MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	69SC	A. BUILDING: _____ B. WING _____	03/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENATOBIA HEALTHCARE & REHAB	402 GETWELL DR SENATOBIA, MS 38668

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted an annual re-certification survey with three (3) complaints, MS CI # 23620, MS CI #23674, MS CI #24333, at the facility from 3/26/24 through 3/28/24. During the survey, the SA determined the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm. The SA cited M 705 for CI MS #23620, related to Medication Storage. Based on the facility's implementation of corrective actions on 12/13/23, the State Agency (SA) determined the deficiency to be Past Non-Compliance (PNC) and the deficiency was corrected as of 12/18/23, prior to the SA's first entrance on 3/26/24. The SA cited M 610 related to Activities for Daily Living. There were no deficiencies cited for MS CI # 23674, related to Discharge Rights and oversedation, or MS CI # 24333, related to Resident Rights, Dietary Services, Physical Environment, and Quality of Care. The census at the time of the survey was 83 and the facility is licensed for 106 beds.	M 000		
M 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting.	M 610		4/25/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	69SC	A. BUILDING: _____ B. WING _____	03/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENATOBIA HEALTHCARE & REHAB	402 GETWELL DR SENATOBIA, MS 38668

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 610	Continued From page 1 This Statute is not met as evidenced by: Level II Based on observations, staff interviews, record review and facility policy review the facility failed to provide nail care for a resident who was dependent on staff for Activities of Daily Living (ADL) Care for one (1) of nineteen residents reviewed. Resident #33. Findings Include: Record review of the undated facility policy on "Nail Care" revealed, " ...Policy Explanation and Compliance Guidelines...2. Routing cleaning and inspection of nails will be provided during ADL (Activities of Daily Living) care on an ongoing basis. 3. Routine nail care, to include trimming and filing, will be provided regularly. 4. Principles of nail care: a. Nails should be kept smooth to avoid skin injury ..." On 03/26/24 at 10:30 AM, an observation of Resident #33 revealed her sitting in her wheelchair at a table in the A-Wing Day Room and her fingernails on both hands were long and jagged. Her fingernails were approximately one-fourth inch long. On 03/27/24 at 10:25 AM, an interview with the Certified Nursing Assistant (CNA) Supervisor, revealed that all fingernails should be checked during the resident's bath or shower care. She revealed that it was the responsibility of the CNAs to clean and trim residents' fingernails if needed. On 03/27/24 at 10:30 AM, an interview and observation with the CNA Supervisor revealed that Resident #33's fingernails should be kept clean and trimmed. She confirmed that Resident	M 610	By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceeding and submit these responses pursuant to our regulatory obligations. 1. On March 27, 2024, the Certified Nursing Assistant (CNA) Supervisor corrected the deficiency by performing nail care on Resident #33. A subsequent one hundred (100) percent audit was completed by the Certified Nursing Assistant (CNA) Supervisor with no nail care issues noted. 2. All residents have the potential to be affected by the failure to perform nail care for a resident who is dependent on staff for Activities of Daily Living (ADL) Care. 3. On March 28, 2024, in-servicing of the Direct Care Staff along with Certified Nursing Assistants was conducted by the Registered Nurse (RN) Staff Development Coordinator (SDC) on providing nail care to residents who are dependent on staff for Activities of Daily Living (ADL) Care. 4. The Certified Nursing Assistant (CNA) Supervisor and Director of Nursing will monitor all resident nail care beginning March 28, 2024, weekly x four weeks, monthly x two months. The monitoring results will be submitted by the Director of Nursing to the Quality Assurance Performance Improvement Committee beginning April 25, 2024, for review and recommendations monthly x three months.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	69SC	A. BUILDING: _____ B. WING _____	03/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENATOBIA HEALTHCARE & REHAB	402 GETWELL DR SENATOBIA, MS 38668

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 610	Continued From page 2 #33 had long jagged fingernails on her right and left hands. CNA Supervisor also revealed that Resident #33's long jagged fingernails could cause her to scratch herself, could cause bacteria or fungal infection, and all kinds of issues. On 03/27/24 at 10:40 AM, an observation and interview with the Registered Nurse (RN) Supervisor, revealed that Resident #33's skin was very thin and fragile, and she was at risk for skin breakdown. RN Supervisor confirmed that Resident #33's fingernails to both hands were jagged and too long, and they needed to be clipped. She revealed that long, jagged fingernails could cause her to scratch herself including her eyes and could cause skin tears, or infection. Record review of the Admission Record revealed that Resident #33 was admitted to the facility on 10/4/21 with medical diagnoses that included Need for Assistance with Personal Care. Record review of the Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 01/22/24 revealed under Section C, a Brief Interview for Mental Status (BIMS) Score of 99 which indicated that Resident #33 had severe cognitive deficits and was unable to complete the interview.	M 610		