STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255232	A. BUILDING _____ B. WING _____	R 12/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE REHABILITATION AND HEALTHCARE CENTER	**302 ALCORN DRIVE CORINTH, MS 38834**

(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 a Follow-up Survey at the facility on 12/20/23 and 12/21/23 for the Annual Survey conducted on 10/30/23 through 11/6/23. During the revisit, the SA determined that the facility was not in compliance with Medicare and Medicaid requirements of participation related to F656 and F677. Additional deficiencies were cited at F725 and F867. The SA determined that the corrective measures taken by the facility for F600, F604, F803, F835 and F880 corrected the deficient practices effective 12/5/23. The census at the time of the revisit was 80 and the facility is licensed for 95 beds.	{F 000}		
{F 656} SS=E	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	{F 656}		1/17/24

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

Electronically Signed | 01/10/2024

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{F 656}	Continued From page 1 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 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 observations, resident and staff interviews, record review, and facility policy review the facility failed to implement a care plan regarding showering for Resident #6 and showering/shaving for Resident #30 for two (2) of six (6) sampled residents. Findings include: Review of the facility's policy, titled "Care Plans, Comprehensive Person-Centered" with a revision	{F 656}	F 656 Develop/Implement Comprehensive Care Plan 1. The facility failed to implement a care plan regarding showering for Resident # 6 and showering/shaving for Resident # 30 on 12/20/2023. Resident #30 and resident #6 were given showers on 12/20/2023 by their assigned CNA	

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{F 656}	Continued From page 2 date of January 2023 revealed "Policy Statement... A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident". Resident #6 Record review of Resident #6's Care Plans revealed a care plan, date initiated, 12/24/2021, "Focus The resident has an ADL's (Activities of Daily Living) self-care performance deficit ...Interventions/Tasks ... TOILET USE: The resident requires (extensive assistance) by (1) staff for toileting ... Record review of the care plan "I require intervention & (and) assistance of staff with performance of ADL's ... BATHING/SHOWERING: I require partial/moderate assistance x 1 staff member for showering on Monday, Wednesday, Friday, and PRN (as needed). I require supervision for tub/shower transfers.." An observation and interview on 12/20/23 at 9:50 AM, with Certified Nurse Assistant (CNA) #2 revealed a strong smell of urine was noted coming from Resident #6's bed and the sheets were wet. CNA #2 confirmed that Resident #6 was due for a bath today and her sheets were wet and needed changing. She stated it is just her and one other CNA for 30 residents and they have to do their own baths. She stated, we are going to get to them, but it's hard. An interview and observation on 12/20/23 at 3:00PM, with Resident #6 revealed the resident	{F 656}	(Certified Nursing Assistant). Resident # 30 was shaved after obtaining shower by his assigned CNA (Certified Nursing Assistant). 2. The facility has determined that 80 residents have the potential to be affected. 3. On 12/27/2023, Nexion Neighbor Rounds sheets were updated specifying ADL□s (Activity of Daily Living) that need to be completed/addressed on residents daily, followed up on in the daily stand up and stand down meetings. IDT (Inter disciplinary Team) were in-serviced on 12/27/2023, on the Nexion Neighbor Rounds sheet by Administrator. On 12/22/2023, Nursing Staff were in-serviced on providing personal hygiene and ADL (Activities of Daily Living) care according to Care Plan by Administrator. 4. On 12/27/2023, Audits will be conducted by MDS (minimum data set) Nurse on five residents weekly for four (4) weeks and then monthly for three (3) months to assure substantial compliance that Activity of Daily Living on resident is being followed according to care plan by observation of selected residents. Audits will be taken to Quality Assurance beginning January 17, 2023, for review for three months to identify Care Plans are being followed accordingly.	

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{F 656}	Continued From page 3	{F 656}		

was sitting in the dining area participating in activities, her hair was disheveled, appeared greasy and the resident smelled of urine. On interview the resident stated she is supposed to get a bath on Monday, Wednesdays, and Fridays, but she did not get one today. She confirmed that her sheets were wet this morning when she got up around 9:30AM.

