STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14GI	A. BUILDING: _____ B. WING _____	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENBOUGH HEALTH AND REHABILITATION CENT	340 DESOTO AVE EXTENDED CLARKSDALE, MS 38614

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M 000	Initial Comments The State Agency (SA) conducted an annual re-certification survey at the facility from 6/3/2024-6/5/2024. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements and cited M500 and M610. The census at the time of the survey was 56 and the facility is licensed for 60 beds.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his	M 500		7/5/24

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M 500	Continued From page 1	M 500		

medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action;

4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record;

5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;

6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the

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M 500	Continued From page 2 facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail	M 500		

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M 500	Continued From page 3 unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level II Based on observation, resident and staff interviews, record review, and facility policy review, the facility failed to ensure a resident's privacy during a bed bath (Resident #33) and failed to honor a residents choice for salt with	M 500	1. On June 4, 2024, Resident #33 was assessed for negative effects resulting from failure to provide privacy, by Director of Nursing (DON) and Licensed Practical Nurse (LPN) charge nurse, no adverse findings noted. On June 5, 2024, Certified	

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M 500	Continued From page 4 meals (Resident #45) for two (2) of 17 residents sampled. Resident #33 and #45 Findings Include: Review of the facility policy titled, "Privacy" with an effective date of 11/30/14 and no revision dated revealed under, "Policy ...It is the policy of The Company to give all residents the opportunity for privacy and under Procedure: #2 Residents privacy will always be respected". An observation on 06/03/24 at 10:25 AM revealed Resident #33 lying in bed uncovered with only a brief on and privacy curtain was not pulled between her and Unsampled Resident #40 (roommate). Certified Nurse Assistant (CNA) #2 was at the resident's bedside and did not announce "patient care" when the State Agent (SA) knocked on the resident's room door for entry. This observation revealed the resident was receiving a bed bath. Resident #33 was yelling randomly, difficult to understand and unable to answer questions. Record review of Resident #33's "Admission Record" revealed that the resident was admitted to the facility on 6/27/19 with medical diagnoses that included Moderate Intellectual Disabilities and Pseudobulbar Affect. An interview on 06/03/24 02:20 PM with CNA #2 confirmed she did not have the privacy curtain pulled between Resident #33 and her roommate while she gave her a bed bath this morning. She admitted the curtain should have been pulled for the resident's dignity and privacy. An interview on 6/4/24 at 9:29 AM with CNA #3 confirmed that the privacy curtain should be	M 500	Nursing Assistant (CNA) educated on privacy while providing bed bath, by Licensed Practical Nurse (LPN). 2. All current residents that require bathing in room have potential to be affected. 3. Education provided to all clinical staff on providing privacy when rendering patient care, to include announcing patient care, beginning on 6/4/24, by LPN, and completed on June 8, 2024. 4. Findings were brought to the Quality Assurance Performance Improvement Committee Meeting, by Director of Nursing, on June 7, 2024, and will continue monthly times three (3) months to determine the effectiveness and make any necessary changes as indicated. LPN will observe privacy for three (3) residents weekly times 4 weeks, then monthly times 3 months to ensure privacy is provided during care, beginning June 6, 2024. 1. On June 4, 2024, Registered Dietician, assessed Resident #45 for request of diet change. Diet was upgraded to Regular on June 4, 2024, per Resident request, Medical Director. 2. Current residents with specialized diet orders have potential to be affected. 3. Beginning on June 5, 2024, Dietary Manager interviewed all residents that receive meal trays, to determine if residents have dietary issues, completed	

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M 500	Continued From page 5 pulled when you are giving a resident a bed bath just in case someone walks in the room or to give privacy between roommates. She stated it provides the resident with the dignity of privacy from people seeing their private areas. An interview on 06/04/24 at 09:39 AM with the Director of Nurses (DON) confirmed that a privacy curtain should pulled for any type of care provided to a resident not just bed baths. She stated it is important to provide the residents with dignity and privacy and that is a big pet peeve of mine and nursing 101. Record review of Resident #33's Minimum Data Set with an Assessment Reference Date of 5/10/24 revealed in Section C a Brief Interview for Mental Status score of 03, which indicates the resident is severely cognitively impaired. Review of the facility policy titled "Resident Rights" with an effective date of 11/30/2014 revealed under, "Policy: The facility will ensure that the resident is not deprived of his/her rights ...." On 6/3/2024 at 10:46 AM, an observation and interview with Resident #45 revealed, he was lying in bed. The resident voiced that he had asked staff several times for salt with his meals, but they would not allow it because he had high blood pressure. He revealed he could not eat the food without some salt for flavor. Record review of Resident #45's "Order Summary" revealed an order, "NAS (No Added Salt) diet ..."	M 500	on June 6, 2024, no additional concerns identified. Education provided on preferences/choices on all clinical staff and admissions staff, beginning on June 5, 2024, by Licensed Practical Nurse (LPN), completed on June 8, 2024. 4. Findings were brought to the Quality Assurance Performance Improvement Committee Meeting, by Dietary Manager, on June 7, 2024, and will continue monthly times three (3) months to determine the effectiveness and make any necessary changes as indicated. Dietary Manager will monitor (3) residents weekly times 4 weeks, then monthly times 3 months to determine if there are any dietary concerns with residents, beginning on June 7, 2024.	

