STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255282	A. BUILDING _____ B. WING _____	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLINTON HEALTHCARE LLC - SNF	1251 PINEHAVEN ROAD CLINTON, MS 39056

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey at the facility from 6/11/2024 through 6/13/2024. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F558, F583, F658, and F758. The facility had a census of 118 and was licensed for 121 beds.	F 000		
F 558 SS=D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review, and facility policy review, the facility failed to ensure a resident's right to reasonable accommodation of needs regarding a call light for one (1) of 24 sampled residents. Resident #39. Findings Include: Review of the facility's booklet, "A Matter of Rights: A Guide to Your Rights and Responsibilities as a Resident" that is provided to residents upon admission, page four (4) revealed, "Dignity and Respect ... This includes the right ...to expect care and a residential setting that ...promotes your quality of life...reflects your individual needs and preferences ..."	F 558	F 0558 1. Resident #39 was assessed on 06/13/2024, by the Director of Nursing (DON) for soft touch call light pad. A soft touch call pad was placed for resident #39 use on 06/16/2024 by the Director of Nursing (DON). Resident has the ability to touch the pad. 2. All residents who are unable to use a standard call light have the potential to be affected. 3. On 6/13/2024 Additional soft touch pad call lights were ordered by the Administrator. On 6/14/24, a 100% Audit	7/17/24

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

Electronically Signed | 06/28/2024

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F 558	Continued From page 1 During an observation and interview, Resident #39 was observed lying on her side in bed on 6/11/24, at 9:10 AM, with the call light attached to her blanket just below her hands. The resident mentioned she frequently finds it difficult to get staff members to check on her. She admitted that she cannot operate her call light because the right and left fingers of her hands are contracted. The call light was observed to be a standard call light in which a button must be pressed for the light to activate and indicate assistance was required by the resident. On 6/12/24 at 12:28 PM, in an interview with Resident # 39, she reiterated her inability to use the call light due to her contracted hands. She shared her usual method of seeking assistance involved waiting for someone to pass by and calling out for help. She expressed her dissatisfaction with the situation and stated that she had learned to accept it as the norm. On 6/12/24 at 1:19 PM, in an interview with Certified Nursing Assistant #2 (CNA), she acknowledged the resident's inability to use her call light due to her contracted hands. CNA #2 explained rounds were completed every two hours and if the resident required immediate assistance, the resident could call out to any staff member passing by the door for help. In an interview with the Director of Nursing (DON) on 6/12/24 at 4:04 PM, she disclosed that the call light served as a means for residents to alert staff members when they required assistance. The DON explained the type of call light required for a resident was determined at the time of admission for each resident. The DON stated the facility typically offered residents a pancake light (a type	F 558	of all resident for accommodation of needs related to the ability to use call light was completed by the Director of Nursing. Two (2) of 117 residents was identified. The two (2) resident identified as being aware of use of call light but unable to utilize, have a soft touch call pad placed for the residents by Director of Nursing or/and Administrator on 06/25/2024, to accommodate needs. Upon Admission and quarterly, the Care Plan Coordinator or Registered Nurse, will assess and review resident with contractures and/or ability to use call light, through the Risk for Skin Assessment beginning 6/25/24 (ongoing). All licensed nursing staff were in-serviced on accommodation of needs on 6/13/24-6/25/2024 by the Registered Nurse. 4. Beginning 06/25/24, The Director of Nursing or Medical Records Nurses will review admission and quarterly Risk for Skin assessments to ensure completion and/or accommodation of needs of resident with contractures is addressed, by visual review of Electronic Medical Record (EMR). Beginning the week of 6/17/24, Department heads (Admission, Business Office Manager, Social Service Director, Director of Nursing, Care Plan Coordinators, Staff Development Coordinator, Medical Record Nurses, Activities Staff, and Nurse Managers) will make rounds to assigned areas, at least weekly x Eight (8) weeks to assure residents who are aware of call light and	