An interview on 12/21/23 at 12:15 PM, with CNA #3 revealed that Resident #6 did get a bath after they got help on the floor, but she cannot remember what time, she just knew it was after 3 PM. She revealed she knows that Resident #6 does wet herself often during the night and should have been washed off before dressing and putting a new brief on for the day. She revealed the resident's care plans tell us what care they need and if Resident #6 was wet and did not get cleaned properly then her care plan was not really followed.

Record review of Resident #6's "Admission Record" revealed the resident was admitted to the facility on 12/04/06 with medical diagnoses that included Hypertensive Heart and Chronic Kidney Disease with Heart Failure.

Record review of Resident #6's Minimum Data Set with an Assessment Reference Date of 10/11/23 revealed a Brief Interview for Mental Status score of 08, which indicates the resident is moderately cognitively impaired and in Section GG that the resident needed "partial to moderate assistance" with toileting, bath/shower, and personal hygiene.

Resident #30

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{F 656}	Continued From page 4	{F 656}		

Record review of the care plan for Resident #30 revealed "Focus: The resident has and ADL self care performance deficit has an ADL (Activities of Daily Living) self-care deficit related to a CVA (Cerebrovascular Accident) and left side weakness, encephalopathy, and dementia with an initiation date of 3/15/22 ...Interventions: ...BATHING/SHOWERING: The resident requires (total assistance) by (1) staff with (bathing/showering) as necessary.

During an observation and interview on 12/20/23 at 10:10 AM, revealed Resident #30 had facial hair that was approximately ½ inch long on his chin and the sides of his face. Resident #30 stated the last time he was showered or shaved was last Thursday. The resident revealed that he is supposed to get a shower on Tuesdays, Thursdays, and Saturdays but did not get one yesterday or Saturday. He stated that a lot of times they will shower me and then say they will shave me when we get back to the room, but when we get back to the room they usually forget, and I don't get shaved.

During an observation and interview on 12/20/23 at 2:00 PM, with Resident #30 and the Director of Nurses (DON) she confirmed that Resident #30 needed to be shaved. She confirmed that Resident #30 should be receiving a shower on Tuesdays, Thursdays, and Saturdays which includes shaving. Resident #30 stated to the DON, "The last time I had a shower or was shaved was a week ago."

During an interview on 12/20/23 at 2:35 PM, Registered Nurse (RN) #1 confirmed that Resident #30's care plan was not being followed for his bathing and shaving and it should have

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{F 656}	Continued From page 5 been. In an interview on 12/20/23 at 3:50 PM, the Minimum Data Set (MDS) nurse revealed MDS is responsible for putting in care plans and updating the care plan as needed. She confirmed if Resident #30 had not had a shower or been shaved in a week then his ADL care plan was not being followed and confirmed that it should have been implemented. A record review of Resident #30's "Admission Record" revealed the resident was admitted to the facility on 3/15/22 with medical diagnoses that included Major Depressive Disorder and Need for Assistance with Personal Care. Record review of Resident #30's MDS with an ARD of 8/28/23 revealed in Section C a Brief Interview for Mental Status (BIMS) score of 11, which indicated the resident has moderate cognitive impairment and in Section GG that the resident needs substantial/maximal assistance with showers/bathe self.	{F 656}		
{F 677} SS=E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interview, record review and facility policy review the facility failed to provide bathing/shaving for residents requiring assistance with ADLs (Activities of Daily Living) for two (2) of six (6)	{F 677}	F 677 ADL Care Provided for Dependent Residents 1. The facility failed to provide showers	1/17/24

