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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 9/18/23 through 9/21/23. 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 requirements and cited M225, M500, M640, and M815.	M 000		
M 225	45.4.1 Nursing Facility Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements: 1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio. 2. Each facility shall have the following licensed personnel as a minimum: a. Seven (7) day coverage on the day shift by a registered nurse. b. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day shift and be responsible for all nursing services in the facility. c. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing services, who shall be a registered nurse.	M 225		10/13/23

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M 225	Continued From page 1 d. A registered nurse or licensed practical nurse shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse. e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse. f. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse. 3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements. 4. There shall be at least two (2) employees in the facility at all times in the event of an emergency. This Statute is not met as evidenced by: Level II Based on record review, interview, Payroll Based Journal review and facility policy review, the facility failed to ensure sufficient nursing staff were available to provide nursing services for the resident's highest practicable well-being for the third quarter of 2023 for eight (8) of 26 weekend days and for three (3) days in the past two (2) weeks. This has the potential to affect all 72 residents in the facility.	M 225	a. On 9/22/2023, the Staff Development Nurse was immediately inserviced by Director of Nursing on Sufficient Staffing for the daily care of residents and current staffing levels to maintain sufficient resident care. On 9/21/2023, the Director of Nurses verified sufficient staff for resident care was on-site. No issues were	

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M 225	Continued From page 2 Findings include: A record review of the facility's policy "Nursing Services-Staffing" with latest revision date 11/17 revealed "1. Staffing- The facility will have sufficient nursing staff twenty-four hours every day to provide nursing and nursing related services to attain or help maintain the highest practicable physical, mental, and psychosocial well-being of each resident as is determined in the comprehensive assessment and the resident care plan. 2. The facility will comply with established staffing requirements by the individual state governing agencies ..." On 09/18/23 at 09:06 AM, during an interview with Certified Nurse Aide (CNA) #1, he explained Resident #52 asked him for a razor this morning and he gave the resident the razor, because he didn't have time to shave the resident. The CNA confirmed he left the resident unsupervised while he provided care for another resident, and Resident #52 ended up cutting himself with the razor. On 09/18/23 at 11:50 AM, during an interview and observation with Resident #66 in his room, he reported the turnover of CNAs at the facility is bad, and the CNAs are always working short and cannot wait on the residents properly to provide all the care that's needed. He explained CNAs are short and quick and don't always have time to do everything they need for him and other residents and this has happened on all shifts. He tries to do everything for himself, so he does not have to ask for help much. On 09/18/23 at 11:55 AM, during an interview with CNA #3, she explained she was called in this morning and arrived around 09:30 AM. She	M 225	identified. b. All residents have the potential to be affected by this alleged deficient practice. c. On 9/22/2023, the Staff Development Nurse and Director of Nursing reviewed the Employee Daily Time from Kronos Time System for the past fourteen (14) days to ensure Sufficient Staffing for the daily care of residents. On 9/22/2023, the Staff Development Nurse was inserviced by Director of Nursing on Sufficient Staffing for the daily care of residents. On 9/26/2023, the Quality Assurance Committee reviewed the policy, Nursing Staffing with no recommended changes to the policy. d. On 9/21/2023, The Director of Nursing or RN Supervisor reviewed Daily Staffing Assignment Sheets and verify Time Sheets daily for 30 days, and then 5 times a week thereafter. Any areas of concern will be corrected and forwarded by the Director of Nurses to the quarterly Quality	

