STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	68TG	A. BUILDING: _____ B. WING _____	08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TALLAHATCHIE GENERAL HOSP ECF	201 SOUTH MARKET ST CHARLESTON, MS 38921

(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 an annual re-certification survey at the facility from 8/21/23 to 8/24/23. The SA determined that the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm state licensure requirements and a deficiency was cited at M 615 for Pressure Sores. The facility is licensed for 98 of beds and at the time of the survey the census was 84.	M 000		
M 615	45.21.3 Pressure sores Pressure sores. Residents with a pressure sore shall receive necessary treatment and service to promote healing and prevent the development of new pressure sores. Residents without pressure sores will not develop pressure sores unless the residents' clinical condition indicates they were unavoidable. This Statute is not met as evidenced by: Level III Based on observations, staff interview, record review and facility policy review, the facility failed to prevent the recurrence of a pressure ulcer related to a contracture of a resident's hand for one (1) of three (3) residents reviewed on sample for pressure ulcers. Resident #27. Findings include: A review of the facility policy titled, "Decubitus Injuries, Prevention," with an effective date of 9/2016 and a review date of 10/22 revealed, "Policy: Prevention of pressure sores is primarily	M 615	M615 1. On 08/22/23 new orders were received and initiated for wound care to the right hand wound of Resident #27. Occupational Therapy (OT) screen for contracture management was completed on 08/25/23. 2. The facility has determined that all residents with a history of healed pressure ulcers have a potential to be affected by failure to implement measures to prevent recurrence. 3. Measures to prevent recurrence of pressure ulcers will be put in place by the nursing department upon identification of a pressure ulcer and/or when the pressure	9/21/23

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M 615	Continued From page 1 a nursing responsibility. The most effective means of preventing skin breakdown are relief of pressure on the skin, maintenance of adequate circulation, hydration, and an adequate diet... Try to prevent any moisture, diarrhea, urinary incontinence, sweating and the like, because excretions may cause skin maceration..." Observations on 08/21/23 at 11:30 AM and 3:37 PM, revealed Resident #27 lying in bed on her back with contractures noted to her right hand. The resident's index finger on her right hand was sticking straight up, and the next four fingers were closed tightly against her hand. The resident's thumb was pressing into her palm. There was no pressure relieving devices in Resident # 27's hand. There was a foul odor noted coming from the right hand. An observation and interview, on 08/22/23 at 03:00 PM, revealed Resident #27 lying in bed with a rolled-up bath cloth in her right hand under her four fingers but not under her thumb. Licensed Practical Nurse (LPN) #1 was present in resident's room and removed the bath cloth from Resident #27's right hand and a small amount of a brown substance was noted on the bath cloth when it was removed. LPN #1 opened the resident's hand and revealed an open area to the palm of the right hand and noted a foul odor. Resident #27 confirmed that her hand hurt when it was opened. LPN #1 confirmed that Resident #27 had previously had an open area to that hand but that it had healed. LPN #1 confirmed that it would be her responsibility as a nurse taking care of Resident #27 to observe the area of any contracture for any skin issues. LPN #1 confirmed there was an open area in the palm of Resident #27's right hand.	M 615	ulcer heals. All healed pressure ulcers will continue to be monitored by a nurse for a period of at least two weeks to ensure preventative measures are effective. On 08/22/23, the Certified Nurses Assistant (CNA) and Licensed Practical Nurse (LPN) assigned to Resident #27 were inserviced on contracture management/prevention by the Staff Development Nurse (SDN). On 08/23/24, the treatment nurse was inserviced by the Director of Nurses (DON) on implementing preventative measures when ulcers are healed, how to properly input therapy orders, and properly updating the 24-hour report and proper careplaning of these changes. All residents underwent a complete body audit by an LPN or Registered Nurse (RN) beginning 08/23/23 and with no new pressure ulcers identified. On 08/25/23 the Charge nurses began evaluating all residents for contractures. Physical Therapy (PT) and/or Occupational Therapy (OT) began completing screens for contracture management on those residents with contractures beginning 08/25/23. Nurses and Certified Nurses Assistants (CNA) were inserviced on properly observing the resident's skin for breakdown, wound prevention, proper skin hygiene, contracture prevention and management beginning 09/13/23. 4. Beginning 08/28/23 the DON, Staff Development Nurse (SDN), Minimum Data Set (MDS) nurses, or the Medical Record staff will conduct an audit of the Twenty-four (24) hour report and all new orders to ensure newly healed pressure	