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{F 677}	Continued From page 6 sampled residents. Resident #6 and #30. Findings include: Review of the facility policy titled, "Activities of Daily Living (ADLs), Supporting" with a revision date of 3/2018 revealed under "Policy Statement ...Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene ..." Resident #6 An observation and interview on 12/20/23 at 9:50 AM, with Certified Nurse Assistant (CNA) #2 revealed she was in Resident #6's room performing vital signs and there was a strong smell of urine coming from Resident #6's bed with the sheets wet. CNA #2 confirmed that Resident #6 was due for a bath today and her sheets were wet and needed changing. An interview and observation on 12/20/23 at 3:00PM, with Resident #6 revealed she was sitting in the dining area participating in activities. This observation revealed the resident had an odor of urine and her hair was disheveled and greasy. She stated she is supposed to get a bath on Monday, Wednesdays, and Fridays, but she "did not get one today." She confirmed that her sheets were wet this morning when she got up. She stated that she wears a diaper to bed, but she had "peed so much that it came through and wet the sheets." She stated she wears a brief during the day and admitted she had the same brief on that was put on her this morning around 9:30 AM and that no one had checked her brief. She revealed that sometimes she can tell when	{F 677}	for Resident # 30, resident # 6 and failed to shave Resident #30 who required assistance with ADLs (Activity of Daily Living). On 12/20/2023, the CNA (certified nursing assistant) showered and shaved resident #30 and showered resident # 6 according to the plan of care. On 12/22/2023, All residents were observed per IDT (Interdisciplinary Team) and any resident ADL (Activity of Daily Living) was addressed to ensure residents care plan was being followed. 2. All residents in the facility have the potential to be affected in receiving Activity of Daily Living Care. 3. On 12/22/2023, current nursing staff were in-serviced by the Administrator on Provide Personal hygiene and Activities of Daily Living (ADL) care according to Plan of Care and Document. Also, where to find Resident□s Kardex on POC (Point of Care). On 12/27/2023, Nexion Neighbor Rounds sheets were update to include additional ADL (Activity of Daily Living) items, and rounds are completed daily Monday thru Friday on 100% of facility residents, to ensure ADL (activity daily living) care/personal hygiene. 4. On 12/27/2023, Audits by MDS (minimum Data Set) Nurses will review ADL (Activity of Daily Living) Care by observation of 5 (five) residents 3 (three) times weekly for 2 (two) weeks, weekly times 2 (two) weeks, and then monthly for 3 (three) months. The MDS (minimum data set) Nurse is responsible for monitoring and compliance. On 1/11/2024, Check off□s were initiated by Regional Clinical Services Nurse to all	

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{F 677}	Continued From page 7 she has used the bathroom and sometimes, she cannot. An interview on 12/21/23 at 12:15 PM, with CNA #3 revealed that Resident #6 did get a bath after they got help on the floor, but she cannot remember what time, she just knew it was after 3 PM. She stated the resident went to the eye doctor and then participated in activities, so she is not sure when her brief was changed during the day yesterday. She revealed she knows that Resident #6 does wet herself often during the night and should have been washed off before dressing and putting a new brief on for the day and should have had a bath before going to the eye doctor and coming out to participate in activities. An interview on 12/21/23 at 12:25 PM, with Licensed Practical Nurse (LPN) #1 confirmed that a resident that had urine on them needed to be washed and not remain that way all day, because it could lead to skin issues. Record review of Resident #6's "Admission Record" revealed the resident was admitted to the facility on 12/04/06 with medical diagnoses that included Hypertensive Heart and Chronic Kidney Disease with Heart Failure. Record review of Resident #6's Minimum Data Set with an Assessment Reference Date of 10/11/23 revealed a Brief Interview for Mental Status score of 08, which indicates the resident is moderately cognitively impaired and in Section GG that the resident needed "partial to moderate assistance" with toileting, bath/shower, and personal hygiene.	{F 677}	facility CNA (certified nursing assistants) to ensure proper and accurate ADL (activity of daily living) care. Regional Clinical Services Nurse audited and completed all ADL (Activity of daily living) on 1/11/2024. On 1/17/2024, audits will be reviewed per QA (Quality Assurance) weekly time 4(four) weeks, then monthly times 3(three) months.	