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F 558	Continued From page 2 of call light for residents with limited mobility) who might have problems utilizing the standard call light. She explained that if Resident #39 could not activate the call light, it could keep her from getting the care she needed. On 6/12/24 at 4:33 PM, during a follow-up interview in the resident's room with the DON, she confirmed Resident #39 had contracted hands which prevented her from using her present call light. She stated she would get the resident a more functional call light, such as a pancake light, because it would allow the resident to alert staff members by touching the light instead of pressing a button. A record review of the "Admission Record" revealed the facility admitted Resident #39 on 9/20/2021 with current diagnoses including Contracture of Muscle, left Upper Arm, Contracture, Left Hand, and Muscle Weakness. A record review of the Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 3/11/24 revealed Resident #39 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated her cognition was moderately impaired.	F 558	need accommodations with soft touch pad are identified and are reported to the Director of Nursing and/or Administrator, the Rounds are to be turned into the Director of Nursing for review weekly. The Director of Nursing will submit them to the Administrator for Review and report findings to Quality Assurance Performance Improvement (QAPI) Committee monthly x Two (2) Months, this plan was reviewed by QAPI committee meeting on 6/18/24, with recommendations to revise Risk for Skin Assessment Form to include Contractures to evaluate accommodation of needs for change of call light. This revision was approved and revision occurred on 6/25/2024. (next QAPI meeting is scheduled for July 16, 2024) for review, recommendations, revision or resolution by the QAPI committee.	
F 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and	F 583		7/17/24

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F 583	Continued From page 3 telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service. §483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review, and the facility policy review, the facility failed to ensure a residents' right to privacy by posting a sign regarding resident's care in view, above the bed for one (1) of 24 sampled residents. Resident #28. Findings include: A review of the facility's policy "Resident's Rights" dated 4/2012 revealed, "... Employees shall treat	F 583	F 0583 1. Resident #2 sign above the bed was removed on 6/12/24 by the Director of Nursing (DON). 2. All residents have the potential to be affected. 3. On 6/13/24, the Administrator in-serviced/educated the Speech	

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F 583	Continued From page 4 all residents with kindness, respect, and dignity. Policy Interpretation and Implementation 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: ... d. Privacy and confidentiality..." On 06/11/24 at 10:35 AM, in an observation, Resident #28 was lying in bed and there was a sign above the bed which indicated, "*Aspiration Risk* Please ensure pt (patient) is pulled up in bed and head is raised for all Meals- Speech therapy." Resident #28 reported he was not aware of the signage on the wall. On 06/12/24 at 5:00 PM, during an interview, Licensed Practical Nurse (LPN) #2 confirmed Resident #28 had a sign in view above his bed with private information regarding aspiration precautions. LPN #2 was unsure how long the sign had been on the resident's wall. On 06/13/23 at 11:05 AM, during an interview with the Speech Therapist (ST), she confirmed she placed the sign above Resident#28's bed regarding aspiration precautions. She explained she had educated the staff on how to position the resident for meals and then placed the sign. The ST reported she was informed by the Administrator the signs could not stay up due to privacy and she stated she would no longer place signs in view in resident's rooms. On 06/13/24 at 02:21 PM, during an interview with the Administrator and the Director of Nursing (DON), the Administrator reported she was made aware yesterday there was signage in view in Resident #28's room. She confirmed information posted did not honor the resident's right to privacy	F 583	Therapist on residents right to privacy and confidentiality (resident rights) in regards to posted signage above the residents bed. Speech Therapist verbalized understanding of resident care information cannot be posted visual to the public, and communication is to be given to the Director of Nursing or Care Plan Coordinator to add to Kardex for communication to staff. On 6/14/2024, 100% audit of all rooms, was completed by Administrator, DON, and Register Nurses to ensure no signage was posted that violates a residents rights to privacy and confidentiality. No signs were noted. Nursing staff were educated to residents rights to privacy and confidentiality, no signs to be posted in the resident rooms regarding care or care instructions, on 6/13/24 - 6/25/24 by Registered Nurse. 4. Beginning week of 6/17/2024, Department heads (Admission, Business Office Manager, Social Service Director, Director of Nursing, Care Plan Coordinators, Staff Development Coordinator, Medical Record Nurses, Activities Staff, and Nurse Managers) will make rounds to assigned areas, at least weekly x8 weeks, to assure no signage that violates resident rights of privacy or confidentiality are posted. Any signs found are to be reported to the Director of Nursing and/or Administrator, the Rounds are to be turned into the Director of Nursing for review weekly. The Director of Nursing will submit the completed	