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M 615	Continued From page 2 An interview, on 08/22/23 at 03:20 PM, with Registered Nurse (RN) #1 revealed that Resident #27 previously had a pressure ulcer to the palm of her right hand but that it healed. RN #1 stated that she contacted therapy to assess Resident #27 for something to prevent further breakdown. RN #1 stated that she made therapy aware that Resident #27 had a roll for her hand in the drawer in her room and that it was not being used but RN #1 did not follow up with therapy after that point. RN #1 stated that it was the responsibility of the nurses and nurse aides to complete weekly body audits. RN #1 stated that she checked on Resident #27's hand every other day for about a week after it healed to make sure it did not open back up, but she did not know who was looking at it after that. RN #1 observed Resident # 27's hand and confirmed that there is an open area due to pressure from the contracture. RN #1 measured the pressure injury to the right-hand. The pressure ulcer measurements revealed: Length 1.30 centimeters(cm), Width 1.00 cm, and Depth 0.30 cm. An interview, on 08/23/23 at 09:45 AM, with Certified Nurse Aide (CNA) #1 stated that the nurse aides do skin audits daily when they are bathing the residents. CNA #1 confirmed that the area noted to residents' right hand should have been identified before yesterday. She stated that she identified the area yesterday (08/22/23) when she was providing care for the resident, and she put the rolled-up bath cloth in her right hand. She stated that she worked last Friday (08/18/23) and the pressure area was not present then. She stated that the process would be to notify the nurse of any new skin concerns. CNA #1 stated that if the resident was supposed to have any measures in place such as a hand roll it would be in their activity documentation and that there is no	M 615	ulcers have measures in place to prevent recurrence. Audits will be conducted daily times 5 days then three times weekly for 3 weeks then twice weekly times 4 weeks then once weekly times 4 weeks. Statement of deficiencies and the plan of correction were reviewed by the Quality Assurance (QA) Committee on 09/14/23. All findings from audits by the DON, SDN, MDS nurses, and/or the Medical Records staff will be reported to the QA Committee for evaluation of effectiveness; the QA committee will review these findings monthly for at least three months and make recommendations and/or changes as needed. If concerns are identified after the initial three-month period the QA Committee will continue monthly review of findings; if compliance has been found, the QA Committee will review audit findings quarterly.	

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documentation for that.

An interview, on 08/23/2023 at 10:20 AM, with Occupational Therapist confirmed that she did not receive an order to evaluate the resident for possible interventions related to the right-hand contracture.

An interview, on 08/23/2023 at 10:35 AM, with Director of Nursing (DON) stated that the nurse does a weekly body audit with the nurse aide when bathing and that the nurse aides do body audits when giving baths and report any changes to the nurse. The DON confirmed that the area of skin should have been identified prior to yesterday, 08/22/23. The DON confirmed there was no interventions present to prevent breakdown from the contracture.

An interview, on 8/23/23 at 3:40 PM, with RN #1 revealed changes with the residents are written on the 24 hour report and are discussed in their stand up meetings.

An interview, on 8/23/23 at 3:55 PM with RN #2 revealed the Minimum Data Set (MDS) nurses do not get a copy of the 24 hour report. She stated that she did not know how that got missed, it was a lack of communication.

An interview, on 8/24/23 at 9:46 AM with the Administrator (ADM) revealed that everybody doing care for the resident was responsible for assessing the skin breakdown and something should have been in place to prevent the recurrence of the pressure ulcer.

A record review of the Wound Assessment Report revealed Resident # 27 had a stage 2 pressure ulcer to her right palm that was

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M 615	Continued From page 4 identified on 07/01/23 and received treatment until healed on 07/18/23. A record review of the Wound Assessment Report dated 8/22/23 revealed Resident #27 had a stage 3 pressure ulcer to her right palm identifed on 8/22/23 with treatment ordered. Record review of the Completed Care Task form revealed that from 7/18/23 through 8/22/23 under body audit there were no new skin concerns. A record review of the facility Face Sheet for Resident #27 revealed she admitted to the facility on 06/29/2017 with diagnoses of Unspecified Dementia, Heart Failure, Unspecified Psychosis, Hypothyroidism, Major Depressive Disorder and personal history of Malignant Neoplasm of Breast. A review of the MDS with an Assessment Reference Date (ARD) of 06/13/2023 revealed a Brief Interview for Mental Status (BIMS) score of 99 which indicated that Resident #27 was not interviewable.	M 615		