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M 225	Continued From page 3 revealed she gets called in several times a week. The CNA reported that her resident assignment averages 10 or more residents, but it depends on the number of CNAs working the shift. The CNA reported she does not always have time to complete all her duties, it just depends on if the staff is short for the shift. On 09/18/23 at 02:15 PM, during an interview with CNA #1, he explained the staffing has been short on CNAs for a long time. On 09/18/23 at 03:21 PM, during an interview with Resident #51, he explained the CNAs have been working short for some time. It will get better and then bad again. He explained he is always staying wet from urinating, and it drenches his pants and runs into his right shoe. Some CNAs are good, but others are not, and this is on all shifts. The resident stated he tries to do for himself, so he doesn't have to ask for help. He explained the shortage is especially bad on the weekends. On 09/19/23 at 08:30 AM, during an interview with CNA #4, she explained that one of the Licensed Practical Nurses (LPNs) had a crisis at home and had to leave, so the Registered Nurse (RN) supervisor is on the medication cart now. She reported staff have been working short for a long time, but the new Director of Nurses (DON) has cracked down on the call-ins. The call-ins were bad, especially the weekends, and the staff would work short. She explained this has happened on all shifts. On 09/19/23 at 10:10 AM, during an interview with CNA #5, she explained the number of residents each shift depends on the number of CNAs working. The number of CNAs needed on	M 225	Assessment and Improvement Committee for review and follow up Including any needed corrective actions or changes to Current plan at least quarterly. Additional training and/or disciplinary action will be considered as warranted. A Quality Assessment and Assurance Committee Meeting was held on 10/13/2023. The next Quality Assurance and Improvement Committee will be on 11/15/2023. By submitting the enclosed materials we are not admitting the truth or accuracy of any specific findings for allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit the responses pursuant to our regulatory obligations.	

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day shift to make sure all duties are completed is eight (8) CNAs, but day shift usually works with six (6) aides. The facility usually works short one (1) or two (2) times a week. The CNA revealed that on some days she can complete all her duties and on other days, she cannot. The CNA stated that at one time, the facility used agency staff, but they are no longer using agency staff to help with the lack of staff.

On 09/19/23 at 10:20 AM, during an interview with CNA #6, she explained she usually has 10 residents on her shift, depending on if CNAs call in. She revealed when they work short, they will have up to 14 to 15 residents with an average of 3-4 showers, depending on if any extra showers were carried over from the day before due to showers from the day before having to be postponed due to working short. The CNA explained she tries to complete all her assigned duties, but somedays it's impossible. She explained the CNA shortage averages maybe 1-2 times a week. The day shift works good with eight (8) CNAs on the day shift but will work with five (5) or six (6) on most days.

On 09/20/23 at 11:50 AM, during an interview with RN #4, she explained she works as needed for the facility and sometimes she works several times a week and works 16 hours on the weekend as supervisor. Staffing on the weekend can be challenging due to call-ins. She has had to work the medication cart sometimes on the weekends leaving no RN supervisor for the evening shift. Some CNAs will come in early, and others will work over a couple hours to help the other shift.

On 09/20/23 at 02:45 PM, during an interview with CNA #2, she explained CNA staffing has

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been short for a while. She averages 10-13 residents most days and some days does not get everything done.

On 09/20/23 at 02:55 PM, during an interview with CNA #4, she explained the facility has no agency working in the building but does work short 1-2 times a week. Day shift usually works well with eight (8) CNAs but most of the time they have 5 or 6 and it is hard to get all the work done on those days.

On 09/20/23 at 03:45 PM, during an interview with the Administrator, he explained the time clock goes directly to PBJ (Payroll-Based Journal Reporting) for the facility after he approves it. He explained sometimes a fingerprint on the time clock may not have carried over or sometimes the CNA students or nurses in training may not have carried over. He reported he thinks some days may have been entered in error and was not aware of low weekend staffing being triggered.

On 09/21/23 at 09:10 AM, during an interview with Licensed Practical Nurse (LPN) #2, she explained she works 11-7 shift on the A, B, and left side of the C hall. She stated she usually works with three (3) to four (4) CNAs on the 11-7 shift, but at times, there have been only two (2) CNAs. She revealed she has many times had to help with providing care and has had to stay over on the day shift to finish up the charting that she didn't have time to do.

