STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED. IDENTIFICATION NUMBER: A. BUILDING B. WING MSN4QX 01/13/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 967 REGIONAL CENTER DRIVE NORTH MS REGIONAL CTR ICF/MR **OXFORD, MS 38655** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) M 102 120.09 Nutrition M 102 02/10/12 Please see attached letter. Nutrition. Residents shall maintain acceptable parameters of nutritional status, such as body weight and protein levels, unless residents clinical condition indicate that this is unavoidable. All residents shall receive diets as orders by their physician or nurse practitioner. Residents identified with significant nutritional problems shall receive appropriate medical nutrition therapy based on current professional standards. This Statute is not met as evidenced by: Based on observation and staff interview the facility failed to provide or offer a food substitute when Unampled Client A and Unsampled Client B refused to eat the food items served on their meals trays during one (1) of one (1) meal observed in Cottage #16... Findings include Record review revealed that Unsampled Client A was admitted to the home on 3/1/2000 with diagnoses which included Profound Mental Retardation, Pervasive Developmental, and Seizure Disorder. Review of Unsampled Client A's 2012 Doctor's Orders revealed an order "...Diet: Regular, chopped as needed encourage second servings, prune juice, hot cereal, Shasta at lunch, snack at 10 a.m. & 3 p.m., peanut butter is allowed ..." Record review revealed Unsampled Client A was nonverbal, no known food allergies, with the primary mode of communication, gestures, facial expressions, and independently obtaining desired Mississippi State Department of Health

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

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administrator

2/10/12

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AND PLAN OF CORRECTION (X1) PROVIDER/SUP IDENTIFICATION MSN4QX		LIER/CLIA NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/13/2012		
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M 102	items Observation on 1/1 lunch meal in Cott Care Advance Sup Unsampled Client Chicken/Broccoli O Tropical Fruit, with Water. The client of drank the Diet Cola aware that Unsamp other food items lis The staff failed to o Client A with a foor meal. Unsampled of table until he was a Interview on 1/12/1 revealed that Unsa eater. DCAS stated substitute food item client receives food eat a food items se times, then we ma Dietician (RD) awa substitute food item and he will get a sh Interview on 1/12/1 Qualified Mental Re (QMRP) #1 reveale QMRP was gone for I am not sure why to a food substitute an RD".	12/12 at 12:15 p.m. tage #16 revealed the revisor (DCAS) servisor (DCAS) servi	the Direct ved d items; ty, Roll, and cup of tty and he DCAS d to eat the heal tray. ampled the lunch he meal DCAS is a picky we a uilding; a refusing to us several gistered re; and the kitchen M. the onal ht A's RP stated: " rer the client with the 0 p.m. with bstitute client	M 102	Please see attached I	etter.	02/10/12

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE IDENTIFICATION NU		R/CLIA MBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED		
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M 102	4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		M 102	Please see attached letter	SHOULD BE APPROPRIATE COMPLE DATE O2/10/1		
	lunch meal in Cotta	2/12 at 12:22 p.m. du ge #16 revealed Ur serving line with a m	sampled			EH 2	110/12

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME MSN4QX			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		COMPLETED		
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M 102	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		M 102	Please see attached le	ON SHOULD BE COMPLE HE APPROPRIATE DATE		

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STATEMENT OF DEFICIENCIES

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M 104	shall receive propose special needs shat injections; parente colostomy, uretero tracheostomy care care; foot care; and This Statute is not Based on observating alled to ensure Client C's plate guproperly during on Cottage #16. Findings include Record review reveadmitted to the hordiagnoses which in Retardation, Depres Spastic Hemiplegia Observation on 1/1 lunch meal in Cott Care Advance Sup #12's food on a higmetal plate guard as a special	ach resident with specer treatment and care il include, but are not ral and enteral fluids; estomy, ileostomy care; tracheal suction; resid prostheses. It met as evidenced by tion and staff interview sure Client #12 and U lard device was working (1) of 1 meal observe (1) of 1 meal observe (2) and, Hypertension. 2/12 at 12:05 p.m. duage #16 revealed the ervisor (DCAS) serve gh-sided divided plate attached to the plate.	These limited to e; spiratory v the nsampled ng rved in was atal v with a Direct d Client with a During	M 104 M 104	On 02/07/12, The Feeding/Ad Equipment Team (OT/PT rep pathologist, Resident Living medical/nursing rep, dietician Team Coordination rep) met malfunction of the plate guard there were replacement plate site the day of the deficiency, plate guards were taken to the before the evening meal. The determined that this is the on using plate guards, and, after found that client needs can be using a 1 3/4" high-sided divided Plates were ordered on 02/09 are expected to arrive by 02/24. An in-service will be complete 02/24/12 with cottage staff to them that we will begin using plate and discontinue the plate.	ep, , and to discuss ds. While guards on 4 new e cottage e Team ly cottage research, e met ded plate. 0/12 and 16/12. ed by inform a new	02/16/12
	the beginning of Client #12's lunch meal two (2) of the prongs came loose with one (1) side of the plate guard attached to the plate and the other end inside of the food. Client #12 continued to eat and some of the food was spilling from the plate on to the table. Client #12 asked the Direct Care Worker (DCW) #1 at the table for another					EH3/10/1	2

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be replaced.

Interview on 1/12/12 at 5:00 p.m. with the Qualified Mental Retardation Professional (QMRP) #1 revealed Unsampled C's QMRP was not aware of the problem with the clients plate guards during meals. Also, the plate guards can

(X3) DATE SURVEY

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STATEMENT OF DEFICIENCIES

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