STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255282	A. BUILDING _____ B. WING _____	C 12/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLINTON HEALTHCARE LLC - SNF	1251 PINEHAVEN ROAD CLINTON, MS 39056

(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
F 000	INITIAL COMMENTS The State Agency (SA) conducted two (2) Complaint Investigations (CI MS #23561 and CI MS #23609) at the facility from 12/11/23 through 12/13/23. CI MS #23561 was investigated related to resident neglect. CI MS #23609 was investigated for physical environment related to pests. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F558 and F656 related to CI MS # 23561. There were no citations related to CI MS# 23609. The facility held a license for 121 beds, with a census of 107.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and	F 550		1/10/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/28/2023

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F 550	Continued From page 1 practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to ensure staff treated residents who had visual impairment with dignity and respect, as evidenced by failure to knock on doors and identify themselves prior to entry for two (2) of six (6) residents reviewed. Resident #1 and Resident #2. Findings Include: Review of the facility's policy titled, "Residents' Rights," dated 1/24/2022, revealed, " ...Residents' rights, policies, and procedures shall insure that each resident admitted to the center: ...9. Is treated with consideration, respect, and full recognition of his dignity and individuality,	F 550	1. On 12/22/23, the facility Administrator interviewed with Resident #2, who stated employees are knocking and introducing self. On 12/26/23, the Director of Nursing (DON) interview with Resident #1, reveals no negative outcomes or concerns. Interview reveals no negative outcomes for Resident #1 or Resident #2. 2. All Visually impaired residents have the potential to be affected. On 12/26/23, an audit was completed by the Director of Nursing and the Licensed Practical Nurse (LPN) Care plan Coordinator identifying four (4) of 104 Residents, including Resident #1 and Resident #2 who have significant visual impairment. The	

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F 550	Continued From page 2 including privacy in treatment and in care for his personal needs ..." Resident #2 On 12/11/23 at 4:20 PM, during an interview with Resident #2, the resident reported that she had been diagnosed with Legal Blindness. Resident #2 revealed that staff frequently enter her room without knocking or introducing themselves. She stated that sometimes she could hear someone moving around the room, who said nothing at all unless she called out to them. She stated that the behavior of the staff made her uncomfortable. She commented that she did not appreciate anyone entering her room unannounced, as she could not see to recognize staff. Resident #2 stated that she preferred to have staff knock on the door, make their presence known, and introduce themselves and talk to her and let her know what's going on. On 12/11/23 at 4:30 PM, an observation revealed that Certified Nurse Aide (CNA) #2 entered the room of Resident #2 without knocking or introducing herself to the resident. On 12/11/23 at 5:15 PM, during an interview with CNA #2, she revealed she had not received in-service training from the facility regarding the care of residents with visual impairment. However, she confirmed that she was aware that Resident #2 was legally blind and required assistance from staff for Activities of Daily Living (ADL). She also stated that staff were always supposed to knock on the resident's door prior to entering the resident's room. She stated that she was aware that it was very important to knock and introduce oneself upon entry into the room of	F 550	Director of Nursing (DON) interviewed identified residents revealing no other residents were affected. 3. On 12/18/2023, The facility Administrator, Environmental Supervisor, Registered Nurse (RN) Supervisors and the Director of Nursing, initiated Inservice education, provided to all direct care staff, and other staff who may enter residents rooms, on Residents Rights including but not limited too: Dignity and right to privacy, implementation of the plan of care specifically related to knocking on the residents door, introducing self and explaining reason for entry for visually impaired residents. Inservice completed by 12/29/2023, in person or via phone. Direct care Employees will not be scheduled to work until education of resident rights and implementing plan of care on visually impaired resident is completed with Staff Development Coordinator, RN Supervisor, Director of Nursing or Administrator, in person or via phone. 4. Director of Nursing and/or RN Supervisors and/or Administrator will monitor through documented observation of at least 3 employees per week times three (3) weeks then monthly times two (2) to ensure employees are knocking when entering room, introducing self and explaining reason for entry, per the resident plan of care initiated 12/15/2023. Observations are not limited to the visually impaired only. The Director of Nursing will ensure review and documentation of	