On 09/21/23 at 10:50 AM, during an interview with the DON, she explained she does not know the full depth of staffing and what all is currently needed to fulfill the staffing requirement, but she does understand if the PBJ triggered short, it is what it is. She expects adequate staff to meet all

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M 225	Continued From page 6 residents' needs. On 09/21/23 at 11:00 AM, during an interview with LPN#1, she explained she has been at the facility for over one year and the facility has not used Agency for staffing during that time. Staffing has been a challenge but mostly due to the call ins. The facility currently needs CNAs for all shifts. Four (4) CNAs are needed for 7-3 and 3-11 shift and three (3) CNAs are needed for 11-7 shift. LPN #1 revealed the facility does do CNA classes that she teaches and will be offering one soon. On 09/21/23 at 09:30 AM, during an interview with RN #3, she explained she works 11-7 shift and some shifts there are plenty of CNAs and others not so much. RN #3 reported they would like to work with five (5) or six (6) CNAs but have been short with only 3 CNAs on night shift and has had to help with care at times resulting in staying over several hours to complete her charting duties. On 09/21/23 at 12:30 PM, during an interview with the Administrator, he explained on 04/01/23 the hours for CNAs were incorrect on the PBJ report that was submitted. He explained there may have been other days in error also. He explained that since the COVID-19 pandemic staffing has been an issue. Currently the facility is using student CNAs to get more CNAs in the facility, offering advertisements for nurses and offering all shift incentives for extra shift work. The company has agreed to increase the sign-on bonus, hourly pay, and double the incentive pay. He expects staffing to be sufficient to care for all the residents and their needs. Record review of Resident #51's quarterly Minimum Data Set (MDS) with an Assessment	M 225		

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Reference Date (ARD) of 06/20/23 revealed a Brief Interview for Mental Status (BIMS) score of 13, which indicated Resident #51 was cognitively intact. Resident required limited assist for dressing self-performance of one person assist. Mobility devices: wheelchair (manual or electric) was checked.

Record review of Resident #66's quarterly MDS with an ARD of 08/14/23 revealed a BIMS score of 14, which indicated Resident #66 was cognitively intact. Resident required extensive assistance for toilet use of one person and one person assistance for bathing.

Record review of the facility's "PBJ Staffing Data Report CASPER Report" 1705D FY Quarter 3 2023 (April 1 - June 30) revealed " ... Excessively Low Weekend Staffing Triggered = Submitted Weekend Staffing data is excessively low ..."

Record review of the facility's "Staffing Grid" for the Third Quarter 2023 and "Period Total Reports" revealed low staffing for eight (8) of 26 days on the weekend with low staffing.

Record review of the facility's "Staffing Grid" for 9/5/23 through 9/18/23 and "Period Total Reports" revealed three (3) out of 14 days with low staffing.

Record review of the facility's "Facility Assessment" completed on 10/31/22 revealed "... Facility resources needed to provide competent support and care for our resident population during normal business operations and during emergencies: ... Staffing plan: ... As a facility we provide staff to adequately meet the acuity and needs of daily care for our resident population. Our daily census determines our budget for allotted staff and PPD is calculated daily to

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M 225	Continued From page 8 ensure compliance with staffing PPD... number of staff needed daily as an average: ... Nurse aides 24..."	M 225		
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 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	M 500		10/13/23

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M 500	Continued From page 9 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; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician	M 500		

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M 500	Continued From page 10 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 record); 13. may meet with, and participate in activities of, social, religious and community groups at his	M 500		

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M 500	Continued From page 11 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 observations, interviews, record reviews, and the facility policy review the facility failed to honor a resident's right to smoke at the designated times to smoke per facility's policy for one (1) of four (4) residents that smoke. Resident #46. Finding include: Record review of the facility's "Smoking Policy," revised 10/22 revealed, "The decision with regard to smoking is a personal matter and should be	M 500	a. On 9/21/2023, the Director of Nurses and Administrator immediately assigned specific staff members to take residents that smoked out to designated smoking area on the assigned smoking times. On 9/22/2023, the Director of Nursing and Administrator, created a "Smoker's Box" to hold resident's cigarettes, lighters, etc. for	

