STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25BH	A. BUILDING: _____ B. WING _____	C 06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHADWICK NURSING AND REHABILITATION CENTEI	1900 CHADWICK DRIVE JACKSON, MS 39204

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey and Complaint Investigations (CIs), MS #24614, CI MS #24763, and CI MS #24764, at the facility from 06/02/24 through 06/05/24. The SA investigated CI MS #24614 related to staffing, call lights, and neglect. CI MS #24763 was investigated related to related to facility staffing, call lights, equipment, and incontinent care. The SA investigated CI MS #24764 related to medications. During the annual recertification survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M225 and M610 related to complaints CI MS #24614 and CI MS #24763. During the annual recertification survey cited M225, M500, M610, and M655.	M 000		
M 225	45.4.1 Nursing Facility Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements: 1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio. 2. Each facility shall have the following licensed personnel as a minimum: a. Seven (7) day coverage on the day shift by a registered nurse.	M 225		7/18/24

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M 225	Continued From page 1 b. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day shift and be responsible for all nursing services in the facility. c. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing services, who shall be a registered nurse. d. A registered nurse or licensed practical nurse shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse. e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse. f. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse. 3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements. 4. There shall be at least two (2) employees in the facility at all times in the event of an emergency. This Statute is not met as evidenced by:	M 225		

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M 225	Continued From page 2 Level II Based on observation, staff and resident interview and record review, the facility failed to have sufficient nursing staff to meet the needs of residents as evidenced by failure to answer call lights and provide incontinent care in a timely manner for three (3) of 19 sampled residents, with the potential to affect all residents residing in the facility. (Residents #48, #87 and #23) Findings Include: Resident # 48 On 06/02/24 at 12:50 PM, an observation and interview of Resident #48, revealed a Certified Nurse Aide (CNA) entered the resident's room and turned off the resident's call light and exited the room. When the resident's room was entered, there was a strong unpleasant odor. Resident #48 stated the CNA turned off her call light and said that she would be back. The resident complained that this is something that happens frequently and it takes a long time for them to return to provide the requested care. The resident was unable to provide information regarding shifts and timing of the occurrences, adding that this happens on all shifts, at different times. On 06/02/24 at 1:16 PM, an observation revealed Resident 48's call light had been turned back on. At this time, the Director of Nurses (DON) entered the resident's room and came back out. During an observation and interview on 6/2/24 at 1:22 PM, revealed Licensed Practical Nurse (LPN) #2 entered the room of Resident #48 and came back out. LPN #2 stated that the resident was waiting on her CNA to come change her and	M 225	1. On 6/6/24 Resident #48 received head to toe assessment by the Registered Nurse (RN) Unit Manager with no negative findings from deficient practice. Resident #87 received head to toe assessment on 6/6/24 by the RN Unit Manager with no negative findings from this deficient practice. Resident #23 received head to toe assessment on 6/6/24 by the RN Unit Manager with no negative findings from deficient practice. 2. All residents call lights being answered in a timely manner and provision of incontinent care have the potential to be affected by this deficient practice, of sufficient nursing staff to meet the needs of the residents. 3. A 100% audit on all residents who receive incontinent care was performed by Registered Nurse (RN) Unit Managers on 6/6/24. The audit revealed no negative findings. An in-service was initiated on incontinent care on 6/6/24 by the Executive Director (ED) to Nurse Management [RN Unit Managers and Director of Nursing (DON)] to ensure residents receive continent care in a timely manner. An in-service on incontinent care being performed in a timely manner was initiated with nursing staff [Nurses and Certified Nursing Assistants (CNAs)] was initiated on 6/6/24 by the RN Unit	

