

## CENTERS FOR MEDICARE &amp; MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  25G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  01/13/2012
NAME OF PROVIDER OR SUPPLIER  NORTH MS REGIONAL CTR ICF/MR			STREET ADDRESS, CITY, STATE, ZIP CODE 987 REGIONAL CENTER DRIVE OXFORD, MS 38655		
(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) COMPLETION DATE
W 104	483.410(a)(1) GOVERNING BODY  The governing body must exercise general policy, budget, and operating direction over the facility.  This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to maintain one (1) of 10 cottages clean and in good repair; related to rusty peeling doors frames, with dust and wax build-up around the base board throughout the building (Cottage #16)  Findings include  Observation on 1/12/12 at 1:20 p.m. during environmental tour with the Direct Care Advance Supervisor (DCAS) in Cottage #16 revealed the following findings: thick blackish/grayish spots build-up in the day room, large/ small class rooms areas, on the base-board and walls; the large class room doors and door frames were rusty and peeling paint; several brownish stains spots on ceiling throughout the building. There were areas of blackish gray build up along the base boards in the clients' rooms. The bottom areas of the residents' bath room/shower room door frames were rusty and peeling paint. The sinks in the clients rooms and bath room/showers were stained with grayish build-up. Interview with DCAS confirmed the above findings. On 1/12/12 at 4:30 p.m. interview with the Qualified Mental Retardation Professional revealed the housekeeping staff usually cleans the sinks and the cottages.	W 104	<u>Wax Build-Up and Sinks</u> Wax build-up on baseboards and walls in large/small classrooms and in client bedrooms/bathrooms will be cleaned and completed by 02/09/12.  In-service will begin on 02/13/12 for all staff in all cottages to ensure that staff know proper procedures for cleaning baseboards, walls, sinks, and showers. This in-service will also include types of cleaning products to use.  On going cottage checks and follow-up visits to cottage by Program Coordinators to ensure that cleaning issues are addressed promptly will take place.  Quality Assurance Coordinators also conduct monthly environmental checks and report to Resident Living and Engineering any issues that need to be addressed.		02/09/12
W 436	483.470(g)(2) SPACE AND EQUIPMENT	W 436	<u>Peeling Paint/Rust</u> The door frames and doors in large/small classrooms and in client bedroom/bathrooms with paint/rust issues are being repainted.  <u>Ceiling Tiles</u> The stained ceiling tiles throughout the cottage are being replaced.  The Engineering Department incorporates a program called "Recurring Maintenance Program" that is used to identify regularly recurring work to try and perform maintenance before repair procedures are required. In addition, regular inspections are performed by Engineering and the Quality Assurance Coordinator on a monthly basis to identify maintenance issues.		02/10/12

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

Edith M. Hayes

TITLE

Administrator

(X6) DATE


2/10/12

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



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W 436	<p>Continued From page 1</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure Client #12 and Unsampld Client C' s plate guard device was working properly during one (1) of 1 meal observed in Cottage #16.</p> <p>Findings include</p> <p>Record review revealed that Client #12 was admitted to the home on 5/15/1989 with diagnoses which included Profound Mental Retardation, Depression, Cerebral Palsy with Spastic Hemiplegia, and, Hypertension.</p> <p>Observation on 1/12/12 at 12:05 p.m. during the lunch meal in Cottage #16 revealed the Direct Care Advance Supervisor (DCAS) served Client #12's food on a high-sided divided plate with a metal plate guard attached to the plate. During 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 plate of food and the DCAS served the client second with the plate guard attached to the</p>	W 436	<p>On 02/07/12, The Feeding/Adaptive Equipment Team (OT/PT rep, speech pathologist, Resident Living rep, dietician, and Team Coordination rep) met to discuss malfunction of the plate guards. While there were replacement plate guards on site the day of the deficiency, 4 new plate guards were taken to the cottage before the evening meal. The Team determined that this is the only cottage using plate guards, and, after research, found that client nutritional needs can be met using a 1 3/4" high-sided divided plate.</p> <p>Plates were ordered on 02/09/12 and are expected to arrive by 02/16/12.</p> <p>An in-service will be completed by 02/24/12 with cottage staff to inform them that we will begin using a new plate and discontinue the plate guard.</p>	02/16/12	
			 2/10/12		02/24/12



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W 436	Continued From page 2 high-sided divided plate. Then Client #12 started eating the food from the plate and two (2) of the prongs came loose again with one (1) side of the plate guard attached to the plate and the other end was inside of the food on the plate. Interview with the DCW #1 confirmed the above findings. DCW #1 reported of not being aware of why the plate guard continued coming loose.  Interview on 1/12/12 at 12:20 p.m. with DCAS revealed that sometimes when the clients scoops something with the spoon it may cause the plate guard to pop a loose. If the plate guard failed to stay attached to the plate, "we just continue to re-attach it to the plate during the meals".  Unsampled Client C Observation on 1/12/12 at 12:25 p.m. during the lunch meal in Cottage #16 revealed that the DCAS served Unsampled Client C's food on an elevated-sided divided plate with a metal plate guard attached to the plate. During the meal two (2) of the prongs came a loose with one (1) side of the plate guard attached to the plate and the other end inside of the food on the client's plate. DCAS reattached the plate guard and it came loose again. Unsampled C asked for more food and was told "No" per DCAS. Interview with the DCAS confirmed the above findings	W 436			
W 478	483.480(c)(1)(ii) MENUS	W 478			