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{F 677}	Continued From page 8 Resident #30 During an observation and interview on 12/20/23 at 10:10 AM, revealed Resident #30 had facial hair that was approximately ½ inch long on his chin and the sides of his face. Resident #30 stated the last time he was showered or shaved was last Thursday. The resident revealed that he is supposed to get a shower on Tuesdays, Thursdays, and Saturdays but did not get one yesterday or Saturday. He stated that a lot of times they will shower me and then say they will shave me when we get back to the room, but when we get back to the room they usually forget, and I don't get shaved. An observation and interview on 12/20/23 at 2:00 PM, with the Director of Nurses (DON) confirmed that Resident #30 needed to be shaved. She confirmed that Resident #30 should be receiving a shower on Tuesdays, Thursdays, and Saturdays which includes shaving. Resident #30 stated to the DON, "The last time I had a shower or was shaved was a week ago." An observation and interview on 12/20/23 at 2:10 PM, with Resident #30 and the Administrator (ADM) confirmed that Resident #30 needed to be shaved. Resident #30 revealed to the ADM that he had not been shaved or had a shower since last Thursday. The administrator asked Resident #30 if he was going to let them shower and shave him. Resident #30 stated, "Oh yes, I don't refuse that." An interview on 12/20/23 at 2:25 PM, with Certified Nurse Aide (CNA) #1 revealed she was assigned to the resident today and confirmed that he needed to be shaved and revealed it didn't	{F 677}		

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{F 677}	Continued From page 9 look like he had his shower yesterday when he was supposed to. An interview on 12/20/23 at 3:30 PM with the Staff Development Nurse confirmed that Resident #30 did not get a shower or bed bath or get shaved on Saturday his designated shower day. Record review of Resident #30's "Admission Record" revealed the resident was admitted to the facility on 3/15/22 with medical diagnoses that included Major Depressive Disorder and Need for Assistance with Personal Care. Record review of Resident #30's MDS with an ARD of 8/28/23 revealed in Section C a Brief Interview for Mental Status (BIMS) score of 11, which indicated the resident has moderate cognitive impairment and in Section GG that the resident needs substantial/maximal assistance with showers/bathe self.	{F 677}		
F 725 SS=E	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services	F 725		1/17/24

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F 725	Continued From page 10 by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interview, record review, facility assessment and policy review the facility failed to provide sufficient staffing resulting in Activities of Daily Living (ADLs) not being provided for two (2) of six (6) residents sampled. Resident #6 and #30 Findings include Review of the facility policy titled, "Staffing, Sufficient and Competent Nursing" with a revision date of August 2022 revealed under the "Policy ...Our facility provides sufficient numbers of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans and the facility assessment". This review revealed under "Policy Interpretation and implementation ...Minimum staffing requirements imposed by the state, if applicable, are adhered to when determining staffing ratios but are not necessarily considered a determination of sufficient and competent staffing".	F 725	F 725 Sufficient Nursing Staff 1. On 12/22/2023, Facility will ensure sufficient staffing to ensure provision of resident care. Acuity is reviewed daily in Morning stand up meeting for changes needed in assignments. The Director of Nurses, Assistant Director of Nurses, and Staff Development Coordinator will ensure that there is adequate staffing on the floor according to resident acuity. On 12/20/2023, Department Head CNA (certified nursing assistant) was sent to work the open slot to ensure compliance. 2. The facility determined that all residents could be affected. 3. On 12/22/2023, a Staff agency was put into facility to cover the extra slot on the A and A plus hall giving 5 (five) CNA (certified nursing assistants) to provide care to residents per acuity. On 12/22/2023, Staff Development	

