STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255292	A. BUILDING _____ B. WING _____	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY MANOR NURSING AND REHABILITATION	1935 NORTH THEOBOLD EXTENSION GREENVILLE, MS 38704

(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) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual re-certification survey at the facility from 6/11/24 through 6/13/24. During the survey, the SA determined that the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The SA identified non-compliance and cited F 584 related to physical environment, F 656 related to care plan implementation, and F 677 related to Activities of Daily Living (ADL). The census at the time of the survey was 52 and the facility is licensed for 60 beds.	F 000		
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly,	F 584		7/12/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		06/24/2024

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F 584	Continued From page 1 and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on resident and staff interview, observation, record review and facility policy review the facility failed to maintain a safe environment when a resident's toilet was noted to be loose for one (1) of 30 resident bathrooms observed. Resident #21. Findings include: Record review of the facility policy, titled, "Resident Environment", dated 09/15 revealed "It is the policy of this facility to provide a safe, clean, comfortable and homelike environment ..." In an interview and observation on 06/11/24 at 9:23 AM, with Resident #21, the resident stated the toilet in his bathroom is loose and moves when he sits on it. An observation of the toilet in	F 584	The facility failed to maintain a safe environment when a residents' toilet was noted to be loose. Resident 21's toilet was immediately secured and caulked on 6/12/2024 and replaced on 6/21/2024 with no harm to the resident. This has the potential to affect 52 of 52 residents. On 6/12/2024 the Administrator initiated an in-service on policy Maintenance and Repairs with an origination date of 12/2022 and a review date of 12/2022 for all staff to report maintenance issues. If any maintenance needs are observed in resident rooms, restrooms or anywhere in	

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F 584	Continued From page 2 Resident #21's bathroom revealed that three-fourths (3/4) of the caulking around the base of the toilet was missing. A record review of the facility's "Maintenance and Repair Log" for June 2024 revealed there were no entries reporting the condition of the toilet in Resident #21's room. On 6/12/24 at 11:04 AM, during an observation and interview with the Maintenance Man confirmed three-fourths (3/4) of the caulking around the base of the toilet in Resident #21's bathroom was missing, and the toilet was loose. He stated he was unaware the toilet was in this condition. The Maintenance Man stated that the condition of the toilet was dangerous, and the resident could fall and hurt himself. During an interview on 6/12/24 at 1:10 PM, the Administrator agreed staff should have reported the loose toilet and that the resident could fall and hurt himself.	F 584	or outside of the facility they will be listed on the maintenance logs located at each nurses station. The maintenance director or Administrator will review and address daily. Any urgent safety maintenance will immediately be reported to the Administrator, Director of Nursing (DON) or Maintenance Director. Upon hire, annually and as needed all staff will be educated on the recording of maintenance issues on the maintenance log according to the policy on Maintenance and Repairs. On 6/12/2024 the Administrator initiated an in-service on policy Maintenance and Repairs with an origination date of 12/2022 and a review date of 12/2022 for the Maintenance Supervisor to check the maintenance log at each nurses station daily, complete tasks, then log date and time of repair. Notation will be made on log if a part needs to be ordered. Any safety repair issue will be immediately addressed when notified and documented on the log for tracking purposes. Once log is filled it will be turned in to Administrator and a new log will be made available. The Administrator or D.O.N. will round 3 times weekly for 4 weeks, 2 times weekly for 4 weeks then once weekly for a month beginning June 13, 2024. Monitoring results will be recorded on Rounds Flow Record. An initial Quality Assurance Committee meeting was conducted on June 20, 2024 and a follow-up quality assurance committee meeting will be	

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F 584	Continued From page 3	F 584	conducted on July 12, 2024 and monthly x 3 to discuss findings from the monitoring of the maintenance logs and to ensure compliance until resolved. The Administrator will report any issues to the quality assurance committee and take corrective action with Individual or group in-services and initiate a Quality Assurance and Performance Improvement (QAPI) if necessary from results of monitoring.	
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). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR	F 656		7/12/24