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M 500	Continued From page 12 treated as such ... Residents will be supervised by facility staff ..." Record review of the facility's policy, "Resident Rights" with latest revision date 11/17 revealed, "All residents in a long term care facility have rights guaranteed to them under Federal and State Law. Residents residing at this facility will be guaranteed a dignified existence, self determination, and communication with and access to persons and services inside and outside the facility. These rights include: 1. The right to exercise his/her rights without interference, coercion, discrimination, or reprisal and shall be supported by the facility in the exercise of these rights ... 30. To be treated with dignity and respect ..." Record review of facility's "Staff Assignment for Residents Smoke Breaks," revealed the department assigned to the designated smoking times every the two (2) hours, beginning at 8:00 AM and ending at 8:00 PM. CNAs are assigned to the 8:00 AM, 4:00 PM, 6:00 PM, and 8:00 PM smoke breaks; Housekeeping is assigned to 10:00 AM, Activities is assigned to 12:00 PM, and Dietary is assigned to 4:00 PM to the smoke breaks. On weekends, Housekeeping/Restorative Aid are responsible to the 12:00 PM smoke break. On 9/19/23 at 10:20 AM, during an interview with the Resident #46, he explained he has smoked for 40 years about one (1) pack a day. On 9/19/23 at 12:10 PM, observed resident #46 sitting at the nurse's station requesting to go smoke. He reported its past time to smoke, and he is ready for a cigarette. No staff were observed responding to resident's request to be	M 500	residents smoke break to prevent delay in residents□ smoking times. On 9/21/2023, the Director of Nurses verified every resident who wanted to smoke was taken to smoke at the scheduled time. No issues were identified. b. Residents who smoke have the potential to be affected by this alleged deficient practice. c. On 9/22/2023, the Facility Department Heads and staff were inserviced by Director of Nursing on Resident Rights and Resident Smoking Policy with Scheduled Smoking Times. d. On 9/21/2023, the Director of Nursing or Staff Development Nurse began monitoring smoking residents taken for smoke breaks posted scheduled times 5 times a week for 4 weeks and then three times a week for 4 weeks and then one time a week for 2 months. Any areas of concern will be corrected and forwarded by the Director of Nurses to the quarterly Quality Assessment and Improvement Committee for review and	

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M 500	Continued From page 13 taken out to smoke. On 9/19/23 at 12:40 PM, observed resident in the hallway continuing to wait for assistance to go smoke. Resident #46 complained that although there are designated times to smoke, it is often late. On 9/20/23 at 12:10 PM, observed Resident #46 at the nurse's station telling staff he is ready for a cigarette. Once again, he explained the smoke break is late again. Observed staff around the nurse's station and no one attempting to take the resident to smoke. On 9/20/23 at 12:30 PM, an observation revealed the Staff Development /Infection Preventionist with cigarettes in her hand. She explained she was going to take the resident to smoke at this time but was unable find a lighter. On 9/20/23 at 12:40 PM, Resident #46 was observed in the hall, still waiting for someone to assist him with a smoke break. On 9/20/23 at 2:00 PM observed Resident #46 sitting by the nurse's station on the A hall, resident was requesting staff to take him to smoke. Once again, no staff were observed assisting the resident to smoke. On 9/20/23 at 03:15 PM, during an interview with the Director of Nursing (DON), she explained she expects staff to follow the designated smoking assignments and times for residents to smoke. She confirmed smoking is a resident's right and should be respected as well as all residents' rights. She explained she is aware of how important smoking is to Resident #46.	M 500	follow up Including any needed corrective actions or changes to current plan at least quarterly. Additional training and/or disciplinary action will be considered as warranted. A Quality Assessment and Assurance Committee Meeting was held on 10/13/2023. The next Quality Assurance and Improvement Committee will be on 11/15/2023. By submitting the enclosed materials we are not admitting the truth or accuracy of any specific findings for allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit the responses pursuant to our regulatory obligations.	

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M 500	Continued From page 14 On 9/20/23 at 3:30 PM, during an interview with the Administrator, he explained he was not aware the residents were not smoking at the scheduled times allowed for the residents nor was he aware some staff were not following assignments. He confirmed smoking is a resident's right and should be honored. He expects the staff to follow the smoking assignments and schedule and to try and keep to the scheduled time. He is aware Resident #46 is always ready to go smoke and his right should be honored and respected. On 9/20/23 at 4:30 PM, during an interview with the Housekeeper Supervisor, she explained housekeeping has two (2) staff members that smoke and one of them usually takes the residents out to smoke at 10:00 AM. Today she reported a dietary staff worker took residents out to smoke at 10:00 AM, because her staff were busy. She reported housekeeping is often late on taking residents to smoke because she expects her staff to complete a task they are involved in, prior to taking the residents to smoke. She explained CNAs and kitchen staff also take residents out to smoke. On 9/20/23 at 4:40 PM, during an interview with the Activity Director, she explained the facility does not always follow the smoking assignment schedule, as she may not even be in the building at the time activities are assigned on the smoking schedule. She confirmed she did not take the residents out to smoke at 12:00 on 09/19/23, because she had gone on an outing with other residents and was not in the building. The Activity Director admitted she did not arrange for anyone to take her place today, because when the CNAs go out to smoke, they often take the residents that smoke out with them.	M 500		