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F 725	Continued From page 11 An observation on the A Hall on 12/20/23 at 9:25 AM revealed breakfast trays were still sitting in the resident's rooms and there was a strong smell of urine when entering the hall from behind closed doors. An interview on 12/20/23 at 9:40 AM, with Licensed Practical Nurse (LPN) #1 confirmed she smelled the urine and stated, they have not figured out exactly where it was coming from. She revealed that the housekeeping was trying to get into the hall, but all the breakfast trays had not been picked up yet. She stated that there were two Certified Nurse Assistants (CNA's) for A Hall for 30 residents and two CNAs for the A Plus (+) Hall for about 28 residents. She stated that they normally have a CNA that floats between the two halls, but they do not today, and it is hard for them to get all the baths done. An observation and interview on 12/20/23 at 9:50 AM, with CNA #2 revealed she was in Resident #6's room performing vital signs and picking up breakfast trays. A strong smell of urine was noted coming from Resident #6's bed and it was wet. CNA #2 confirmed that Resident #6 was due for a bath today. She stated it is just her and one other CNA for 30 residents and they have to do their own baths. She stated, we are going to get to them, but it's hard. They say we are not shorthanded, but this is hard to get everything done for the residents. She confirmed that normally they have a third CNA that floats and helps, but they do not today. She stated, we will just have to take turns giving our baths so one of us can answer the call lights. She revealed that there were a lot of residents on the A hall's that were totally dependent on staff.	F 725	Coordinator and Assistant Director of Nurses were in-serviced by Administrator, that moving forward, they are to immediately notify Administrator of calls in and staffing issues. Staffing agency will be available for extra staffing and extra shift bonuses will be used for staffing needs. 4. Beginning, 12/22/2023, the Director of Nurses and Administrator will review sufficient staffing daily to ensure compliance of provision of resident ADL (Activity Daily living) care. Sufficient staffing will be reviewed daily in the Morning Meeting to ensure sufficient staffing needs by the Administrator. The acuity of residents is reviewed daily on the audit tool and adjusted accordingly. The staffing audit will be monitored weekly for three (3) weeks, monthly for 3 (three) months. On 1/17/2024, audits will be reviewed per QA (Quality Assurance) weekly time 4(four) weeks, then monthly times 3(three) months.	

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During an observation and interview on 12/20/23 at 10:10 AM, revealed Resident #30 had facial hair that was approximately ½ inch long on his chin and the sides of his face. Resident #30 stated the last time he had a shower and was shaved was last Thursday. The resident revealed that he is supposed to get a shower on Tuesdays, Thursdays, and Saturdays. He stated that a lot of times they will shower me and forget to shave me.

An interview with CNA #1 on 12/20/23 at 1:55 PM, revealed there were two (2) aides assigned to A + hall and she was responsible for 14 residents. She revealed that they must give their own showers which made managing the resident care difficult, but they do the best they can. She revealed that they do not get any help from the office staff and strictly relied on aides to help each other out to meet the residents' needs.

An observation and interview on 12/20/23 at 2:00 PM, with Resident #30 and the Director of Nurses (DON) confirmed that Resident #30 needed to be shaved. She confirmed that Resident #30 should be receiving a shower on Tuesdays, Thursdays, and Saturdays which includes shaving. Resident #30 stated to the DON, "The last time I had a shower or was shaved was a week ago."

An interview on 12/20/23 at 2:05 PM with CNA #4 revealed she cannot be seen talking to the State Agency (SA) in the hall because they have already come around and told us that we are throwing them under the bus, but I am not, I am just telling the truth, we need help. It is hard to get everything done when there are just two of us for 28 residents and sometimes things go undone.

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An interview on 12/20/23 at 2:20 PM, with LPN #1 confirmed that baths sometimes do not get done on the day shift for different reasons but sometimes it is "because we are shorthanded."

An interview and observation on 12/20/23 at 3:00PM, with Resident #6 revealed she was sitting in the dining area participating in activities. This observation revealed the resident had an odor of urine and her hair was in a long braid and hair was coming out of the braid and sticking up on top of her head, appeared greasy. On interview Resident #6 revealed the facility is short staffed a lot and those girls have so much to do so she doesn't complain and tries to do as much on her own as she can. She stated she is supposed to get a bath on Monday, Wednesdays, and Fridays, but she did not get one today. She confirmed that her sheets were wet this morning when she finally got up around 9:30 AM. She stated she wears a brief during the day and admitted she had the same brief on that was put on her this morning around 9:30 AM and that no one had checked it today. She revealed that sometimes she can tell when she has used the bathroom and sometimes, she cannot.

