensure sustained compliance.	

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M 500	Continued From page 5 On 09/05/23 at 03:19 PM, in an interview with Housekeeper #1, she revealed that the call light is the responsibility of all employees. She confirmed that it was found on the floor and that it should have been within the resident's reach. The housekeeper revealed that due to the resident's limitations, his call light should be available to him at all times for him to call for assistance. On 09/05/23 at 4:18 PM, Resident # 8 was observed lying in his bed with eyes closed. The resident's call light was laying on top of his bedside table on the left side of his bed. Resident #8 demonstrated he was able to reach his call light. Resident # 8 stated he could reach it today, but states when he can't reach it, he just yells for assistance. On 09/06/23 at 09:23 AM, during an interview, the Director of Nurses (DON) revealed that call lights are the responsibility of all employees, but especially nursing staff because it's warning system to alert them of something being wrong. The DON revealed the call light system is a part of resident care and is a key to quick response. A record review of the "Admission Record" of Resident # 8 revealed the resident was admitted by the facility on 8/14/2020, with the diagnoses that included Dysphagia Following Cerebral Infarction, Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side, Chronic Obstructive Pulmonary Disease, Unspecified and Obstructive Sleep Apnea. A record review of Resident # 8's "Minimum Data Set (MDS)," with an Assessment Reference Date (ARD) of 06/19/2023, revealed a Basic Interview for Mental Status (BIMS) score of 15, which	M 500		

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M 500	Continued From page 6 indicated the resident was cognitively intact. Private Meeting Space Review of the facility's policy, "Resident Rights", revised 6/1/23, revealed, " ...Policy Explanation and Compliance Guidelines ...7. Privacy and confidentiality ...a. Personal privacy includes accommodations ...meeting of family and resident groups ..." During the resident council group meeting on 9/5/23 at 2:00 PM, the resident group stated they were not allowed privacy during the resident council meetings. The meetings were held in the resident and staff dining room, which was a common area, and the group complained that staff always interrupts the meeting. During the meeting, staff were observed coming in and out of the dining room, getting beverages, and bringing dirty trays to the kitchen. Staff were also sitting in the dining area on break during the resident group meeting. During an interview on 9/7/23 at 11:00 AM, with the Administrator, he confirmed that the residents did not have a private place to have resident council meetings. The Administrator said he had not thought about it and would figure out a way to close off the common area during the resident council meetings. Posting of Contact Information Review of the facility's policy, "Resident Rights", revised 6/1/23, revealed, "The facility will inform the resident both orally and in writing, in a language that the resident understands, of his or her rights and all rules and regulations governing resident conduct and responsibilities during the	M 500		

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M 500	Continued From page 7 stay in the facility ...Policy Explanation and Compliance Guidelines ...8. A posting of names, addresses and phone numbers of all pertinent state client advocacy groups will be available in the facility... Information and communication ...g. Information and contact information for filing grievances or complaints concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, noncompliance with the advance directive's requirements and requests for information regarding returning to the community ..." During observations on 9/5/23 at 10:30 AM, 9/6/23 at 12:30 PM, and 9/7/23 at 9:00 AM, there was no information posted regarding filing grievances or complaints with the State Agency (SA). During the resident council group meeting on 9/5/23 at 2:00 PM, the residents stated that they did not know where the information was posted in the building regarding contact information for the SA regarding complaints or grievances. The residents said they have made complaints to the Dietary Manager, Administrator and Director of Nursing (DON) regarding dietary services and medication administration, but they were not aware that they could contact the SA for their if they felt nothing was being done about their grievances. During an interview on 9/7/23 at 11:00 AM, with the Administrator, he confirmed the State Agency hot line number was not posted in the facility. He stated he had been hired during the COVID-19 pandemic and was not aware that the required	M 500		

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M 500	Continued From page 8 information was not posted and available to the residents. Dignified Living Review of the facility's "Resident Rights," revised 6/1/23, revealed " ...7. Privacy and confidentiality. The resident has a right to ...confidentiality of his or her personal and medical records. a. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care ..." On 09/05/23 at 2:49 PM, during an observation of Resident #23, there was a handwritten sign located on her personal refrigerator, within view of other residents and visitors, which indicated "Thickened Liquids". On 09/06/23 at 9:30 AM, during an observation of Resident #23, the sign indicating thickened liquids was observed on the resident's personal refrigerator in her room. On 9/7/23 at 10:00 AM, Resident #23 was observed in bed and there was a visitor at the Residents roommate's bedside. The sign regarding Thickened Liquids was posted in the view of the visitor. Record review of the "Admission Record" revealed the facility admitted Resident #23 on 2/6/23 with diagnoses of Dementia. Record review of the Quarterly Minimum Data Set (MDS), dated 08/07/23, revealed Resident #23 had Brief Interview of Mental Status (BIMS) score of 11 which indicated her cognition was moderately impaired.	M 500		