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M 225	Continued From page 3 explained the CNA was working her way to the resident's room, as she was the only CNA on the hall with 12 residents. During an observation at 1:50 PM on 06/02/24, revealed CNA #3 entered the resident's room and provided incontinent care. While observing the care, it was noted that the resident's incontinent brief was soiled and saturated with urine. On 06/03/24 at 3:15 PM, another observation of Resident #48 revealed that she was sitting up in her wheelchair waiting on assistance from staff. At this time, there was a strong smell or urine noted in the resident's room and in the hall outside the resident's room. On 06/03/24 at 3:35 PM, during an observation of incontinent care provided to Resident #48 revealed the resident's brief was saturated with urine. CNA #4 confirmed that the brief had leaked onto the wheelchair seat. Record review of the "Face Sheet" for Resident #48 revealed the facility admitted the resident on 04/17/18. The resident's diagnoses included Cerebral Infarction (Stroke), Type 2 Diabetes Mellitus and Hypertensive Heart Disease. Record review of the Quarterly Minimum Data Set (MDS), for Resident #48, with an Assessment Reference Date (ARD) of 04/22/24, revealed a Brief Interview for Mental Status (BIMS) score of 10, which indicated moderate cognitive impairment. Resident #87 On 06/02/24 at 1:15 PM, in an interview with Resident #87, she complained of having to wait	M 225	Managers. A 100% call light audit on all dependent residents was performed by the RN Unit Managers on 6/6/24. The audit revealed no negative findings. An in-service on answering call lights in a timely manner was initiated on 6/6/24 by Executive Director (ED) to Nurse Management [RN Unit Managers and Director of Nursing (DON)] to ensure residents call lights are answered in a timely manner. An in-service on answering call lights in a timely manner was initiated on 6/6/24 with nursing staff (Nurses and CNAs) the RN Unit Managers. 4. The RN Unit Managers will perform incontinent care audits on twenty (20) residents five (5) times a week for four (4) weeks, then 20 residents three (3) times a weeks for four (4) weeks, then 20 residents one (1) time a week for four (4) weeks starting 06/10/2024. The Unit Managers will perform call light audits on twenty (20) residents five (5) times a week for four (4) weeks, then twenty (20) residents three (3) times a week for four (4) weeks, then twenty (20) residents one (1) time a week for four (4) weeks starting 06/10/2024. Any concerns identified will be immediately addressed by the Director of Nursing (DON). The Director of Nursing will forward the results to the Quality Assurance Committee monthly. The Quality Assurance Committee met on	

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M 225	Continued From page 4 long period of time for staff to answer her call lights. Resident #87 reported this happens "all the time." Resident #87 explained, the staff will answer the call light, and say they will tell someone, but will never come back and you will have to ring again, and someone will answer the light and say the CNA is on break and when she comes back, they will let her know. Resident #87 stated this happens during every shift, at all times of the shift. She stated she has even asked the nurses for assistance but has been told to wait for her CNA. A record review of the "Face Sheet" for Resident #87 revealed the facility admitted the resident on 09/13/24. The resident's diagnoses included Metabolic encephalopathy, Acute Kidney failure, and Hypertensive Heart Disease. A record review of the Quarterly MDS, for Resident #87, with an ARD of 03/11/24, revealed a BIMS score of 15, which indicated the resident was cognitively intact. Resident #23 On 06/02/24 at 2:13 PM, during an observation and interview with Resident #23, the resident revealed the facility is often short of staff and the wait time can be long when the call light is activated. The resident stated as recently as a week ago, there have been times when he has used his call light on the 11:00 PM to 7:00 AM shift and no one responded. On 06/02/24 at 2:30 PM, in an interview CNA #2 revealed "at times the facility is short staffed." CNA #2 explained there have been days when there was only one CNA to cover an entire hall and the nurses "will not" assist the CNA's when	M 225	6/28/24. The results of the audits will be forwarded to the monthly Quality Assurance Committee times three (3) months.	

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M 225	Continued From page 5 they are short staffed. On 06/04/24 at 1:00 PM, during an interview with the DON, she explained she expects all residents to be changed in a timely manner, by any staff member who can provide the care, including nurses. On 06/05/24 at 4:00, during an interview with the Administrator, she explained she expects all nursing staff to provide care for residents and for no resident to wait long periods of time for care. Record review of the "Face Sheet" revealed the Resident #23 was admitted to the facility on 06/27/19 with diagnoses that included End Stage Renal Disease and Type 2 Diabetes Mellitus. Record review of Resident #23's Annual MDS, with an ARD of 4/2/24 revealed the resident had a BIMS score of 15, which indicated the resident was cognitively intact.	M 225		
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	M 500		7/18/24

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M 500	Continued From page 6	M 500		

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 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

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	25BH	A. BUILDING: _____ B. WING _____	C 06/05/2024