An interview with CNA #2 on 12/20/23 3:06 PM, revealed that she was working A hall and assigned to 15 residents. She revealed that the aides were responsible for making sure the residents were clean/dry, toileting, turning and repositioning every 2 hours, showers, vital signs, passing meal trays and assisting with feeding, getting residents up and putting them back to bed, passing out ice and water and at times taking the residents out to smoke for a 15-minute smoke breaks. She stated that it's hard to get

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everything done. She revealed there may be things that do not get done in a day. She stated that this past Saturday they only had 3 aides and 2 were agencies. She revealed not all the residents got a shower that were scheduled to.

An interview on 12/20/23 at 3:15 PM, with the Administrator revealed she had a CNA quit over the weekend and she had to terminate one on Monday. She stated she was not aware that there were only four (4) CNAs on the A halls, because she is not responsible for staffing. She stated the only reason she got involved with the staffing this past weekend was because her Director of Nurses (DON) had called in for the week. She stated, "I give that responsibility to someone else, and I expect them to do their job". She revealed they do have a standup meeting each morning and talk about staffing and she has a way of printing the Per Patient Day (PPD) report off. She confirmed she should have been aware of only having 4 CNAs for the A Halls and stated that normally they did have a fifth one but after that one quit Sunday it was hard to find someone to fill that spot. She admitted that she has CNA staff working in offices in the building that could have gone to help.

An interview on 12/20/23 at 3:45 PM with LPN-Staff Development revealed she prepares the schedule for all nursing staff, and she was aware that the A Hall only had 4 CNAs on duty the last few days, because they had a CNA to quit and one that got fired. She admitted that the A hall has most of the total care residents and it is hard to get everything done with just 4 CNA's. She stated they have started using some agencies, but it has to be approved with corporate and that is difficult. She states they

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normally only approve us to use agency on the weekends and there is a cap for how many we can use financially.

Record review of the staffing grid for 12/20/23 and interview with the Administrator on 12/20/23 at 4:00 PM, revealed there were seven (7) CNA's for 7a-7p and when compared to the working schedule for today it revealed there were six (6) CNA's until 3p-7p, when the business office manager came out and worked the floor. The Administrator stated she put a total of 7 CNA's down on the staffing grid because the Transporter/CNA was their 7th CNA.

An interview on 12/20/23 at 4:10 PM, with the Transporter/CNA and the Administrator present revealed she only works the halls if she is asked to, so today and the last couple of days she has just transported and restocked supplies. She stated she went to the floor on Monday (12/18/23) for a little bit after she transported.

An interview on 12/20/23 at 4:15 PM, with the Administrator revealed LPN/Staff Development and the Director of Nurses (DON) does staffing and they should know who is scheduled and I am not sure if we had any call in's for today either. I thought the Transporter/CNA was going to help on the floor when she got finished transporting, so I did not know she was not. She stated she does not know what else to do, she has about 11 open positions total right now.

An interview on 12/21/23 at 12:15 PM, with CNA #3 revealed there were two residents on A HALL that did not get their baths as scheduled yesterday, so we have been working to get those done this morning and do the men's baths today.

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She stated that some of the office staff came out to the floor after 3 PM yesterday, so that helped us get some more baths completed or it would have been more than just 2. She revealed that Resident #6 finally got her bath after they got help on the floor, but it was after 3 PM. She revealed she knows the resident wets herself often during the night and should have been washed off before dressing and putting a new brief on for the day. She stated it is just hard to do it all with just the two of us.

An interview on 12/21/23 at 12:32 PM, with the DON confirmed that she has discussed staffing issues this morning and she is new, but she plans on looking at the acuity of the residents and trying to come to a solution to make sure we have enough staff.

Record review of the facility census on day of entry 12/20/23 revealed the facility census was 80 and was licensed for 95 beds.

Record review of the facility assessment updated on 8/22/23 revealed on page 20 that the facility had on average 86 residents that needed 1-2 staff assistance with dressing,46 residents that needed 1-2 staff assistance and 37 that was totally dependent on staff for bathing and 85 that needed 1-2 staff assistance with toileting; page 29 revealed that the facility required a restorative CNA 6 days per week (completed by the floor CNA) and 7-9 CNA's on day shift (adjusted per census)

A record review of the facility staffing grid 12/6/23 - 12/20/23 revealed there were 5 days that the facility had less than 7 CNAs in the facility on day shift.

