STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255234	A. BUILDING _____ B. WING _____	C 05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY LAWN HEALTH AND REHABILITATION	60 SHADY LAWN PLACE VICKSBURG, MS 39180

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey and a complaint investigation (CI) MS #24624 at the facility from 4/30/24 through 5/2/24. During the recertification survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements for participation and cited deficiencies at F641 and F656. The SA found the facility to not be in compliance during the complaint investigation (CI MS #24624) for activities of daily living and cited F656 and F677. The census at the time of the survey was 80 and the facility was licensed for 100 beds.	F 000		
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).	F 656		6/12/24

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

Electronically Signed | 05/14/2024

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F 656	Continued From page 1 (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 interview, record review, and facility policy review the facility failed to develop a smoking care plan for Resident #36 and failed to develop a care plan for nail care for Resident #63 for two (2) of 19 care plans reviewed. Resident #36 and Resident #63. Findings include. A review of the facility policy with a revision date of 03/2019, titled "Comprehensive Care Plan", revealed: "Standard: It is the policy of this facility	F 656	1. Immediate corrective actions were implemented on 5/1/24 which included the Minimum Data Set (MDS) Coordinator immediately reviewed and updated resident #36 comprehensive care plan to reflect resident□s actual current smoking status and resident #63 Activities of Daily Living (ADL) care plan was updated to address resident #63 nailcare issues and personal hygiene. 2. Upon review, the Interdisciplinary Team determined that all residents have	

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F 656	Continued From page 2 to develop and implement a comprehensive person - centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframe's to meet a resident's medical, nursing and mental and psychosocial needs that are identified in the resident's comprehensive assessment..." Resident #36 Record review of Resident #36's care plan with a date initiated:5/4/22 and a resolved date: 9/29/22 revealed "Focus RESOLVED: The resident is at risk for injury r/t (related to) smoking Cigarettes and keeps a Cigar in his mouth ..." The desired outcome and all interventions were marked "RESOLVED." Record review of Resident #36's " ...Smoking and Safety" evaluation dated 3/20/24 revealed " ...2. Which of the following products does the Resident use?" The response was checked "1. Tobacco" An interview on 05/01/24 at 3:50 PM, with the Minimum Data Set (MDS) Nurse confirmed that Resident #36 does smoke tobacco occasionally and that he does not have a current care plan for smoking but that he should. The MDS nurse confirmed that the resident had a care plan for smoking that was resolved 9/29/22. The MDS nurse revealed that the purpose of having a care plan is to guide the residents care safely and that without a care plan a resident can receive care the wrong way. An observation and interview, on 05/01/24 at 4:00 PM with Licensed Practical Nurse (LPN) #1 confirmed Resident #36 does smoke tobacco	F 656	the potential to be affected. 3. Nursing Administration, Director of Nursing (DON), Assistant Director of Nursing (ADON), and Nurse Educator (NE) conducted an Inservice on 5/1/24. Interdisciplinary team members and clinical personnel were educated on facility□s policy and procedure for formulating and updating comprehensive care plan. 4. The Director of Nursing or Staff Educator will complete weekly audits of five (5) care plans for twelve (12) consecutive weeks. Audits will be completed beginning the week of 5/13/24 and ending the week of 7/29/24 to ensure that comprehensive care plans are developed and/or accurately updated. Care plans will be reviewed weekly in accordance with the care plan review schedule by the MDS department. Activities Director to provide current list of smokers weekly to MDS department. MDS Coordinator will run Care Plan Focus Summary Report. DON will compare most recent smokers list to Summary Report to assure a completed smoking Care Plan is in use for any resident identified as a smoker, regardless of frequency of tobacco use. All care plans will be reviewed and updated as indicated. Reoccurrence will be prevented by continuing current measures for all future residents. Personal Hygiene tasks will continue to be added to all POCs upon admission. An order for the nurse to clean and cut nails	

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F 656	Continued From page 3	F 656		

occasionally, but not every day. LPN #1 stated "We offer him to go for each smoke break, sometimes he does and sometimes he doesn't go. LPN #1 revealed that the resident has one full unopened pack of cigarettes and one pack of cigarettes that is open and has cigarettes missing from the pack. Both packs of cigarettes had the residents name written on them and they were located inside of the facility smoke box.

An interview, on 05/01/24 at 4:05 PM with Resident #36 confirmed that he does smoke tobacco occasionally.

An interview on 05/02/24 at 8:00 AM, with the Administrator confirmed that the purpose of the care plan is to guide the residents care safely and without the care plan the resident can receive the wrong care.

Resident #63

Record review of the care plans revealed "(Proper name of Resident #63) has an ADL (Activities of Daily Living) deficit ...Desired Outcome ...The resident will maintain or improve current ability in ...Personal Hygiene ..." There were no interventions/task developed for nail care for Resident #63 included in the care plan.