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F 583	Continued From page 5 and both she and the DON reported they expected the facility staff to always respect the privacy and dignity of all residents. Record review of the "Admission Record" revealed the facility admitted Resident #28 on 04/13/23 and he had current diagnoses including Dysphagia. Record review of the Annual Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of 04/12/24, revealed Resident #28 had a Brief Interview for Mental Status (BIMS) summary score of 12, which indicated moderate cognitive impairment.	F 583	rounds to the Administrator for Review. The Administrator will report/submit findings to the Quality Assurance Performance Improvement (QAPI) Committee on a monthly basis x two (2) months, for review, revisions or resolution of plan. The QAPI Committee review of the plan occurred on 6/18/2024, the next QAPI Committee review is scheduled for July 16, 2024.	
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and facility policy review, the facility failed to ensure an enteral feeding pump was operated by licensed staff for two (2) of three (3) residents observed with Percutaneous Endoscopic Gastrostomy (PEG) tube feedings. (Resident #47 and Resident #93) Findings Include: Review of the facility's policy, "Enteral Pump Alarm" revised 1/2015, revealed "It is the policy of this facility for enteral pumps to only be turned off	F 658	F 0658 1. Resident #47 and Resident #93 were assessed for complications on 6/12/2024 by Registered Nurse, no complications are noted. Certified Nursing Assistant (CNA)#1, CNA #3 and CNA #4 received in-service education one on one (1:1) on 6/12/2024, by the Staff Development Nurse, only Licensed Nurses can touch/control the operation of the enteral feeding pump. A CNA at no time can turn the enteral	7/17/24

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F 658	Continued From page 6	F 658		

and on by a licensed nurse. This procedure should never be delegated to assistive personnel ...Procedure ...Only licensed nurses will control the operations of the enteral feeding pump ..."

Resident #47

During an observation, on 6/11/24 at 2:11 PM, Certified Nurse Aide (CNA) #1 entered Resident #47's room to provide incontinent care. CNA #1 turned off the resident's enteral feeding pump. After the incontinent care was completed, CNA #1 turned the enteral feeding pump back on.

During an interview on 6/12/24 at 3:00 PM with CNA #1, she confirmed she had turned the enteral feeding pump off and back on. She explained she was nervous and was not thinking at the time. CNA #1 stated she should have asked the nurse to turn the pump off and back on and she was aware nurses were responsible for operating the feeding pumps.

A record review of the "Admission Record" revealed the facility admitted Resident #47 on 6/18/21 with diagnoses including Dysphagia.

Resident #93

During an observation on 6/12/24 at 3:15 PM, CNA #3 and CNA #4 began providing incontinent care for Resident #93. The enteral feeding for Resident #93 was on hold prior to entry into the room. During the care, the enteral feeding pump began beeping. CNA #4 instructed CNA #3 to press the hold button to stop the beeping. CNA #3 pushed the hold button on the enteral feeding pump to silence the beeping. As the CNAs continued the care, the enteral feeding pump

feeding pump off or on, or touch any component of the operations function

2. All residents who receive enteral feedings via pump have the potential to be affected.

3. All residents who receive enteral feedings via pump, were checked on 6/12/24, by Staff Development Nurse to ensure pumps were on appropriate settings and functioning appropriately. Placement was checked on all residents with enteral pumps by Licensed Practical nurse each shift. No discrepancies were noted.
All licensed Nurses and CNA staff, were educated on 6/12/24-6/25/2024,only Licensed Nurses can touch/control the operation of the enteral feeding pump.
A CNA at no time can turn the enteral feeding pump off or on, or touch any component of the operations function. A reminder label was placed on each enteral pump on 6/18/2024 by Administrator, until Staff education completed on 6/25/2024.

4. Beginning 06/24/24, the Director of Nursing (DON) or Registered Nurse(RN) will monitor all enteral feedings pumps Three (3) times (x) a week x four (4) weeks, then one (1) time per month x 2 months, to ensure enteral pumps are on and functioning properly. The DON will submit and report findings to the Quality Assurance Performance Improvement

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F 658	Continued From page 7 began beeping again and CNA #3 pressed the hold button on the feeding pump again. After incontinence care was completed, CNA #3 pressed the button to restart the enteral feeding. On 06 12/24 at 4:08 PM, in an interview with CNA #3, she confirmed she had operated the enteral feeding pump several times during care by placing it on hold and turning it back on after incontinence care was completed. She stated she should not have touched the feeding pump and should have let the nurse operate it. Record review of the "Admission Record" revealed the facility admitted Resident #93 on 10/13/23 with current diagnoses including Dysphagia. During an interview on 06/12/24 at 4:00 PM, with the Director of Nursing (DON), she stated only licensed nurses should operate an enteral feeding pump and CNAs should not turn them off or on, nor place them on hold. She explained the CNAs had been trained that only licensed nurses were allowed to operate the feeding pumps.	F 658	(QAPI) committee on a monthly basis x Two (2) months, for review, revisions or resolution of plan. The QAPI Committee review of the plan occurred on 6/18/2024, the next review is scheduled for July 16,2024.	
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic	F 758		7/17/24

