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	255142	A. BUILDING _____ B. WING _____	08/09/2018

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OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual survey from 08/07/18 through 08/09/18. During the survey the SA determined the facility was not in compliance with the Medicare and Medicaid Requirements for participation. The SA cited deficiencies at F656, F677, and F690. The facility was licensed for 115 beds, and had a census of 96 at the time of survey.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §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). (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	F 656		9/7/18

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

Electronically Signed | 09/10/2018

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 656	Continued From page 1 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. This REQUIREMENT is not met as evidenced by: Based on observation, record review, resident and staff interview, and facility policy review, the facility failed to implement the care plan related to Activities of Daily Living for Resident #11, and urinary incontinence for Resident #15, for two (2) of 20 care plans reviewed. A review of the facility's policy titled "Care Plan-Comprehensive", with a review date of November 2017, revealed: "Policy: A Comprehensive Care Plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs shall be developed for each resident. Policy Interpretation and Implementation: e. Identify the professional services that are responsible for each element of care." Resident #11 A review of Resident # 11's Care Plan with an	F 656	1.Care plan updated on 08/09/2018 to reflect proper positioning procedures in place for resident #11 by the Care Plan Coordinator on 8/9/18. One-on-one education provided to Certified Nursing Assistant (CNA) #1 by the Director of Nursing (DON) on following the care plan as it relates to proper implementation of care plans for residents dependent on staff for bed mobility and positioning to eat comfortably on 08/09/2018. 2. Care Plan Coordinator audited 100% of care plans for Activities of Daily Living (ADL) care for residents dependent on staff for bed mobility and positioning to eat comfortably to determine any other residents affected, no other residents negatively affected. All appropriate care plans updated to reflect proper positioning to eat comfortably in bed on 08/09/2018 (60 of 60 care plans updated). 3. 100% in-services of nursing staff on	

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F 656	Continued From page 2 initiation date of 08/11/2017, and a most recent review date completed on 8/7/18, revealed a Focus area that Resident #11 had left Hemiplegia due to stroke contractures of the left arm. There was a goal for all ADLs would be met through staff intervention, and resident participation with an intervention for staff to provide total assistance times two staff for transfer and bed mobility. An interview and observation, on 08/08/18 at 7:48 AM, revealed Resident # 11 was lying in bed with the head of bed at approximately 45 degrees, and he was leaning on his left side, and propped on his left elbow. The resident's breakfast tray was set up on the overbed tray table in front of the resident, slightly above the resident's eye level. The resident stated he couldn't eat lying like that in the bed, and the staff had not pulled him up in the bed for him to eat. Resident # 11 stated sometimes the staff gets him set up right, sometimes they don't, and today they didn't. An observation and interview with Licensed Practical Nurse (LPN) #1, on 08/09/18 at 8:04 AM, revealed Certified Nursing Assistant (CNA) # 2 was feeding another resident and Resident # 11 could feed himself, but was dependent on staff for bed mobility. LPN # 1 went with the surveyor to Resident # 11's room to find the resident was still lying in bed leaning to his left side, and unable to reach his food to eat. CNA #1 entered the room, and said "My goodness, what are you doing lying like that?" CNA #1 stated the resident was not positioned in a manner that he could comfortably eat. LPN #1 and CNA #1 positioned the resident to eat by pulling him up in bed,	F 656	proper implementation of care plans as it relates to ADL care for residents dependent on staff for bed mobility and positioning to eat comfortably. In-services conducted by Risk Manager on 08/09/2018 and completed by 08/23/2018. 4. DON or Risk Manager will perform 5% audit of residents that are dependent for staff to position properly while eating in bed to ensure the care plan is being followed weekly x 3 months to ensure compliance. The DON will bring any findings from these audits to monthly Quality Assurance Committee for review and systematic change if indicated.	