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M 500	Continued From page 15 On 9/21/23 at 2:10 PM, during an observation an interview with Certified Nurse Aide (CNA) #7, the CNA explained to Resident #46 that she will take him to smoke after she completes taking care of her residents. At this time, an interview with CNA #7 revealed residents are allowed to smoke every 2 hours. The CNA explained that although the staff are good at taking the residents out to smoke, it's just not always on time. On 9/21/23 at 2:15 PM, during an interview with the Dietary Manager (DM), she confirmed that for the 2:00 PM smoke break, the dietary staff are responsible for taking the residents to smoke. She explained at 2:00 PM, there are two (2) residents that smoke, and both are in wheelchairs, so two (2) kitchen staff members usually assist those residents with their smoke break. On 9/21/23 at 2:30 PM, Resident #46 was still waiting to be assisted to smoke. The DM explained there was no lighter in the box with the cigarettes, therefore in an effort to find a lighter, the smoking time was delayed. A record review of the "Face Sheet" revealed the facility admitted Resident #46 on 07/26/23, with diagnoses that included Cerebral Infarction due to Occlusion or Stenosis of Small Artery and Encephalopathy. Record review of 5-Day Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/02/23, revealed that Resident #46 had a Brief Interview for Mental Status (BIMS) score of 10, which indicated the resident had moderate cognitive impairment. The MDS also revealed that the resident currently used tobacco.	M 500		

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M 500	Continued From page 16 Record review of facility's list of "Smokers" revealed Resident #46's name.	M 500		
M 640	45.21.8 Accidents Accidents. The facility shall ensure that the residents ' environment remains as free of accident hazards as possible, and adequate supervision shall be provided to prevent accidents. If an unexplained accident occurs, this injury must be investigated and reported to appropriate state agencies. This Statute is not met as evidenced by: Level III Based on observation, interviews, record review and facility policy review, the facility failed to supervise and protect a dependent resident to prevent injury for one (1) of five (5) residents reviewed for accidents. Resident #52 Finding include: Review of the facility policy, titled "Accident Prevention" revealed, "Each resident shall receive adequate supervision and assistive devices to prevent accidents. The environment will be free from accidental hazards for all residents, staff, and visitors through: ..." Record review of the facility's policy, "Resident Rights" with latest revision date 11/17 revealed, "All residents in a long term care facility have rights guaranteed to them under Federal and State Law. Residents residing at this facility will be guaranteed a dignified existence, self determination, and communication with and access to persons and services inside and	M 640	a. On 9/18/2023, the Certified Nursing Assistant #1 assisted Resident #52 in completing his shaving of facial hair task. Registered Nurse Supervisor assessed Resident #52's superficial cutaneous "nicks" with no treatment required. No active bleeding or injury noted. b. All dependent residents who need assistance with having have the potential to be affected by this alleged deficient practice. On 9/18/2023, Director of Nurses verified residents with orders for coagulants were assisted with shaving. No issues were identified. c. On 9/18/2023, the Certified Nursing	10/13/23