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M 500	Continued From page 7 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 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,	M 500		

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M 500	Continued From page 8	M 500		

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 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

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M 500	Continued From page 9 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 observations, interviews, record review, and facility policy review, the facility failed to honor resident's rights to have a choice of having bedrails for assistance with turning and bed mobility for two (2) of 19 sampled residents. Resident #54 and #78 Findings include: A record review of the facility's policy titled, "Resident Bill of Rights," dated 01/23 revealed, "Each resident has a right to a dignified existence, self-determination, and communication wish and access to persons and services inside and outside the facility in a manner and in an environment that promotes maintenance or enhancement of (his or her) quality of life, regardless of diagnosis, severity of condition or payment source and to exercise those rights as a citizen of the United States without interference, coercion including those rights specified herein..." Resident #54 On 06/02/24 at 12:38 PM, during an interview with Resident #54, he revealed he wanted rails on his bed, but was told by the facility staff that he could not have rails due to the state's regulations. On 06/05/24 at 9:39 AM, during an interview with Resident #54, he explained he wanted his bed	M 500	1. On 06/04/24 Resident #54 and Resident #78 were interviewed by the Director of Nursing and identified to not have side rails and expressed a desire to have side rails to aide in their mobility. The residents showed no ill effects from this deficient practice. 2. All residents who need assistance with turning and bed mobility have the potential to be affected by this deficient practice. 3. On 6/4/24, Resident #54 was evaluated and screened by the therapy department and identified to benefit from enablers for bed mobility, rolling to assist with transfers and rolling. Physician order were obtained. On 6/5/24 enablers were applied to both sides of #54 The Registered Nurse (RN) Unit Manager, assessment for need of the benefits and risks for enablers per RN's assessment received, resident will benefit from enablers on both sides of bed. Verbal consent received from the responsible party. Side rail evaluation updated. Enablers applied to both sides of bed on 6/4/24 by the Maintenance Director. Care plan and pocket care guide updated. Observation of safety for use of enablers documented on daily, each shift on	

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M 500	Continued From page 10 rails to assist him with turning and the rails give him some of his independence with moving around in the bed. Record review of Resident #54's "Face Sheet" revealed the facility admitted the resident on 9/14/22, with diagnoses that included Type 2 Diabetes Mellitus, Anemia, and Myalgia (muscle pain). Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/15/24, Resident #54 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact. Resident #78 On 06/02/24 at 1:50 PM, during an observation and interview with Resident #78, the resident was observed sitting up in his wheelchair. During the initial visit with Resident #78, the resident became loud and began cursing, saying what you can do is give me back my bedrails. He explained he was told "the state is the ones who are responsible for taking away the bedrails." The resident reported he used the bedrails to help assist with turning and he wanted his bedrails back. Resident #78 explained the staff came in one day and just took his bedrails away. He further reported that he had asked and asked for them back, however, staff kept telling him the "State" will not allow him to have his bedrails. On 06/04/24 at 10:00 AM, during an interview with Certified Nurse Aide (CNA) #3, she stated the management team removed all bedrails, maybe over a month ago, but she is not exactly sure how long ago. Management told staff and	M 500	electronic medication administration record (EMAR). On 6/14/24, Resident #78 was evaluated and screened by the therapy department and identified to benefit from enablers for bed mobility, rolling to assist with transfers and rolling. Physician order were obtained. RN Unit Manager, assessment for need of the benefits and risks for enablers per RN's assessment received, resident will benefit from enablers on both sides of bed. Verbal consent received from the responsible party. Side rail evaluation updated. Enablers applied to both sides of bed on 6/14/24 by the Maintenance Director. Care plan and pocket care guide updated. Observation of safety for use of enablers documented on daily, each shift on EMAR. A 100% audit of bed rails on residents benefiting from enablers to bed was initiated on 6/6/24 by the Director of Nursing (DON) and RN Unit Managers. Therapy to evaluate and screen residents who have been identified to benefit from the use of enablers starting 6/4/24. 4. The RN Unit Managers will continue bed rail audits five (5) times a week for four (4) weeks, then three (3) times a week for four (4) weeks, then one (1) time a week for four (4) weeks starting 6/6/24. Side rail evaluations will be done quarterly by RN Unit Managers, on new admission and hospital returns to identify those residents that will benefit from enablers.	