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F 725	Continued From page 17 Record review of Resident #6's "Admission Record" revealed the resident was admitted to the facility on 12/04/06 with medical diagnoses that included Hypertensive Heart and Chronic Kidney Disease with Heart Failure. Record review of Resident #6's Minimum Data Set with an Assessment Reference Date of 10/11/23 revealed a Brief Interview for Mental Status score of 08, which indicates the resident is moderately cognitively impaired and in Section GG that the resident needed "partial to moderate assistance" with toileting, bath/shower, and personal hygiene. Record review of Resident #30's "Admission Record" revealed the resident was admitted to the facility on 3/15/22 with medical diagnoses that included Major Depressive Disorder and Need for Assistance with Personal Care. Record review of Resident #30's MDS with an ARD of 8/28/23 revealed in Section C a BIMS score of 11, which indicated the resident has moderate cognitive impairment and in Section GG that the resident needs substantial/maximal assistance with showers/bathe self.	F 725		
F 867 SS=F	QAPI/QAA Improvement Activities CFR(s): 483.75(c)(d)(e)(g)(2)(i)(ii) §483.75(c) Program feedback, data systems and monitoring. A facility must establish and implement written policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring. The policies and procedures must include, at a minimum, the	F 867		1/17/24

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following:

§483.75(c)(1) Facility maintenance of effective systems to obtain and use of feedback and input from direct care staff, other staff, residents, and resident representatives, including how such information will be used to identify problems that are high risk, high volume, or problem-prone, and opportunities for improvement.

§483.75(c)(2) Facility maintenance of effective systems to identify, collect, and use data and information from all departments, including but not limited to the facility assessment required at §483.70(e) and including how such information will be used to develop and monitor performance indicators.

§483.75(c)(3) Facility development, monitoring, and evaluation of performance indicators, including the methodology and frequency for such development, monitoring, and evaluation.

§483.75(c)(4) Facility adverse event monitoring, including the methods by which the facility will systematically identify, report, track, investigate, analyze and use data and information relating to adverse events in the facility, including how the facility will use the data to develop activities to prevent adverse events.

§483.75(d) Program systematic analysis and systemic action.

§483.75(d)(1) The facility must take actions aimed at performance improvement and, after implementing those actions, measure its success, and track performance to ensure that

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improvements are realized and sustained.

§483.75(d)(2) The facility will develop and implement policies addressing:
(i) How they will use a systematic approach to determine underlying causes of problems impacting larger systems;
(ii) How they will develop corrective actions that will be designed to effect change at the systems level to prevent quality of care, quality of life, or safety problems; and
(iii) How the facility will monitor the effectiveness of its performance improvement activities to ensure that improvements are sustained.

§483.75(e) Program activities.

§483.75(e)(1) The facility must set priorities for its performance improvement activities that focus on high-risk, high-volume, or problem-prone areas; consider the incidence, prevalence, and severity of problems in those areas; and affect health outcomes, resident safety, resident autonomy, resident choice, and quality of care.

§483.75(e)(2) Performance improvement activities must track medical errors and adverse resident events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the facility.

§483.75(e)(3) As part of their performance improvement activities, the facility must conduct distinct performance improvement projects. The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility's services and