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F 656	Continued From page 4 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 observation, resident and staff interviews, record review, and facility policy review, the facility failed to implement an Activities of Daily Living (ADL) care plan for residents who required nail care and facial grooming for two (2) or seventeen residents sampled. Resident #21 and Resident #34 Findings include: A review of the facility's "Care Plan Process" policy, revision date of 08/17, revealed, "Regulations require facilities to complete, at a minimum and at regular intervals, a comprehensive, standardized assessment of each resident's functional capacity and needs, in	F 656	Facility failed to implement an Activities of Daily Living (ADL) care plan for residents who required nail care and facial grooming for two (2) of seventeen (17) residents observed. Resident #21 and Resident #34. On 6/12/24 upon notification, Staff Development nurse provided nail care to resident #21 and resident #34. Both residents #21 and #34 were shaved per Certified Nursing Assistant on 6/12/24. Residents #21 and #34 were assessed by the Staff Development Nurse on 6/12/24 and had no adverse effects noted from lack of nail care or shaving.	

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F 656	Continued From page 5 relation to a number of specified areas (e.g., customary routine, vision, and continence) ... The Physician Orders, Medication Administration Record, and the Treatment Administration Record are part of the Comprehensive Care Plan..." Resident #21 A record review of Resident #21's Comprehensive Care Plan with Problem Onset: dated 6/18/21 revealed, "Problem: ...needs assist with ADLS ... Approaches ... Bathing-Physical help in bathing activity." On 6/11/24 at 10:00 AM, during an observation and interview revealed that Resident #21's fingernails on both hands were one-half (1/2) inch long past the tip of his fingers. Resident #21 was also noted to have patchy facial hair one (1) inch long. He stated he wanted his nails cut and his face shaved and was unsure of when it had been done last. On 6/12/24 at 9:35 AM, during an interview and observation of Resident #21 with Licensed Practical Nurse #1 (LPN) she confirmed that Resident #21's nails and facial hair were long and that he needed his nails cut and needed to be shaved. LPN #1 was unsure of the last time Resident #21 had his nails cut or was shaved. Record review of the Face Sheet revealed Resident #21 was admitted to the facility on 6/18/21 with diagnoses that included Primary Open-angle glaucoma and lack of coordination. Resident #34 A record review of Resident #34's	F 656	This has the potential to affect 52 of 52 residents that currently reside in the 60 bed facility. On 6/12/24 Staff Development nurse initiated an in-service for Registered Nurses, Licensed Practical Nurses and Certified Nursing Assistants on policies titled Nail Care with revision date 01/24 and Shaving with revision date 01/24 and Care Plan Process with revision date 08/17 in regards to ensuring activities of daily living care plans are implemented which is to include personal hygiene such as nail care and facial grooming/shaving daily as needed and will continue until all have been in-serviced. Director of Nursing or Staff Development nurse will monitor activities of daily living care plans on the monitoring form Care Plan Implementation for Nail Care and Shaving to ensure they are implemented which is to include personal hygiene such as nail care and facial grooming/shaving daily as needed on at least 5 residents for nail care and shaving on various shifts beginning 6/12/24 at least three (3) times weekly for four (4) weeks, then at least two (2) times weekly for four (4) weeks if no new problems identified. A Quality Assurance Committee Meeting was conducted on 6/12/24 with Medical Director, Administrator, Director of Nursing, Staff Development Nurse, Assessment Nurse, Social Services Director, Maintenance Supervisor and will	