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F 656	Continued From page 3 raising the head of bed to about 80 degrees per the resident's instruction, and positioning a pillow under his left side to support an upright position. Resident # 11 was able to reach his tray, and feed himself after repositioning. An interview, on 08/09/18 at 10:55 AM, with LPN #3 revealed she completed the review of the care plan for Resident # 11. LPN #3 stated according to the care plan the resident needs assistance by two persons for bed mobility. LPN #3 stated if the staff did not position the resident for eating they did not implement the care plan. A review of the Face Sheet for Resident #11 revealed the facility admitted the resident, on 08/09/17 ,with diagnoses including Contracture of the Left Upper Extremity and Hemiplegia/Hemiparesis following a Cardiovascular Accident. Resident # 15 A review of the Care Plan for Resident # 15, revealed a Focus problem related to the resident being at risk for Urinary Tract Infections (UTI) due to frequent UTIs. Resident 15's Care Plan stated one of the interventions for the Focus problem was Pericare would be provided after each incontinent episode, and as needed. An observation, on 08/08/2018 at 1:25 PM, of the incontinent care for Resident #15, provided by Certified Nursing Assistant (CNA) #2, and assisted by CNA #3, revealed CNA #2 wiped the buttocks area multiple times from back to front, instead of from front to back.	F 656		

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F 656	Continued From page 4 During an interview, on 08/09/2018 at 10:00 AM, with Licensed Practical Nurse (LPN) #3/ Care Plan Coordinator, it was confirmed Resident #15's Care Plan included providing incontinent after each incontinent episode, and as needed. LPN #3 stated it was intended for the person providing the incontinent care to do it in the manner in which they were trained, which is to clean from front to back. LPN #3 confirmed that Resident # 15 has a history of UTIs. LPN #3 stated correct incontinent care is important to assist in decreasing the risk of UTIs. During an interview, on 08/09/2018 at 11:10 AM, with the Director of Nursing (DON), it was confirmed providing Pericare after each incontinent episode and as needed, was a part of Resident # 15's Care Plan. The DON stated this is understood to mean that any person providing the incontinent care for any resident is to not only follow the Care Plan, but to do the care correctly. A review of Resident # 15's Face Sheet revealed the facility admitted the resident, on 04/11/2017, with diagnoses including Dementia and Parkinson's Disease. A review of the Comprehensive Significant Change Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/25/2018, revealed the resident was frequently incontinent of bowel and bladder. A review of Resident #15's Quarterly MDS, with an ARD of 07/19/2018, revealed the resident was always incontinent of bladder and frequently incontinent of bowel. The Comprehensive Significant MDS, with an ARD of 04/25/2018 ,and the Quarterly MDS with an ARD of 07/19/2018, revealed Resident #15 had a Brief Interview Mental Status	F 656		

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F 656	Continued From page 5 (BIMS) score of ten (10), indicating moderately impaired cognition.	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, record review, staff and resident interview, and facility policy review, the facility failed to ensure a resident dependent on staff for bed mobility was pulled up and positioned in bed to eat comfortably for one (1) of 20 residents reviewed, for Resident #11. Findings include: A review of the facility's policy titled, "Meals, Serving", dated 11/2017, revealed staff were to place a resident's meal tray on the overbed table or serving area and be sure it was adjusted to a comfortable position and height for the resident. The staff were to leave the room and allow the resident to eat his/her meal once they were certain they had given the resident adequate assistance. An interview and observation, on 08/08/18 at 7:48 AM, revealed Resident # 11 was lying in bed with the head of bed at approximately 45 degrees. Resident #11 was leaning on his left side, and propped on his left elbow. The resident's breakfast tray was set up on the overbed tray table in front of	F 677	1. Certified Nursing Assistant (CNA) #1 and #2 adjusted resident #11 positioning to eat comfortably while in bed on 8/8/18. Resident #11 was assessed by the Care Plan Coordinator on 8/9/18 and the care plan updated accordingly to reflect his positioning to eat comfortably in bed. Care Plan Coordinator updated 100% of care plans as it relates to proper positioning for residents eating in bed. One-on-one education provided to CNA #2 on Activities of Daily Living (ADL) care for residents dependent on staff for bed mobility and positioning to eat comfortably on 08/09/2018 by Director of Nursing (DON). 2. Rounds conducted by DON during meal pass on 08/09/2018 to determine any residents affected, no other residents affected. 3. 100% in-services of nursing staff on proper implementation of care plans as it relates to ADL care for residents dependent on staff for bed mobility and positioning to eat comfortably. In-services conducted by Risk Manager on 08/09/2018 and completed on	9/7/18