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M 640	Continued From page 17 outside the facility. These rights include:... 37. To a safe...environment." On 9/18/23 at 08:45 AM, an observation revealed Resident #52 sitting in bed with the head of the bed elevated and dry shaving himself. There was no shaving cream or soap on the resident's face. The resident had several cuts on his face with blood running down his face. The resident said he was told to shave himself because the Certified Nursing Assistant (CNA) did not have time. The resident said he told the CNA to give him the razor, and he would shave himself. Resident #52 revealed he's having problems shaving himself because he only has use of one hand, as he is paralyzed on his left side. The resident also said he cannot hold the mirror and shave himself. There were three cuts on his face and one on his neck. In an interview on 9/18/23 at 9:06 AM, with CNA #1, he stated the resident told him he wanted to shave himself, so he gave the resident the razor. CNA #1 confirmed he left the resident unsupervised while he provided care for another resident. CNA #1 commented that Resident #52 always bleeds when he is shaved. He stated that Resident #52 even bleeds when he shaves him, because the resident takes a blood thinner. CNA #1 said the resident did have an electric razor, but it was no longer available, as it broke. During an interview with the Director of Nursing (DON), on 9/18/23 at 10:00 AM, she confirmed CNA #1 failed to supervise the resident while the resident was shaving himself. The DON confirmed Resident #52 should not have been shaving himself unsupervised, as the resident had not been assessed to make sure that he's safe to shave himself without assistance. After	M 640	Assistant #1 was inserviced by Director of Nursing on providing supervision and/or assistance to dependent residents to promote resident safety. On 9/19/2023, facility DON began inservicing C.N.A□s on Accident Prevention Policy and A.M. Care Policy and was completed on 9/26/2023. d. On 9/19/2023, the Director of Nursing began monitoring Resident ADL Care with focus on shaving facial hair on 5 residents 5 times a week for 4 weeks, and then 3 times a week for 4 weeks, then monthly for 2 months. Any areas of concern will be corrected and forwarded by the Director of Nurses to the quarterly Quality Assessment and Improvement Committee for review and follow up Including any needed corrective actions or changes to Current plan at least quarterly. Additional training and/or disciplinary action will be considered as warranted. A Quality Assessment and Assurance Committee Meeting was held on 10/13/2023. The next Quality Assurance and Improvement Committee will be	

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M 640	Continued From page 18 acknowledging that the resident cut himself in four (4) different places, the DON confirmed the resident is not safe to shave himself without assistance. On 9/19/23 at 9:07 AM, during an interview with Licensed Practical (LPN) #1, she said the staff is trained to always supervise the residents while shaving. The resident is only able to shave themselves when they have been assessed and educated with demonstration that they can safely shave without supervision. Review of the Certified Nursing Assistant (CNA) #1's, "CNA Performance and Skills Evaluation," dated 8/31/22, revealed he was in-serviced on accidents/incidents and shaving residents. During an interview on 9/19/23 at 10:30 AM, the Nurse Practitioner (NP) confirmed the resident is taking both Aspirin and Plavix because he has had a Cerebral Vascular Accident (stroke) and the medication prevents the blood from clotting. The NP confirmed the resident is dependent on staff to assist with Activities of Daily Living (ADL's) because he only has the use of one hand and cannot provide care without assistance. The NP said the resident should not shave himself without supervision. On 9/21/23 at 11:56 AM, during an interview the Administrator, revealed he did not know the resident's electric razor was not working. The Administrator said he would have provided another electric razor. The Administrator confirmed Resident #52 should not be left unsupervised with a razor to shave himself. Record review of the "Face Sheet" for Resident #52 revealed the resident was admitted by the	M 640	11/15/2023. By submitting the enclosed materials we are not admitting the truth or accuracy of any specific findings for allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit the responses pursuant to our regulatory obligations.	

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M 640	Continued From page 19 facility on 3/02/22, with diagnoses that included Hemiplegia following Cerebral Infraction Affecting Left Non-Dominant Side, Coronary Artery Disease (CAD), Muscle Weakness and Cognitive communication. Review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/10/23 revealed Resident #52 had a Brief interview for Mental Status (BIMS) of 14, which indicated Resident #52 was cognitively intact.	M 640		
M 815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This Statute is not met as evidenced by: Level II Based on observation, interviews, and facility policy review, the facility failed to discard 30 cartons of chocolate milk that expired on 9/11/23 for one (1) of four (4) days of observations of the kitchen. Findings include Review of the facility policy "Food Storage Labeling" with a received date of 05/18, revealed, "POLICY: The facility will ensure the safety and quality of food by following good storage...procedures...Identify the food item's use by date or expiration date... b. Foods stored in storage units will be survey routinely to identify and discard foods that have passed its manufacturer use-by date or expiration	M 815	On 9/18/2023, all of the expired milk was immediately removed from the Milk Cooler and was discarded to prevent it from being served. Proper food temperature check procedures were followed. On 9/19/2023, the milk vendor delivered milk that was not out of date (expired). The milk inventory was checked in by the Dietary Manager on 9/19/2023 and it was all in within the required freshness date. On 9/21/2023, the Administrator verified that all milk in milk cooler was not close to expiration	10/13/23