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F 656	Continued From page 6 Comprehensive Care Plan with Problem Onset: dated 8/25/2023 revealed, Resident #34 needs assist with ADLS and was dependent on staff for bathing. On 06/11/24 at 9:55 AM and 2:30 PM, observations revealed Resident #34 sitting in his wheelchair, bilateral fingernails approximately one-half (1/2) inch long and jagged past the tip of fingers, and a brown substance under each nail. Facial hair was approximately ½ inch long and was noted to cheeks and chin. Observation on 06/12/24 at 08:25 AM, revealed Resident #34 lying in bed with no change in his appearance from the previous day. On 06/12/24 at 09:59 AM, observation and interview with the DON confirmed Resident #34's fingernails were long, jagged, and had a brown substance under the fingernails and needed to be cleaned and trimmed. An interview on 06/12/24 at 02:55 PM, with the Minimum Data Set (MDS) nurse revealed she is responsible for developing the care plans. She revealed the care plans are developed so the staff will know how to take care of the residents. She revealed under the ADL care plan that bathing includes nail care and shaving. She confirmed for Resident #21 and Resident #34 if they were not shaven and their nails were not clean and trimmed, then the plan of care was not being followed and it should have been.	F 656	be conducted on 7/12/2024 with Medical Director, Administrator, Director of Nursing, Staff Development Nurse/Infection Preventionist, Assessment Nurse, Social Services Director, Maintenance Supervisor and will be conducted monthly x 3 months to discuss findings from the monitoring care plans to ensure ADLs implemented on personal hygiene such as nail care and facial grooming/shaving per resident□s individual preferences and policies and to ensure compliance until resolved. Director of Nursing or Staff Development LPN will report any recurring problem to the monthly Quality Assessment and Improvement Committee. Administrator and Director of Nursing will take necessary corrective action such as: individual in-services, in-services, or disciplinary action up to and including termination of employees, and initiate Quality Assurance and Performance Improvement (QAPI) if warranted. QAPI committee will make recommendations or changes as needed to ensure compliance until resolved.	

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F 656	Continued From page 7	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, and resident interviews, record review, and facility policy review, the facility failed to provide personal hygiene as evidenced by long, jagged nails with brown substance underneath nails, and unshaven facial hair for two (2) of 17 sampled residents. Resident #21 and Resident #34. Findings Include: Record review of the facility policy titled, "Nail Care", latest review date 01/24, revealed, "Purpose, To promote cleanliness, safety and a neat appearance." Record review of the facility policy titled, "Shaving", latest review date 01/24, revealed, "Purpose, To provide hygiene in accordance with the resident's preferences and preferred self-image." Resident #21 An observation and interview on 6/11/24 at 10:00 AM, revealed that Resident #21's fingernails on	F 677	Facility failed to provide personal hygiene as evidenced by long, jagged nails with brown substance underneath nails, and unshaven facial hair for two (2) of seventeen (17) residents observed. Resident #21 and Resident #34. On 6/12/24, Staff Development Nurse provided nail care to resident #21 and resident #34. Both residents #21 and #34 were shaved per Certified Nursing Assistant on 6/12/24. Residents #21 and #34 were assessed by the Staff Development Nurse on 6/12/24 and had no adverse effects noted from lack of nail care or shaving. This has the potential to affect 52 of 52 residents that currently reside in the 60 bed facility. On 6/12/24, Staff Development Nurse initiated an in-service for Registered Nurses, Licensed Practical Nurses and Certified Nursing Assistants on policies	7/12/24

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F 677	Continued From page 8 both hands were one-half (1/2) inch long past his fingertips. Resident #21 was also noted to have patchy facial hair one (1) inch long. He stated he wanted his nails cut and his face shaved. He was unsure of when it had been done last. A record review of "Active Orders" for Resident #21 revealed an order for "Nail Care Weekly. Check condition and clean as needed (PRN), with an onset date of 1/2/2024. A record review of Resident #21's Electronic Treatment Record (eTAR), for June 2024 revealed "Nail Care Weekly. Check condition and clean prn", with no documentation that weekly nail care was performed during the month of June. A record review of the "Resident Care Record" for Resident #21, dated 5/1/24 through 6/12/24, revealed that there was no documentation that the resident had received nail care or been shaved during that time period. During an interview and observation of Resident #21 on 6/12/24 at 9:35 AM, with Licensed Practical Nurse #1 (LPN) she stated that the resident's nails are to be cut weekly. She stated that the nurse is responsible for cutting resident's nails if they are diabetic and the Certified Nursing Assistant (CNA) is responsible for cutting the resident's nails if they are not diabetic. LPN #1 was unsure of the last time Resident #21 had his nails cut or was shaved. She agreed that Resident #21's nails and facial hair were long and that he needed his nails cut and needed to be shaved. In an interview and observation of Resident #21, with CNA #1, on 6/12/24 at 9:45 AM, she verified	F 677	titled Nail Care with revision date 01/24 and Shaving with revision date 01/24 in regards to monitoring the need for nail care and shaving for all residents as needed and will continue until all have been in-serviced. Director of Nursing or Staff Development Nurse will monitor at least 5 residents for nail care and shaving on various shifts beginning 6/12/24 three (3) times weekly for four (4) weeks, then two (2) times weekly for four (4) weeks and then one time weekly for one month. Monitoring results will be logged on Nail Care and Shaving monitoring tool by the Director of Nursing or Staff Development Nurse. A Quality Assurance Committee Meeting was conducted on 6/12/24 with Medical Director, Administrator, Director of Nursing, Staff Development Nurse/Infection Preventionist, Assessment Nurse, Social Services Director, Maintenance Supervisor and will be conducted on 7/12/2024 with Medical Director, Administrator, Director of Nursing, Staff Development Nurse, Assessment Nurse, Social Services Director, Maintenance Supervisor and will be conducted monthly x 3 months to discuss findings from the monitoring of nail care and shaving per resident□s individual preferences and policies and to ensure compliance until resolved. Director of Nursing or Staff Development Nurse will report any recurring problem to the monthly Quality Assessment and Improvement Committee. Administrator	