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NAME OF PROVIDER OR SUPPLIER

NORTH MS REGIONAL CTR ICF/MR

STREET ADDRESS, CITY, STATE, ZIP CODE

167 REGIONAL CENTER DRIVE

OXFORD, MS 38655

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W 478	<p>Continued From page 3</p> <p>Menus must provide a variety of foods at each meal.</p> <p>This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to provide or offer a food substitute when Unsampled Client A and Unsampld Client B refused to eat the food items served on their meals trays during one (1) of one (1) meal observed in Cottage #16..</p> <p>Findings include</p> <p>Record review revealed that Unsampld Client A was admitted to the home on 3/1/2000 with diagnoses which included Profound Mental Retardation, Pervasive Developmental, and Seizure Disorder.</p> <p>Review of Unsampld 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. &amp; 3 p.m., peanut butter is allowed ..."</p> <p>Record review revealed Unsampld Client A was nonverbal, no known food allergies, with the primary mode of communication, gestures, facial expressions, and Independently obtaining desired items</p> <p>Observation on 1/12/12 at 12:15 p.m. during the lunch meal in Cottage #16 revealed the Direct Care Advance Supervisor (DCAS) served Unsampld Client A the following food items; Chicken/Broccoli Casserole, Yam Patty, Roll, and</p>	W 478	Please see attached letter.	02/10/12

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W 478	<p>Continued From page 4</p> <p>Tropical Fruit, with a Diet Cola and a cup of Water. The client only ate the Yam Patty and drank the Diet Cola. DCW #1 made the DCAS aware that Unsampld Client A refused to eat the other food items listed above on the meal tray. The staff failed to offer or provide Unsampld Client A with a food substitute during the lunch meal. Unsampld Client A stayed at the meal table until he was allowed to leave.</p> <p>Interview on 1/12/12 at 12:20 p.m. with DCAS revealed that Unsampld Client A was a picky eater. DCAS stated that we do not have a substitute food item available in the building; a client receives food substitutes after refusing to eat a food items served from the menus several times, then we make the kitchen/ Registered Dietician (RD) aware of the food dislike; and substitute food items come only from the kitchen and he will get a snack during the PM.</p> <p>Interview on 1/12/12 at 4:30 p.m. with the Qualified Mental Retardation Professional (QMRP) #1 revealed Unsampld Client A's QMRP was gone for the day. The QMRP stated: "I am not sure why the staff failed to offer the client a food substitute and you need to talk with the RD".</p> <p>Telephone interview on 1/12/12 at 4:50 p.m. with the RD revealed that there were no substitute food item available in the cottages. A client receives a food substitute after refusing to eat a food item served on the menus several times (at least three(3) times) and the staff are good about letting me know. The RD stated that substitute food items come only from the kitchen when the dislike food items are served on the</p>	W 478	Please see attached letter.		02/10/12

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W 478	<p>Continued From page 5</p> <p>menus again. The clients have to wait until snack time during the PM if they refused to eat the lunch meal. Chicken/Broccoli Casserole was a new item served on the menus. The RD stated: "I was not made aware of Unsampld Client C of not eating Chicken/Broccoli Casserole." The RD stated that there were no soups or sandwiches are available in the cottages unless pervious arranges were made with the kitchen; and the staff can give the clients double vegetables or fruits if they refused to eat a food items served on the menus.</p> <p>Unsampld Client B Record review revealed that Unsampld Client B was admitted to the home on 7/28/1977 with diagnoses which included Profound Mental Retardation, Autistic Disorder, and Seizure Disorder,. There were no known food allergies.</p> <p>Review of Unsampld Client B's 2012 Doctor's Orders revealed an order "...Diet: Regular, no second servings, chocolate milk at breakfast, skim at lunch and supper, sugar-free jello at lunch and supper, low-fat sausage at breakfast, low calories snack at 8 p.m., peanut butter is allowed ..."</p> <p>Record review revealed Unsampld Client B's communicates through limited speech, gestures, and by independently obtaining what he wants.</p> <p>Observation on 1/12/12 at 12:22 p.m. during the lunch meal in Cottage #16 revealed Unsampld Client B was in the serving line with a meal tray and the DCAS placed a plastic bag with 2 sandwiches on the tray. The client passed the plastic bag with the sandwiches back to the</p>	W 478	Please see attached letter.	02/10/12