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M 500	Continued From page 6 On 6/4/2024 at 1:14 PM, an interview with the Dietary Supervisor #1, confirmed Resident #45 had a physician's order for a No Added Salt (NAS) diet; therefore, he would not be given salt on his tray or if he requested it to add to his food. She revealed that she had spoken to the resident a couple of times because he was requesting salt. She explained that she educated him that he could not have it due to his diagnosis of high blood pressure and potential outcomes such as swelling. On 6/4/2024 at 3:16 PM, an interview with the Director of Nursing (DON) revealed, Resident # 45 had the right to request and be given salt with his meals. She stated she was not aware that the resident had requested salt, and acknowledged he could have signed a waiver. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/31/2024 revealed under section C, a Brief Interview for Mental Status (BIMS) score of 14, which indicates Resident #45 was cognitively intact. Record review of the "Admission Record" revealed the facility admitted Resident #45 on 12/30/22 with a medical diagnosis of pressure ulcer of sacral region, stage 3.	M 500		
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;	M 610		7/5/24

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M 610	Continued From page 7 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, resident and staff interviews, and facility policy review, the facility failed to ensure a resident was clean and dry for one (1) of seventeen sampled residents. Resident #45 Findings Include: Review of the facility policy titled "Activities of Daily Living" revealed under, "Policy: To encourage resident choice and participation in activities of daily living (ADL) and provide oversight, cuing and assistance as necessary. ADLs include bathing, dressing, grooming, hygiene, toileting and eating." An observation on 6/4/2024 at 12:31 PM, revealed Certified Nurse Aide (CNA) #5 entered Resident #45's room and delivered a lunch tray, then exited the room. An observation and interview with Resident #45 on 6/4/2024 at 12:32 PM, revealed him lying in bed with his lunch tray sitting on top of the overbed table covered. The resident instructed the Survey Agent not to touch the side of the bed because it was wet. Resident #45 explained that he was wet, but he could not recall if he had told any of the staff he needed changing. The resident	M 610	1. On June 4, 2024, Resident #45 was provided incontinent care, by Certified Nursing Assistant (CNA). On June 4, 2024, Resident #45 was assessed for adverse signs and symptoms resulting from delay in receiving incontinent care during dining experience by Director of Nursing, no adverse findings noted. On June 4, 2024, Certified Nursing Assistant (CNA) educated on providing incontinent care during meal service, by Licensed Practical Nurse (LPN). 2. All current Residents that require incontinent care have potential to be affected. 3. Education provided to all clinical staff on Activities of Daily Living (ADL) policy and providing incontinent care during meal service, beginning on 6/4/24, by Licensed Practical Nurse (LPN), and completed on June 8, 2024. 4. Findings were brought to the Quality Assurance Performance Improvement Committee Meeting, by Licensed Practical Nurse (LPN), on June 7, 2024, and will continue monthly times three (3) months to determine the effectiveness and make any necessary changes as indicated. LPN will monitor through observation and	

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M 610	Continued From page 8 had a disposable pad over the top of a cloth pad that was fully saturated in yellow urine, which covered the entire pad on the left side of the resident. CNA #5 entered the room holding a flat sheet of which she applied over the residents' legs. The Survey Agent inquired was she going to change the resident and CNA #5 replied, "We don't change during mealtimes; I was just bringing a sheet for his legs because he did not have one" and left the room. The resident further explained that staff has told him in the past they cannot change him during meals. He revealed he was told it was a facility rule that he must wait until after mealtime and trays were picked up to get changed. An interview with the Director of Nursing (DON) on 6/4/2024 at 12:42 PM, revealed the aides and nurses were responsible for changing and toileting the residents during mealtimes. She revealed if a resident required changing, the aides were to stop passing the trays and take care of the resident at that point. She stated leaving a resident wet during mealtimes was unacceptable and confirmed this could cause skin concerns. An interview with CNA #5 on 6/4/2024 4 at 2:18 PM, revealed that she was a shower aide and was helping pass out lunch trays today. She revealed that when she entered Resident #45's room, he did not tell her that he was wet. She stated that she went to go get him a sheet because he did not have one to cover his legs. CNA #5 revealed to her knowledge she was not supposed to change a resident that was soiled during mealtime because if someone else was eating on the other side of the room it would cause infection concerns. She acknowledged that leaving a resident wet during mealtimes could	M 610	interview during meal time to ensure activites of daily living (ADL) care has been provided to ensure resident has a pleaseant meal experience five (5) residents weekly times 4 weeks, then monthly times 3 months, beginning June 6, 2024.	

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M 610	Continued From page 9 cause skin concerns. Record review of the "Admission Record" revealed the facility admitted Resident #45 on 12/30/22 with a medical diagnosis of Pressure Ulcer of Sacral Region, stage 3.	M 610		