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F 677	Continued From page 9 that the CNAs are responsible for cutting residents nails if the resident is not diabetic. CNA #1 stated that Resident #21 was not diabetic, so she was responsible for cutting his nails. She stated that the resident's nails are cut, and they are shaved on their shower days if they need it. CNA #1 verified that Resident #21's nails and facial hair were long. She was unsure of the last time Resident #21 had his nails cut or had been shaved but agreed that it needed to be done. Record review of the Face Sheet revealed Resident #21 was admitted to the facility on 6/18/21 with diagnoses that included Primary Open-angle glaucoma and Lack of Coordination. Resident #34 Observation on 06/11/24 at 9:55 AM and again at 2:30 PM, revealed Resident #34 sitting in his wheelchair, bilateral fingernails approximately one-half (1/2) inch long and jagged past the tip of fingers, with a brown substance under each nail. Facial hair was approximately one-half inch long on his cheeks and chin. Observation on 06/12/24 at 08:25 AM, revealed Resident #34 lying in bed with no change in his appearance from the previous day. An observation and interview on 06/12/24 at 09:15 AM, revealed CNA #2 shaving Resident #34, and the resident is supposed to be shaved during his shower days which are Tuesday, Thursday, and Saturday. CNA #2 revealed that yesterday was his shower day and stated, "I wasn't here and I'm not sure why he didn't get shaved." She confirmed that with his long facial hair, it looked like he hadn't been shaved in quite	F 677	and Director of Nursing will take necessary corrective action such as: individual in-services, in-services, or disciplinary action up to and including termination of employees, and initiate Quality Assurance and Performance Improvement (QAPI) if warranted from results of monitoring. QAPI committee will make recommendations or changes as needed to ensure compliance until resolved.	

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F 677	Continued From page 10	F 677		

a while. CNA #2 confirmed Resident #34's nails were long and had a brown substance under them and needed to be cleaned and trimmed.

In an interview on 06/12/24 at 9:25 AM, the Director of Nurses (DON) revealed that the CNAs are responsible for shaving their residents during baths or shower times and cleaning and trimming residents' nails if they are non-diabetic. She confirmed Resident #34 was not a diabetic.

Observation and interview on 06/12/24 at 09:59 AM, the DON confirmed Resident #34's fingernails were long, jagged, and had a brown substance under the fingernails and needed to be cleaned and trimmed.

An interview on 06/12/24 at 02:41 PM, Registered Nurse (RN) #1 revealed "I cut and cleaned Resident #34's fingernails this morning when it was brought to my attention that it needed to be done." She revealed the resident is not a diabetic and it was supposed to be done by his CNA. RN #1 confirmed when she went in to clean and trim his nails, they were long and had a brown substance under them. She revealed she wasn't sure how long it had been since his nails had been done.

Record review of the Face Sheet revealed Resident #34 was admitted to the facility on 8/25/23 with diagnoses that included Cognitive Communication Deficit and Weakness.