STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43SC	A. BUILDING: _____ B. WING _____	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER CROSS HEALTH & REHAB	503 SILVER CROSS DRIVE BROOKHAVEN, MS 39601

(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 recertification survey at the facility from 05/13/2024 through 05/16/2024. During the 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 M615.	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 staff and resident interviews, record reviews, and facility policy review, the facility failed to ensure dependent residents received the necessary services to maintain oral hygiene for one (1) or 15 sampled residents. Resident #44. Findings include: Review of the facility's policy, "Activities of Daily Living (ADL)," revised 9/15/22, revealed, "Based on the resident's comprehensive assessment and consistent with the resident's needs and choices, the facility will ensure a resident's abilities in	M 610	" Oral care was provided for resident(s) #44 on 5/15/24. The DON conducted a one-on one in-service with the CNA on the importance of Oral Hygiene on 6/3/24. " The facility has determined that all residents have the potential to be affected. " An in-service on Oral Hygiene was conducted by the Director of Nursing and Staff Educator with all direct care staff addressing oral care beginning on 5/31/24 with all direct staff completing in-service by 6/14/24. " The QA nurse, DON, or staff educator nurse will observe oral care on 4 residents weekly for 8 consecutive weeks then on 2	6/29/24

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M 610	Continued From page 1 ADL's do not deteriorate unless deterioration is unavoidable. Care and services will be provided for the following activities of daily living: 1. Bathing, dressing, grooming, and oral care; ... Policy Explanation and Compliance Guidelines: ...3.A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming and personal and oral hygiene ..." In an interview 05/13/24 at 11:59 AM, Resident #44 stated that she wants her teeth brushed. The resident stated that the staff give her a bed bath daily and fix her hair, but they do not help her brush her teeth. She revealed that she has mentioned to the staff that she would like to brush her teeth, but does not recall the last time she mentioned it to them. In an interview on 05/14/24 at 4:55 PM, Resident #44, she revealed that she did not get to brush her teeth again today and the staff never mentioned oral care. The resident stated that in the past, she would brush her teeth twice a day, but at this point, she would be happy if she could just brush them once a day. In an interview on 05/15/24 at 11:14 AM, in an interview with Certified Nursing Assistant (CNA) #3, she revealed that brushing a resident's teeth is part of ADL care. The CNA confirmed she did not assist Resident #44 to brush her teeth today or yesterday, but would do so now. She confirmed oral care should be done in the AM, before breakfast, as cleaning the mouth helps to make food taste better. In an interview on 05/16/24 at 10:26 AM, the Director of Nurses (DON), revealed that oral care if part of ADL care, and she expects staff to	M 610	residents weekly for 4 consecutive weeks starting 6/3/24. " Audits will be reviewed by the Quality Assurance committee on 6/28/24 then monthly until substantial compliance has been achieved by the committee.	

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M 610	Continued From page 2 provide oral care every shift. She stated good oral hygiene decreases the risk of a resident developing an oral infection. Record review of the "Admission Record" of Resident #44 revealed the facility admitted the resident on 5/25/23. Diagnoses included Muscle Weakness (Generalized), and Unspecified Lack of Coordination. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/14/24, revealed a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident was cognitively intact. Section GG revealed the resident requires supervision or touching assistance with oral hygiene. Record review of the "Task List Report," for Resident #44, revealed the task of Personal Hygiene was initiated on 9/5/23. The task was to be performed by a CNA every shift and prn (as needed).	M 610		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable	M1570		6/29/24

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M1570	Continued From page 3 diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by: Level II Based on observation, interviews, and record review, the facility failed to ensure treatment of pressure ulcers was provided in a manner to prevent cross contamination and promote healing, as evidenced by failure to change gloves and perform proper hand hygiene during wound care for one (1) of two (2) residents reviewed for pressure ulcers. Resident #36 Findings include: On 5/15/24 at 11:03 AM, an observation of wound care for Resident #36 revealed Licensed Practical Nurse (LPN) #1 did not removed her soiled gloves, perform hand hygiene, and apply clean gloves prior to applying alginate to the wound bed and covering with a border dressing. On 05/15/24 at 11:10 AM, in an interview with LPN #1, she confirmed she forgot to remove her soiled gloves after cleaning the resident's wound. She stated she should have removed her gloves, performed hand hygiene, and applied clean	M1570	" Licensed Practical Nurse (LPN) #1 was in-serviced by the Director of Nursing (DON) on the importance of removing soiled gloves, preforming hand hygiene and applying clean gloves prior to applying treatment medication on 5/16/24. LPN #1 was checked off on wound care after being in-serviced on 5/16/24 and again on 5/17/24 by the DON. " The facility has determined that all residents that have a wound have the potential to be affected. " LPN #1 was in-serviced on the Infection control Policy by the Infection Preventionist Nurse on 6/5/24. " The DON and Staff Educator nurse will observe wound care on 2 residents weekly for 8 consecutive weeks then on 2 residents weekly for 4 consecutive weeks starting 6/3/24. " Audits will be reviewed by the Quality	

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M1570	Continued From page 4 gloves before applying the clean dressing. LPN #1 stated her action could lead to contamination of the wound and was considered an infection control issue. On 05/16/24 at 10:32 AM, in an interview with the Director of Nurses (DON), she confirmed LPN #1 should have changed her gloves after cleaning the wound. She stated LPN #1 should have performed hand hygiene after cleaning the wound and should have donned new gloves before applying the clean dressing. She stated this was an infection control issue and could delay wound healing. Review of the "Admission Record" revealed the facility admitted the resident on 5/8/23. Diagnoses included Pressure Ulcer of Sacral Region, Stage 4 and Disorder of the Skin and Subcutaneous Tissue, Unspecified.	M1570	Assurance committee on 6/28/24 then monthly until substantial compliance has been achieved by the committee	