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F 758	Continued From page 8 Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and facility	F 758	F0758	

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F 758	Continued From page 9 policy review, the facility failed to ensure a resident was free from unnecessary medication by continuing an "as needed" (PRN) psychotropic medication past a 14-day duration for one (1) of six (6) residents sampled for unnecessary medications. Resident #55 Findings include: A review of the facility's policy "Monitoring of Antipsychotic Medication Therapy", revised 06/2015 revealed " ... It is the policy of this facility to monitor the effectiveness and side effects for any resident that is taking an antipsychotic medication. Procedure...5. The Pharmacy consultant will review these meds (medications) monthly and make dose reduction recommendations as indicated per CMS (Center for Medicare and Medicaid Services) guidelines ..." A record review of the "Order Summary Report" with active orders as of 4/30/2024, revealed Resident #55 had a Physician's Order, dated 4/18/24 for Amitriptyline HCL (Brand name of Elavil and classified as a psychotropic medication) 25 milligrams (mg), one (1) tablet by mouth every 24 hours as needed for depression at bedtime. There was no stop date indicated on the Physician's Order. A record review of the "May 2024 Interdisciplinary Psych Dashboard" revealed Resident #55 had a medication of Elavil 25 mg PRN and included the "Pharmacist Comments" of "PRN Psychotropic orders must have a 14 day stop order and patient must be evaluated by physician prior to continuing". The IDT (Interdisciplinary Team) responded, "Current Medication Regime appears	F 758	1. The PRN (as needed) order of psychotropic drug had not been needed/nor taken by Resident #55, the Nurse Practitioner (NP) was notified and PRN med order was discontinued on 6/14/24, by the Registered Nurse. 2. All residents who have orders for PRN (as needed) psychotropic medications have the potential to be affected. 3. On 6/17/2024, The facility administrator reviewed regulation for F758 with the Nurse Practitioner (NP). NP verbalized understanding. Licensed Nurses who obtain physician orders and Medical Records nurses were educated on PRN Psychotropic Staff date requirements and documentation of appropriate use for continuing prn psychotropic drug use after 14 days. 100% audit of all PRN psychotropic drugs was completed, to ensure appropriate stop date and documentation to support continue use of prn order by Medical Records Nurse on 6/18/2024. Four (4) PRN anti-anxiety orders were identified which had not been needed by resident and were discontinued on 6/18/24 by Nurse Practitioner, and three (3) prn medications were identified with no stop date, the Nurse Practitioner was notified and appropriate 14 day stop date was added per the Physician order by Medical Records Nurse. 4. Beginning 6/24/24, the Medical Records Nurses will monitor by review of	

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CLINTON HEALTHCARE LLC - SNF	1251 PINEHAVEN ROAD CLINTON, MS 39056

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F 758	Continued From page 10 appropriate and agreeable at this time unless otherwise noted." A record review of the "Admission Record" revealed the facility admitted Resident #55 on 01/11/17 with diagnoses including Other Recurrent Depressive Disorders. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/20/24, Section N... "Medications ...High-Risk Drug Classes: ..." revealed Resident #55 was code as taking an antidepressant. On 06/13/24 at 11:39 AM, during a phone interview with Nurse Practitioner, she explained she was aware PRN psychotropic medications needed a new order after 14 days. On 06/13/24 at 2:26 PM, during an interview with the Administrator and Director of Nursing (DON), both reported they expected staff to follow the federal guidelines regarding a 14-day duration for PRN psychotropic medications.	F 758	all medication orders to ensure all PRN psychotropic drugs have 14 day stop date, and cannot be continued until Physician or NP evaluate and document rationale to continue with new stop date. Medical Records Nurses will review all new orders daily Monday- Friday and on Monday for Weekend days, to ensure PRN Psychotropic drug orders entered have a 14 day stop date x Eight(8) weeks. The Director of Nursing will submit findings to the Quality Assurance Performance Improvement (QAPI) Committee on a monthly basis x Two (2) months, for review, revisions or resolution of plan. The QAPI Committee review of the plan occurred on 6/18/2024, the next review is scheduled for July 16, 2024.	