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M 815	Continued From page 20 date...Refrigerator Storage--Weekly..." Observation on 9/18/23 at 8:31 AM, during an initial tour of the kitchen with the dietary manager, observed 30 cartons of chocolate milk in the refrigerator with an expiration date of 9/11/23. The milk was sitting in a black milk crate on top of the white milk in the refrigerator. The Dietary Manager said the staff use the milk in this refrigerator for the residents. During an interview on 9/21/23 at 8:50 AM, the Dietary Manager (DM) confirmed 30 cartons of chocolate milk in the refrigerator had expired on 9/11/23. The DM stated the milk must have come in Friday afternoon because she did not see them Friday morning. She further explained the cook that worked Friday afternoon was responsible for checking the dates when the milk was delivered. The DM revealed no resident had received the expired milk on the morning of 9/18/23, as she had been informed by the Dietary Aide that she had noted the expiration dates on the milk and although she did not remove the milk or inform the DM of the expired milk, no residents had received the milk that morning. However, the DM admitted that she didn't know if any of the resident's received the expired chocolate milk over the weekend. On 9/21/23 at 9:38 AM, during an interview with the Dietary Aide, she revealed she did not know the chocolate milk was expired. The Aide commented that should she have known, she would have notified the DM and removed it out of the refrigerator. On 9/21/23 at 12:26 PM, during an interview with the night cook, he revealed sometimes, the milk is delivered in the evening. The cook said the	M 815	date. No issues were identified. b. All residents served milk from the kitchen have the potential to be affected by this alleged deficient practice. No issues were identified. On 9/21/2023, the Administrator verified that all milk in milk cooler was not close to expiration date. No issues were identified. c. On 9/18/2023, the Dietary manager began inservicing Dietary staff on Proper Food Procurement and checking dates on milk deliveries prior to using it. Dietary Staff Inservices completed on 9/21/2023. All milk will be checked in by the Dietary Manager for a date which is current and available for use. d. On 9/22/2023, The Facility Dietary Manager and Administrator began monitoring expiration dates on milk daily for 30 days, then weekly for 4 weeks and then monthly for 2 months. Any areas of concern will be corrected and forwarded by the Dietary Manager and Administrator to the quarterly Quality Assessment and Improvement	

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M 815	Continued From page 21 milkman takes the expired milk and leaves fresh milk. The cook added that he checks the expiration dates on the milk prior to giving it to the residents. The cook said he did not know the chocolate milk was expired, but somebody should have recognized that the milk was expired prior to today. On 9/21/23 at 12:46 PM, during an interview with the milkman, he confirmed he normally delivers milk to this facility. The milkman said he takes the expired milk out of the refrigerator and discards it and replaces it with fresh milk. The milkman said he doesn't know how the milk was missed. He admitted he might have missed it. However, he has not had a problem with expired milk being left in a facility in the nine (9) years he's work for the company. During an interview on 9/21/23 at 12:49 PM, with the Director of Nurses (DON), she revealed the residents have not had any stomach issues. The DON said she didn't know if any of the residents had received any of the chocolate milk over the weekend, but she confirmed drinking expired milk can cause stomach problems with the residents. During an interview on 9/21/23 at 12:51 PM, the Administrator confirmed the milk should have been pulled out of the refrigerator and discarded. The Administrator said the Dietary Manager is responsible for checking the expiration dates and making sure the residents don't receive expired milk.	M 815	Committee for review and follow up Including any needed corrective actions or changes to Current plan at least quarterly. Additional training and/or disciplinary action will be considered as warranted. A Quality Assessment and Assurance Committee Meeting was held on 10/13/2023. The next Quality Assurance and Improvement Committee will be on 11/15/2023. By submitting the enclosed materials we are not admitting the truth or accuracy of any specific findings for allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit the responses pursuant to our regulatory obligations.	