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F 550	Continued From page 3 a resident with visual impairment, so they will know who you are, because those residents cannot visually identify individuals. On 12/11/23 at 5:30 PM, in an interview with CNA #1, she revealed that staff were supposed to knock and introduce themselves upon entering a resident's room. She stated that she was aware that it was very important to knock and introduce oneself upon entry into the room of a resident with visual impairment to prevent confusion for the resident. Record review of the Admission Record for Resident #2 revealed the facility admitted the resident on 3/04/21, with diagnoses that included Legal Blindness, Acute Kidney Failure, and Pulmonary Hypertension. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/8/23, revealed in Section B that Resident #2's vision was severely impaired - no vision or sees only light, colors or shapes. Section C revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #2 was cognitively intact. Section GG revealed Resident #2 displayed dependence on staff for toileting and required partial/moderate assistance to substantial/maximal assistance for all other ADLs, including hygiene, dressing and transfers ..." Resident #1 On 12/12/23 at 10:55 AM, during an interview with Resident #1, the resident reported that staff made it a habit of entering her room without knocking or introducing themselves. Resident #1	F 550	the observations and will report findings to the Quality Assurance Performance Improvement (QAPI) committee monthly to a minimum two (2) QAPI meetings, for review, revision and/or resolution by the QAPI Committee. The Plan was reviewed by the QAPI committee on 12/27/23 and approved. The next scheduled QAPI Committee meeting for review is 1/9/2024.	

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F 550	Continued From page 4	F 550		

stated that she could not identify by name the staff members who failed to do so. Resident #1 revealed that it bothered her that staff were aware that she could not see and did not respect her privacy or provide verbal cues as to their identity and intentions, upon entering her room.

On 12/12/23 at 1:00 PM, during an interview with the primary physician for Resident #1 and Resident #2, the physician stated that knocking on the door or residents' rooms and introducing oneself upon entry was important for all residents, because it is their home, their personal space. He stated he considered it very important that staff knock and introduce themselves upon each entry into the rooms of residents with visual impairment because those residents relied on non-visual cues to understand what was taking place.

On 12/12/23 at 1:30 PM during an interview with the Director of Nurses (DON), she stated that all staff had received monthly in-service training on Resident Rights which included respect for resident's personal space and introduction of self upon entering each resident's room. She acknowledged that care for a blind resident would include knocking on the resident's door prior to entering and introducing oneself in order to maintain privacy and dignity and ensure feelings of security for the resident.

Record review of the Admission Record for Resident #1 revealed that the resident was admitted by the facility on 3/22/23, with diagnoses that included Type 2 Diabetes Mellitus and Legal Blindness.

Record review of the Quarterly MDS with an ARD of 9/25/23, revealed in Section B that Resident

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F 550	Continued From page 5 #1's vision was "Severely impaired - no vision or sees only light, colors or shapes". Section C revealed a BIMS score of 15, which indicated Resident #1 was cognitively intact. Section GG revealed Resident #1 required "Supervision or touching assistance or Setup or clean-up assistance for ADLs, including eating, hygiene, dressing, and transfers ..."	F 550		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the	F 656		1/10/24

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F 656	Continued From page 6 resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility review the facility failed to implement care plan interventions for a resident who had visual impairment for one (1) of six (6) residents reviewed. Resident #2 Findings Include: Record review of the facility policy titled, "Following the Care Plan Policy," dated 3/21/22, revealed, "Policy: It is the policy of this facility to follow a written and approved care plan for each resident. All employees will be trained upon hire and be required to follow the care plan ... Procedure ... 3. All employees will follow the written care plan that is developed in order to assure the residents needs are met." Record review of the Care Plan for Resident #2 revealed "Focus I am legally blind, Dx (diagnosis)	F 656	1. On 12/22/23, the facility Administrator interviewed with Resident #2, who stated employees are knocking and introducing self. On 12/26/23, the Director of Nursing (DON) interview with Resident #1, reveals no negative outcomes or concerns. Interview reveals no negative outcomes for Resident #1 or Resident #2. 2. All Visually impaired residents have the potential to be affected. On 12/26/23, an audit was completed by the Director of Nursing and the Licensed Practical Nurse (LPN) Care plan Coordinator identifying four (4) of 104 Residents, including Resident #1 and Resident #2 who have significant visual impairment. The Director of Nursing (DON) interviewed identified residents revealing no other residents were affected.	