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F 677	Continued From page 6 resident, and slightly above the resident's eye level. Resident #11 stated he couldn't eat lying like that in the bed, and the staff had not pulled him up in the bed for him to eat. Resident # 11 stated sometimes the staff gets him set up right, sometimes they don't, and today they didn't. A review of Resident # 11's most recent Annual Minimum Data Set (MDS), dated 7/19/18, revealed the resident required extensive assistance with bed mobility, toilet use, hygiene, and set up assistance with eating. A review of Resident # 11's Care Plan revealed a Focus, dated 08/11/17, and review dated of 08/07/18, for left Hemiplegia due to stroke contractures of left arm. There was a goal that all Activities of daily Living (ADLs) would be met through staff intervention and resident participation with an intervention for staff to provide total assistance times two staff for transfer and bed mobility. On 08/09/18 from 7:52 AM to 8:05 AM, an observation of the 300 Hall where Resident # 11 resided revealed two CNAs passing meal trays room to room at the opposite end of the hallway from Resident 11's room. An interview with CAN #1 revealed they had just finished passing out the trays. CNA #1 stated when CNAs pass out trays they set up the resident for eating. They position the resident and get the resident adjusted, and make sure they have the items they want and any condiments they would like. CNA #1 stated it was their responsibility to make sure the resident was comfortable, and in a position to eat if they could feed themselves, and if they needed assistance with feeding they would assist. CNA #1 stated all the meal trays had been served, and CNA #2 was	F 677	08/23/2018. 4. DON or Risk Manager will perform meal pass observations for residents eating their meals in bed to ensure proper positioning 2x weekly x 3 months to ensure continued compliance. The DON will bring any findings from these observations to monthly Quality Assurance Committee meeting for review and systematic changes if indicated.	

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F 677	Continued From page 7 assigned to Resident #11's room today, and she would have passed out Resident # 11's tray. An observation and interview with LPN #1, on 08/09/18 at 8:04 AM, revealed CNA # 2 was feeding another resident, and Resident # 11 could feed himself, but was dependent on staff for bed mobility. LPN # 1 went with the surveyor to the Resident # 11's room, and observed the resident still lying in bed leaning to the left side, and unable to reach his food to eat. LPN #1 asked the resident if he did not want to eat today. The resident stated, "Does it look like I can eat?" LPN #1 stated that sometimes you tell us you don't want to be moved, and the resident denied this stating, "I have never refused to be pulled up in bed to eat." LPN #1 told the resident "Now you know that sometimes you tell us not to pull you up". The resident stated, "I guess now I'm a liar." LPN #1 stated she wasn't saying he was lying, and went to ask a CNA to assist in pulling the resident up in bed. CNA #1 entered the room and said, "My goodness, what are you doing lying like that?" CNA #1 stated the resident was not positioned in a manner that he could comfortably eat. LPN #1 and CNA #1 positioned the resident to eat by pulling him up in bed, raising the head of bed to about 80 degrees per the resident's instruction, and positioning a pillow under his left side to support an upright position. Resident # 11 was able to reach his tray and feed himself after repositioning. A review of the resident's weight record revealed the resident had not had any significant weight loss over the past six months. An interview, on 08/08/18 at 8:20 AM, with CNA #2 confirmed the resident was assigned to her,	F 677		

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F 677	Continued From page 8 and she passed out his tray for breakfast. CNA #2 stated the resident likes to be sitting almost straight up in bed, and admitted he was not sitting straight up when she left his breakfast this morning. CNA #2 stated the resident can sometimes pull himself up. CNA #2 stated the resident leans to the left all the time, and even if they position him with a pillow he leans and slides back down. CNA #2 stated she did not put a pillow under the resident's left side for support this morning, and that the resident could use the call light if he needed assistance. CNA #2 stated it takes two people to pull the resident up in bed, but sometimes the resident is able to help.	F 677		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary;	F 690		9/7/18