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M 500	Continued From page 9 Record review of the "Order Summary Report" revealed Resident #23 had a Physician's Order, dated 06/15/2023, for "NAS (No Added Salt) diet Mechanical Soft texture, nectar consistency." During an interview on 09/07/23 at 8:50 AM, with the Director of Nursing (DON), she stated she did not know there were signs posted in resident rooms with medical information related to the resident. She said they do not post signs because of the Health Insurance Portability and Accountability Act (HIPPA) and the resident may not want everybody to know what kind of care they are getting.	M 500		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases.	M1570		10/12/23

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M1570	Continued From page 10 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by: Level II Based on observation, interview, record review, and facility policy review, the facility failed to ensure infection control measures were consistently implemented to prevent the possible spread of infection when a nurse dispensed medication into her bare hands during the administration of medications for two (2) of nine (9) residents observed for medication administration. Residents #10 and #41. Findings include: Review of the facility's policy, "Infection Prevention and Control Program," with a revision date of 6/15/23, revealed "This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines ..." Resident #41 On 09/06/23 at 11:50 AM, an observation of Licensed Practical Nurse (LPN) #1 preparing medications to be administered to Resident #41, revealed the LPN dispensed four (4) pills out of the medication card into her bare hands and then placed them into the medication cup. The oral medications dispensed into her hand were Furosemide 40 mg (milligrams), Amiodarone HCL 200 mg, Gabapentin 100 mg, and	M1570	1. Licensed Practical Nurse (LPN) # 1 was in-serviced by the Staff Development nurse on 9-6-2023 regarding the facility's infection control policies regarding medication administration. Resident #41 and Resident #10 were assessed for adverse reactions by the Registered Nurse Supervisor with none noted. 2. All Residents have the potential to be affected by the deficient practice. 3. All licensed nursing staff were in-serviced on 9-18-2023 by the Staff Development Nurse on infection control during the medication pass to include hand hygiene. Monitoring of the staff by the Staff Development Nurse began on 9-9-2023. The facility will comply with the Directed Plan of Correction (DPOC). A root cause analysis was performed on 9-28-2023, with the assistance of the Infection Preventionist and the Quality Assessment and Assurance Committee and the Governing Body. All staff will complete the Center for Disease and Control Prevention (CDC) module 7 Hand Hygiene course by 10-2-2023. The staff Development Nurse and Director of Nursing will ensure that hand hygiene skill competencies are	

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M1570	Continued From page 11 Extended-Release Potassium Chloride 20 meq (milliequivalent). Prior to preparing the medications for administration to Resident #41, LPN #1 touched cart keys, the cart drawers, and the computer numerous times before dispensing the medication into her bare hands and placing them into the medication cup. After placing the medications into the medication cup, LPN #1 administered medications to Resident #41. Resident #10 On 09/06/23 at 1:05 PM, an observation of LPN #1 preparing medications to be administered to Resident #10, revealed LPN #1 dispensed eight (8) pills out of the medication card into her bare hands and placed them into the medication cup. The oral medications dispensed into her hand were Carvedilol 6.25 mg, Clopidogrel Bisulfate 75 mg, Hydrochlorothiazide 25 mg, Loratadine 10 mg, Extended-Release Potassium Chloride 20 meq, Risperidone 1 mg, Rosuvastatin Calcium 20 mg, and Sertraline 100 mg. Prior to preparing the medications for administration to Resident #10, LPN #1 touched the medication cart keys, the medication cart drawers, and the computer numerous times prior to dispensing the medications into her bare hands and placing them into the medication cup. After placing medication into the medication cup, LPN #1 administered the medications to Resident #10. On 09/06/23 at 2:58 PM, in an interview with LPN #1, she revealed she should not have touched the medications with her bare hands, as that contaminated the resident's medications. LPN #1 explained that she knew better, but just forgot. LPN #1 confirmed that by putting the mediation in her hand, she could cause the spread of infection.	M1570	completed by 10-2-2023 4. The Staff Development Nurse will complete medication administration observations beginning 9-11-2023 for two nurses per week for four weeks and then one nurse per week for eight weeks. The observations will be monitored and reviewed in the monthly Quality Assessment and Assurance Committee meeting for three months beginning on 9-29-2023 to ensure sustained compliance.	

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M1570	Continued From page 12 On 09/06/23 at 5:30 PM, in an interview with the Director of Nurses (DON), she stated nurses should never put pills into their bare hands. She explained that nurses should dispense pills directly into the medication cup. The DON confirmed that the actions of LPN #1 is an infection control issue and could cause the spread of infection to the residents receiving the medications. A record review of the "Admission Record" of Resident #10, revealed the facility admitted the resident on 7/21/23, with diagnoses that included Type 2 Diabetes Mellitus, Essential Hypertension, and Anxiety Disorder. A record review of the "Admission Record" of Resident #41, revealed the facility admitted the resident to the facility on 7/1/22, with diagnoses that included Chronic Destructive Pulmonary Disease, Paroxysmal Atrial Fibrillation, and Congestive Heart Failure.	M1570		