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F 656	Continued From page 7 of Legal Blindness, Diabetes, ESRD (End Stage Renal Disease)...Date Initiated: 3/10/21 GOAL I will maintain a good quality of life and remain safe in my environment ...Revision on: 5/15/23 ...Interventions ...Identify self when entering room or approaching resident. Explain tasks before performing them .... Date Initiated 3/10/21." During an interview on 12/11/23 at 4:20 PM, with Resident #2, the resident reported that she was legally blind. Resident #2 stated that staff frequently entered her room without knocking or introducing themselves. She stated that sometimes she could hear someone moving around in her room and they didn't tell her that they were in there unless she called out to them. The resident revealed that the behavior of the staff made her uncomfortable. She commented that she did not appreciate anyone entering her room unannounced, as she was unable to see and recognize staff. Resident #2 stated that she preferred to have staff knock on the door, make their presence in her room known, introduce themselves and talk to her and let her know what's going on. An observation on 12/11/23 at 4:30 PM, revealed that Certified Nurse Aide (CNA) #2 entered the room of Resident #2, without knocking or identifying herself to the resident. An interview with CNA #2 on 12/11/23 at 5:15 PM, revealed that she was aware that Resident #2 was legally blind and required assistance from staff for Activities of Daily Living (ADLs). She stated that staff were always supposed to knock when you go into a resident's room. CNA #2 also stated that she was aware that it was very important to knock and introduce oneself upon	F 656	3. On 12/18/2023, The facility Administrator, Environmental Supervisor, Registered Nurse (RN) Supervisors and the Director of Nursing, initiated Inservice education, provided to all direct care staff, and other staff who may enter residents rooms, on Residents Rights including but not limited too: Dignity and right to privacy, implementation of the plan of care specifically related to knocking on the residents door, introducing self and explaining reason for entry for visually impaired residents. Inservice completed by 12/29/2023, in person or via phone. Direct care Employees will not be scheduled to work until education of resident rights and implementing plan of care on visually impaired resident is completed with Staff Development Coordinator, RN Supervisor, Director of Nursing or Administrator, in person or via phone. 4. Director of Nursing and/or RN Supervisors and/or Administrator will monitor through documented observation of at least 3 employees per week times three (3) weeks then monthly times two (2) to ensure employees are knocking when entering room, introducing self and explaining reason for entry, per the resident plan of care initiated 12/15/2023. Observations are not limited to the visually impaired only. The Director of Nursing will ensure review and documentation of the observations and will report findings to the Quality Assurance Performance Improvement (QAPI) committee monthly	

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F 656	Continued From page 8 entry into the room of a resident with visual impairment, so that will know who you are. She reported that she usually received care instructions for residents verbally from nurses or other CNAs. During an interview on 12/12/23 at 1:00 PM, with Resident #2's primary physician, the physician stated that it was important for individualized care plans to be implemented for each resident to receive care in an appropriate manner to meet their individual needs. In an interview on 12/12/23 at 1:30 PM, with the Director of Nurses (DON), she stated that resident care instructions, based on each resident's individualized care plan were available to the CNAs on the facility kiosks under the "Kardex". The DON stated that it was very important that all nursing staff to follow each resident's individualized care plan, in. She acknowledged that care for a blind resident would include knocking on the resident's door prior to entering and introducing oneself to maintain privacy and dignity and ensure feelings of security for the resident. During an interview with the Minimum Data Set (MDS) Nurse on 12/13/23 at 5:35 PM, she revealed that individualized care plans were developed for each resident based on a number of factors which included each residents' abilities and needs. She said that nursing staff were expected to follow each resident's individualized care plans to ensure that residents received appropriate care and that their individual needs were met. She stated that the computer software utilized by the facility pulled information and care instructions from the residents' care plans and	F 656	to a minimum two (2) QAPI meetings, for review, revision and/or resolution by the QAPI Committee. The Plan was reviewed by the QAPI committee on 12/27/23 and approved. The next scheduled QAPI Committee meeting for review is 1/9/2024.	

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F 656	Continued From page 9	F 656		

generated care instructions for each resident which was available to all CNAs on the kiosks under the "Kardex". The MDS Nurse stated that the CNAs also used the software to document care for the residents.

Record review of the Admission Record for Resident #2 revealed the facility admitted the resident on 3/04/21, with diagnoses that included Legal Blindness, Acute Kidney Failure, and Pulmonary Hypertension.

Record review of the Quarterly MDS with ARD 11/08/23 for Resident #2 revealed that the resident had a BIMS score of 15 which indicated no cognitive impairment and the resident's vision was "Severely impaired - no vision or sees only light, colors or shapes".