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F 867	Continued From page 20 available resources, as reflected in the facility assessment required at §483.70(e). Improvement projects must include at least annually a project that focuses on high risk or problem-prone areas identified through the data collection and analysis described in paragraphs (c) and (d) of this section. §483.75(g) Quality assessment and assurance. §483.75(g)(2) The quality assessment and assurance committee reports to the facility's governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI program required under paragraphs (a) through (e) of this section. The committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; (iii) Regularly review and analyze data, including data collected under the QAPI program and data resulting from drug regimen reviews, and act on available data to make improvements. This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interviews, record review and facility policy review, the facility failed to identify unresolved quality deficiencies, some of which were identified on previous surveys and ensure actions were taken to correct the deficiencies through the quality assessment and assurance (QAA) process as evidenced by deficiencies cited involving quality of care and sufficient staffing. This deficient practice affected 80 of the 80 residents residing in the facility. Findings Include:	F 867	F 867 QAPI/QAA Improvement Activities 1.The facility failed to implement plan of correction to resolve the quality deficiencies. On 12/22/2023, resident preferences concerning ADL (Activity Daily Living) Care were audited and care plan updates per IDT (interdisciplinary team) and facility sweep was completed on 100 % of residents to ensure proper ADL (Activity of Daily Living) care. On 12/22/2023, AD HOC QA meeting was	

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F 867	Continued From page 21 Review of the facility policy titled, "QAPI (Quality Assessment Performance Improvement) Program" with no revision date revealed " ...Purpose Statement: The purpose of Quality Assurance Performance Improvement committee is to create a system for improving the care for our residents ..." An interview on 12/21/23 at 11:05 AM, with the Administrator during record review and validation of F656 and F677 plan of correction with a completion date of 12/05/23 revealed six unsampled residents were audited by the Medical Records Director and Wound Care Nurse for proper ADL (Activity of Daily Living) to ensure cleanliness, shaving, and nailcare were provided 3 (three) times weekly times 2 (two) weeks, then weekly times 4 (four) weeks, and then monthly times 3 (three) months. The report of audit findings will be brought to the Quality Assurance/Performance Improvement Committee for review and recommendations monthly for 4 (four) months starting on 11/30/23. The Administrator will be responsible for monitoring and compliance. The Administrator revealed that she had told the Auditors to make sure and include Resident #30 since he was the resident that was previously cited for not having his ADLs completed, but validated he was not included on the audit list for F677 and F656. She revealed the Director of Nurses is responsible for monitoring and compliance regarding the ADL deficiency (F677). An interview on 12/21/23 at 12:30 PM, with the Administrator revealed that she felt like the Quality Assurance (QA) process was working and that the issue with residents not getting the ADLs	F 867	held to discuss survey results, ADL (Activity Daily Living) and staffing. Resident # 30 was immediately showered and shaved. Administrator will ensure Resident # 30 is included in future audits. Audit was initiated on 12/22/2023 by Administrator observing ten (10) residents ensuring proper ADL (Activity Daily Living) Care. Agency staff was put in use to meet staffing needs for acuity. 2.All Residents had the potential to be affected. 3.Audits were initiated on 12/22/2023, observing ADL(Activity of daily living) Care, to include showering, shaving, nailcare and bed baths, on 10 (ten) residents 3 (three) times weekly, times 2 (two) weeks, weekly times 2(two) weeks and then monthly for 3 (three) months for ADL (Activity of Daily Living) compliance by Administrator. On 12/27/2023, Nexion Neighbor Rounds were updated per Administrator to ensure resident ADL's (Activity of Daily Living) are being met daily. Administrator in-serviced Staff Development and Assistant Director of Nurses that staffing issues must be reported to Administrator. Agency staff is in use and extra shift bonuses to meet staffing needs. 4.On 1/17/2024, audits of monitoring ADL (Activity Daily Living) Care and staffing will be reviewed per QA (Quality Assurance) weekly times 4(four) weeks, then monthly times 3(three) months.	

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F 867	Continued From page 22 just occurred this past weekend when the facility had staffing issues. An interview post survey on 12/22/23 at 10:00 AM, with the Administrator revealed she is responsible for QA in the facility. She stated that during the rounds that were being completed for their plan of correction two residents were found with ADL issues and we had staff take care of them immediately. She stated that she found Resident #30 needed nail care on a round that she made and then another resident was found to need a shower on another day's rounds. She revealed that even after finding residents with ADL issues during the rounds, they have completed the weekly rounds and have gone to monthly rounds. Record review of the QAPI meeting minutes from 11/30/23 revealed that Audits on 6 residents for proper ADL to ensure cleanliness, shaving and nailcare were listed but no findings were documented or listed as discussion.	F 867		