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W 478	<p>Continued From page 6</p> <p>DCAS and Unsampld Client B pointed to the pan with the Chicken/Broccoli Casserole. DCAS removed the ham sandwiches from the plastic and placed the sandwiches back on the tray. Unsampld Client B put the sandwiches in the trash can, pointing with reaching gestures for the pan with the Chicken/Broccoli Casserole. Then the client was escorted to the table with the following food items on the tray: Yam Patty, Roll, and Tropical Fruit, and a Diet Shasta Cola. The client only ate the Yam Patty and drank the Diet Cola. The staff failed to offer or provide Unsampld Client B with a food substitute during the lunch meal after refusing to eat the Ham Sandwiches. Unsampld Client B stayed at the meal table until he was allowed to leave. Interview the DCAS confirmed the above findings and reported that Unsampld Client B put his sandwich in the trash can and he cannot have any other food item or second.</p> <p>Interview on 1/12/12 at 4:30 p.m. with the QMRP #1 revealed of having no reason on why the staff failed to offer or serve Unsampld Client B some of the Chicken/Broccoli Casserole.</p> <p>Telephone Interview on 1/12/12 at 4:50 p.m. with the RD revealed the staff could have served Unsampld Client B the Chicken/Broccoli Casserole after the client placed the sandwiches in the trash can. The client was able to receive the Ham Sandwiches or the Chicken/Broccoli Casserole, but not both. The RD stated that Unsampld Client B may receive both food items if the client was able to have a second serving of food.</p>	W 478	Please see attached letter.		02/10/12

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2/10/12

DEPARTMENT OF HEALTH AND HUMAN SERVICES /ICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>255217</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/27/2012</b>	
NAME OF PROVIDER OR SUPPLIER  <b>RIVER HEIGHTS HEALTHCARE CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>402 ARNOLD AVENUE GREENVILLE, MS 38701</b>			
(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) COMPLETION DATE
K 000	INITIAL COMMENTS			K 000			
	42 CFR 483.70(a)						
	The facility must meet the applicable provisions of the 2000 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA) ...						
K 061 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD			K 061			
	Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1						
	This STANDARD is not met as evidenced by: Based on observation and testing, the facility failed to provide supervision on the sprinkler control valve.						
	Findings include:						
	At 2:30 p.m., on September 27, 2012, testing on the sprinkler system revealed that a local alarm did not sound when the post indicator valve was closed. This condition had the potential to affect residents and staff throughout the facility. The licensed capacity of the facility is 60 with a census of 48. The administrator agreed with this observation at the exit interview on 9-27-12.						
	NFPA 101 section. 9.7.2.1 states where supervised automatic sprinkler systems are required by another section of this Code, supervisory attachments shall be installed and						

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

TITLE

(X6) DATE

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K 061	Continued From page 1 monitored for integrity in accordance with NFPA 72, National Fire Alarm Code, and a distinctive <i>supervisory</i> signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system. Monitoring shall include, but shall not be limited to, monitoring of control valves, fire pump power supplies and running conditions, water tank levels and temperatures, tank pressure, and air pressure on dry-pipe valves. Supervisory signals shall sound and shall be displayed either at a location within the protected building that is constantly attended by qualified personnel or at an approved, remotely located receiving facility.	K 061			



MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>76AA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/27/2012</b>
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M 243	<p>140.01 Date of Construction and Life Safety C</p> <p>Date of Construction and Life Safety Code Compliance.</p> <p>1. Buildings constructed after the effective date of these regulations shall comply with the edition of the Life Safety Code (NFPA 101) effective on the date of construction.</p> <p>2. Buildings constructed prior to the effective date of these regulations shall comply with Chapter 13 of the Life Safety Code (NFPA 101), 1985 edition.</p> <p>This Statute is not met as evidenced by: Based on observation and testing, the facility failed to provide supervision on the sprinkler control valve.</p> <p>Findings include:</p> <p>At 2:30 p.m., on September 27, 2012, testing on the sprinkler system revealed that a local alarm did not sound when the post indicator valve was closed. This condition had the potential to affect residents and staff throughout the facility. The licensed capacity of the facility is 60 with a census of 48. The administrator agreed with this observation at the exit interview on 9-27-12.</p> <p>NFPA 101 section. 9.7.2.1 states where supervised automatic sprinkler systems are required by another section of this Code, supervisory attachments shall be installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm Code, and a distinctive</p>	M 243		

Mississippi State Department of Health

TITLE

(X6) DATE

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

STATE FORM

6899

A60221

If continuation sheet 1 of 2



MSDH - Health Facilities Licensure and Certification

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M 243	Continued From page 1  supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system. Monitoring shall include, but shall not be limited to, monitoring of control valves, fire pump power supplies and running conditions, water tank levels and temperatures, tank pressure, and air pressure on dry-pipe valves. Supervisory signals shall sound and shall be displayed either at a location within the protected building that is constantly attended by qualified personnel or at an approved, remotely located receiving facility.	M 243		