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F 690	Continued From page 9 and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review, and facility policy review, the facility failed to provide Resident #15's incontinent care in a manner to prevent the possibility of a Urinary Tract Infection (UTI) for one (1) of three (3) incontinent care observations. Findings include: A review of the facility's policy titled, "Perineal Care", dated December 2017, revealed the purpose of the perineal care procedure guide is to provide cleanliness, and to prevent infections. The facility policy stated that the steps in the procedure for providing perineal care included instructions the perineal area and buttocks are to be cleaned from front to back. A review of Resident #15's Physician's Orders revealed a telephone order, dated 04/10/2018 to obtain a Urinalysis for Urine Culture and Sensitivity (C&S).. The telephone order was signed by the resident's Medical Doctor (MD).	F 690	1. One-on-one education provided to Certified Nursing Assistant (CNA) #2 on incontinent care interventions on 08/09/2018 by Director of Nursing (DON). Risk Manager placed resident #15 on 72 hour monitoring beginning 8/9/18 and ending 8/11/18 for signs and symptoms of a Urinary Tract Infection, no negative findings. 2. Rounds conducted by Risk Manager for proper incontinent care procedures on 100% of residents with Bowel/Bladder Incontinence (26 of 26) on 08/09/2018 to determine any residents affected, results indicated no other residents negatively affected. 3. 100% in-services of nursing staff on proper implementation of catheter/incontinent care. In-services conducted by Risk Manager on 08/09/2018 and completed 08/23/2018. 4. DON or Risk Manager will perform catheter/incontinent care observations 2x weekly x 3 months to ensure continued	

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F 690	Continued From page 10 A review of Resident #15's Laboratory Reports revealed the results of the Urine C&S was positive for a UTI as evidenced by greater than 100,000 colony count/milliliter of Escherichia coli, dated 4/12/2018. Resident #15 required antibiotic treatment for the UTI. An observation, on 08/08/2018 at 1:25 PM, revealed Certified Nursing Assistant (CNA) #2, assisted by CNA #3 provided Resident #15's incontinent care. CNA #2 was observed cleaning the buttocks area, and wiped the buttocks area multiple times from back to front instead of from front to back. An interview, on 08/08/2018 at 1:50 PM, with CNA #2, revealed she had wiped Resident #15's buttocks area from back to front during the incontinent care. CNA #2 stated, "I was so nervous." CNA #2 also stated wiping the wrong way could cause the resident to get an infection. An interview, on 08/08/2018 at 1:55 PM, with CNA #3, revealed CNA #2 had wiped the resident's buttocks area from back to front with multiple strokes during the incontinent care. CNA #3 stated wiping the wrong way could cause the resident to get a Urinary Tract Infection. An interview, on 08/09/2018 at 10:15 AM, with the Director of Nursing (DON), revealed wiping from front to back during incontinent care is the correct manner in which perineal care is to be done. A review of Resident # 15's Face Sheet revealed the facility admitted the resident, on 04/11/2017, with the included diagnoses Dementia and Parkinson's Disease.	F 690	compliance. Any findings from these observations will be taken to monthly Quality Assurance Committee meeting by the DON for review and systematic changes if indicated.	

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F 690	Continued From page 11 A review of the Comprehensive Significant Change Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/25/2018, revealed the resident was frequently incontinent of bowel and bladder. A review of Resident # 15's Quarterly MDS, with an ARD of 07/19/2018, revealed the resident was always incontinent of bladder and frequently incontinent of bowel. The Comprehensive Significant MDS with an ARD of 04/25/2018, and the Quarterly MDS with an ARD of 07/19/2018, revealed Resident # 15 had a Brief Interview Mental Status (BIMS) score of 10,, indicating moderately impaired cognition.	F 690		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**08/09/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	K 000		

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

Electronically Signed | 09/24/2018

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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E 000	Initial Comments Survey conducted on 8-9-18 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were identified.	E 000		

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

Electronically Signed | 09/24/2018

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