During an observation on 4/30/2024 at 2:42 PM, Resident #63 was sitting in a wheelchair in the activity room. Excessively long, thick, discolored fingernails observed on both hands measuring approximately one-half (1/2) inch in length.

An observation and interview on 5/1/2024 at 10:35 AM, with Licensed Practical Nurse (LPN) #2, confirmed Resident #63 had long nails that

will be initiated upon admission and resumed upon any readmission. MDS team to perform all smoking screenings/evaluations upon admission and with each quarterly MDS for residents identified as an active smoker. Activities Director will be notified of any new smokers to assure the list of smokers accurately identifies all potential residents. All residents identified on the list of smokers will have a care plan focus summary report presented to DON for review with each MDS, excluding discharge assessments. MDS team to notify DON upon completion of comprehensive MDS assessments. DON to review comprehensive care plans to assure ADL care plans reflect nail care and personal hygiene. The Quality Assurance Performance Improvement committee will review weekly monitoring results monthly for a period 3 months during scheduled QA meetings for a period 3 months beginning 6/12/24.

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F 656	Continued From page 4 needed to be cut. An interview with the Minimum Data Set Nurse (MDS) on 5/2/2024 at 10:01 AM, confirmed the resident did not have a care plan developed for nail care. She revealed they did not have the nail care task developed for Resident #63; therefore, a care plan had not been developed. She explained the purpose of the care plan was to guide the staff with the resident care to be given.	F 656		
F 677 SS=D	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, staff interview, record review, and facility policy review, the facility failed to provide the necessary nail care for a resident as evidenced by long, thick fingernails for one (1) of 17 sampled residents. Resident #63 Findings Include: Review of the facility policy titled "Resident Hygiene" with a revision date of 06/2022 revealed "Purpose: The purpose of this procedure is to clean the nail bed to keep nails trimmed and to prevent infections. Nail care includes cleaning and trimming as needed. Proper nail care can aid in the prevention of skin problems around the nail bed. Trimmed and smooth nails prevent the resident from accidentally scratching and injuring his/her skin ..."	F 677	1. Nail care was provided for Resident #63 on 5/1/24 by the Assistant Director of Nursing (ADON) after soft splint applied by Occupational Therapist Assistant. 2. The facility has determined that all residents have the potential to be affected. 3. The quality assurance (QA) process was initiated on 5/2/24 which included the Director of Nursing and ADON immediately completing an 100% audit of each resident□s nail care. Also, on 5/2/24, an in-service education program was conducted by the Director of Nursing, Assistant of Director of Nursing and Nurse Educator with all direct care staff	6/12/24

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F 677	Continued From page 5 An observation on 4/30/2024 at 2:42 PM, revealed Resident #63 sitting in a wheelchair in the activity room. He had excessively long, thick, discolored fingernails observed on both hands measuring approximately one-half (1/2) inch in length. During an observation and interview with Licensed Practical Nurse (LPN) #2 on 5/1/2024, at 10:35 AM, confirmed Resident #62 had long nails that needed to be cut. She revealed that the nails could cause skin injury. She explained that the resident was a diabetic and a Registered Nurse (RN) must cut his nails. An interview with the Director of Nursing (DON) on 5/1/2024 at 10:51 AM, revealed the Wound Care Nurse was responsible for cutting the diabetic nails and confirmed the facility did not have a nail care task implemented for Resident #63. She revealed that long nails could cause skin injuries. Record review of the "Admission Record" the facility admitted Resident #63 on 3/25/2023 with medical diagnoses that included Type 2 diabetes mellitus.	F 677	addressing the proper care of nails including resident preferences and high-risk conditions. On 5/2/24, orders were added to the Treatment Administration Record (TAR) on all current residents for Nurse(s) to clean and cut fingernails on Sundays during 1st shift, and all care plans were updated to reflect nail care order; the Point of Care (POC) documentation task lists for Certified Nurses Aides (CNA) were all updated to reflect documentation of personal hygiene care as indicated. 4. The Director of Nursing will conduct a visual assessment audit of at least five (5) residents per week for twelve (12) weeks, start date beginning the week of 5/13/24 and ending the week of 7/29/24 to assure substantial compliance is achieved. Prevention of reoccurrence will include Assistant Director of Nursing (ADON) and/or Wound Care RN to assure compliance by assessing condition of each resident s nail with the Skin Sweep evaluation that is automatically generated on a weekly schedule for all residents admitted. Personal Hygiene task to be added to all POCs for CNAs upon admission. Order for Nurse(s) to clean and cut fingernails on Sundays during 1st shift will be added to all residents Treatment Administration Record (TAR) upon admission and resumed upon any readmission. The Quality Assurance Performance Improvement committee will review weekly monitoring results monthly for a period 3 months during scheduled QA meetings for a period 3 months	

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F 677	Continued From page 6	F 677	beginning 6/12/24.	