STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	79CH	A. BUILDING: _____ B. WING _____	03/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILKINSON COUNTY SENIOR CARE	116 SOUTH LAFAYETTE STREET CENTREVILLE, MS 39631

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey and Complaint Investigation (CI), MS #24196 at the facility from 3/25/24 through 3/28/24. The SA investigated CI MS #24196 for physical abuse. There were no citations related to the complaint investigations. During the annual recertification 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, M610 and M815.	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. This Statute is not met as evidenced by: Level II Based on observation, staff and Resident Representative (RR) interviews, record review, and facility policy review, the facility failed to ensure a dependent resident received Activities of Daily Living (ADL) care, as evidenced by long thick toenails for one (1) of 16 sampled residents. (Resident #30) Findings include:	M 610	A. On 3/30/2024 resident #30's ADL needs were met as evidence by the podiatrist in facility visit trimming resident #30's toenails. The comprehensive Care Plan was implemented for ADL care to include podiatry visits every three (3) months and as needed (PRN) and being followed to reveal podiatrist visits every three (3) months and PRN. Resident's	5/2/24

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M 610	Continued From page 1 Review of the facility's policy titles, "ADL Care Policy," dated 8/23 revealed, " POLICY It is the policy of this facility to provide appropriate treatment and services in relation to ADL care to residents to ensure all ADL needs are met on a daily basis, while attaining or maintaining the residence of highest, practicable, physical, mental, and social well-being ... 2. The resident, to the extent possible, and /or the family/resident representative will be included in setting goals of care related to ADL's ... " On 3/25/24 at 10:46 AM, during an interview with the RR for Resident #30, she revealed she has concerned about the resident's toenails. She said the facility has failed to keep them cut. On 3/25/24 at 11:02 AM, in an observation and interview of Resident #30's toenails revealed his toenails were yellow, thick, and extended over the toes. When asked if he would like his toenails to be cut regularly, Resident #30 nodded yes. On 3/26/24 at 3:36 PM, an observation of Resident #30, revealed his toenails are still uncut and the appearance remains unchanged from the observation on 3/25/24.. On 3/27/24 at 10:24 AM, in an interview and observation, regarding the toenails of Resident #30, Licensed Practical Nurse (LPN) #5 indicated from what she knows, it is the role of the Registered Nurse (RN) to cut the toenails of the residents. During the observation, LPN #5 confirmed that the resident's toenails are "long and past due time for cutting." On 3/27/24 at 10:40 AM, in an interview with LPN #3 the Medical Records Nurse, she points out	M 610	Representative was notified of resident #30's toenails being trimmed with documentation in resident #30's chart on 4/1/2024. B. All residents have the potential to be affected by this deficient practice. C. 4/1/2024 an in-service was conducted by the Director of Nursing with the nursing staff on completing a weekly body audit of each resident to include fingernail/toenail care. Fingernail/toenail care provided will be documented in the resident's body audit. The resident's physician and representative will be notified of any refusal of care and documented in the resident's chart. D. The nurse will review fingernail/toenail care for all residents while performing the resident's weekly body audit. The Director of Nursing or Assistant Director of Nursing, beginning 4/1/2024 will conduct an audit of at least five (5) residents per week for three (3) months. The Director of Nursing will report findings to the Quality Assurance Performance Committee beginning 5/1/2024 for review, revision or resolution of the plan for three (3) months.	

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M 610	Continued From page 2	M 610		

that both RNs and LPNs are responsible for cutting toenails, depending on the diagnoses of the resident. However, in the case of Resident #30, since he is not a diabetic, any nurse can cut his toenails. She stated that she usually notes on her spreadsheet if a resident refuses care when the Podiatrist comes. She points to the spreadsheet on her computer screen and indicated Resident # 30 has not refused nail care. She revealed the Podiatrist comes every three months but does not see every resident on each visit. She pointed out that the podiatrist last saw Resident #30 on 1/24/24 and she does not have any records of him ever refusing care. She added the podiatrist is scheduled to come Saturday (3-30-24), and Resident # 30 is on the list to be seen.

On 3/27/24 at 11:03 AM, in an interview and observation of Resident # 30 toenails with the Director of Nurses (DON), she stated she cannot disagree that his toenails need to be cut but she does admit that staff has told her he refused to get his toenails cut.

A record review of a printed nurse's note provided by the DON, dated 3/27/24, and signed by LPN #6 indicated Resident #30 refused nail care today.

On 3/28/24 at 11:12 AM, in a second interview with the RR, she revealed she comes to see her brother every Tuesday and Saturday. She mentioned that on multiple of visits she had asked the staff to cut his toenails and they would respond by indicating it would be taken care of. However, each time she came, she noticed they were still not cut. She stated that when she had asked the staff if she could cut them. She stated she was told it is the facility's responsibility to cut

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M 610	Continued From page 3	M 610		

his toenails, so she was not allowed to do so. The RR added that it had never been brought to her attention that her brother was refusing nail care.

On 3/28/24 at 12:32 PM, in an interview with RN#1, she revealed there have been times that the facility would send residents out to the podiatrist for toenail care when the need was identified. She added that this is done when the podiatrist scheduled in-house visit is still a few weeks away.

On 3/28/24 at 1:57 PM, in an interview with the DON, she described Resident #30's toenails as thick and 1/4 of an inch the past the end of his toe. She indicated it is the nurse's responsibility to cut residents toenails between podiatrist visits. She confirmed the facility does send residents out to the podiatrist if it is needed. She described this need as when staff is unable to cut the toenails.

A record review of the "Admission Record" for Resident #30 revealed the facility admitted the resident on 11/19/2019. His diagnoses included Hemiplegia and Hemiparesis following Cerebral Infarction and Thoracic, Thoracolumbar and Lumbosacral Interverbal Disc Disorder.

A record review of the Quarterly Minimum Data Set (MDS), with Assessment Reference Date (ARD) of 3/5/24, revealed that Resident #30 had a Brief Interview for Mental Status (BIMS) score of 00, which indicated that the resident had severe cognitive impairment. Further review of the MDS revealed the resident id dependent for personal hygiene,

A record review of the "Order Summary Report," with active orders as of 3/28/24 revealed a physician order dated 4/5/23 ... "May have

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M 610	Continued From page 4 Podiatry ...Consult PRN (as needed)."	M 610		
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, record reviews, and facility policy review, the facility failed to ensure that tray line food temperatures were checked and documented prior to serving each meal for 15 days of 24 days of recorded temperatures reviewed for the month of March 2024. Findings include: Review of the facility's policy titled, "Monitoring Temperature of Cooked Foods," with a revision date of 10/17, revealed ... "POLICY: The temperature of TCS (Time/Temperature Control) cooked foods will be monitored to ensure that the foods are not in the danger zone (above 41degrees F {Fahrenheit} and below135 degrees F) for more than 6 hours ....PROCEDURE: 2 ... b. When food is placed in the hot holding equipment. The temperature of the food should be 135 degrees F or higher ..." On 03/25/24 at 9:40 AM, an initial tour of the kitchen with the Dietary Manager (DM) revealed several of the pages in the tray line temperature log binder, were incomplete or blank. The DM	M 815	A. On 3/25/2024 food temperatures were checked prior to serving of meals. All temperatures were in safe temperature range and documented. B. All residents that receive a meal tray from dietary department have the potential to be affected. C. On 3/25/2024 the Administrator educated the Dietary Manager (DM) on the importance and the safety of the residents for checking the temperatures of the meals prior to being served. On 3/25/2024 the Dietary Manager began an in-service and in-service was completed on 3/26/2024 to all dietary staff on the policy Monitoring Temperatures of Cooked Foods. D. Beginning 3/25/2024,the Dietary Manager will audit meal service that include food temperature checks and ensure temperature for each meal is being documented in the food temperature log. These audits will be done daily five (5) days per week for four (4) weeks then	5/2/24

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M 815	Continued From page 5 stated she expects staff to check tray line food temperatures and document the temperatures in the binder. She stated she recently did an inservice on checking temperatures and staff knows the requirements. On 03/27/24 at 10:55 AM, in an interview with Cook #1 she stated she always checks tray line temperatures before serving food. She stated she may have forgotten to write them in the book. She confirmed they are supposed to be documented when they are done. Review of the of the temperature log sheets revealed on 3/10/24 dinner temperatures logs were blank, 3/11/24 the entire page was blank, 3/12/24 lunch was blank, 3/13/24, 3/14/24 and 3/15/24 breakfast and lunch were blank, and 3/16/24- 3/24/24 all meals were blank. On 3/28/24 at 3:00 PM, in an interview with the Administrator, she stated she had inserviced the DM on the importance of documenting the tray line temperatures. She revealed that for resident safety, she expects the temperatures to be checked and recorded.	M 815	monthly for three (3) months. Audit logs will be maintained in the dietary department and findings will be submitted to the Quality Assurance Committee beginning 5/1/2024 for review and recommendations for three (3) months.	