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M 500	Continued From page 11 residents, the "State" would not allow residents to have bedrails due to state guidelines. She also reported that management commented that the facility is a restraint free facility. She explained Resident #78 has been very mad and upset since his bedrails were removed and complains about not having the bedrails every day. On 06/04/24 at 10:32 AM, during an interview with Maintenance Director, he revealed the bedrails were taken off of all of the resident's beds in phases, which began the last week in April 2024 and ended 5/23/24. He explained the residents' bedrails were dismantled by order of the Administrator because they are a restraint free facility. On 06/04/24 at 5:00 PM, during an interview with the Administrator and the Director of Nurses (DON), both confirmed all resident's bedrails were removed from residents' beds. They stated the explanation given to residents and staff was that it was a state regulation. They confirmed that bedrails were not offered, and the need was not assessed per resident's choices or request. The Administrator and the DON acknowledged that this was a resident's rights issue, and the facility wishes to honor resident's rights and choices per each individual resident. They stated they plan to take the necessary steps to correct their previous action and evaluate each resident individually and restore bedrails, as appropriate, following the appropriate guidelines. On 06/05/24 at 10:20 AM, during an observation and interview of resident #78, the resident's bed still did not have any bedrails. Resident #78 remained upset about not having bedrails and voiced he wants them back.	M 500	Audit findings will be reviewed monthly in Quality Assurance Meetings. The Quality Assurance Committee met on 6/28/2024. The results of the audits will be forwarded to the monthly Quality Assurance Committee times three (3) months.	

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M 500	Continued From page 12 On 06/05/24 at 4:30 PM, the Administrator revealed the facility does not currently have a bedrail policy, only a restraint policy. Record review of Resident #78's "Face Sheet" revealed the facility admitted resident on 11/22/21, with diagnoses that included Hemiplegia Following Cerebral Infarction Affecting Left Nondominant Side. Record review of Resident #78's Quarterly MDS with an ARD of 04/10/24, revealed BIMS Score of 09, which indicated moderate cognitive impairment. Section GG revealed Resident #78 required partial/moderate assistance with rolling left to right.	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; 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, staff and resident interviews, record review, and facility policy review, the facility failed to ensure timely incontinent care was provided for one (1) of two	M 610	1. On 6/6/24 Resident #48 received head to toe assessment by the Registered Nurse (RN) Unit Manager with no negative findings from deficient practice.	7/18/24

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M 610	Continued From page 13 (2) residents observed for incontinent care. Resident #48 Findings include: Record review of the facility's policy titled, "Resident Bill of Rights" dated 01/23 revealed, "Each resident has a right to a dignified existence ..." On 06/02/24 at 12:50 PM, an observation and interview revealed Resident #48's call light was on. At that time, a Certified Nurse Aide (CNA) entered the resident's room and turned off the light and exited the room. When the resident's room was entered, there was a strong unpleasant odor noted. Resident #48 reported she had told the CNA she needed to be changed. The resident stated the CNA turned the light off and said she would come back. The resident complained that it takes a long time for staff to answer her light, and when they do, they turn off the light and then it takes "forever" for them to come back to provide the care that had been requested. The resident then added that this happens on all shifts, at different times. On 06/02/24 at 1:10 PM, during an interview with Resident #48, she reported she is still waiting for someone to come clean her up. At 1:16 PM on 06/02/24, an observation revealed Resident #48's call light was again going off. The Director of Nursing (DON) entered the resident's room and came back out of Resident #48's room. On 06/02/24 at 1:22 PM, during an observation and interview revealed Resident #48's call light continued to go off. At this time, Licensed Practical Nurse (LPN) #2, entered the resident's	M 610	2. All residents receiving incontinent care have the potential to be affected by this deficient practice. 3. A 100% audit on all residents who receive incontinent care was performed by Registered Nurse (RN) Unit Managers on 6/6/24. The audit revealed no negative findings. An in-service was initiated on incontinent care on 6/6/24 by the Executive Director (ED) to Nurse Management [RN Unit Managers and Director of Nursing (DON)] to ensure residents receive continent care in a timely manner. An in-service on incontinent care being performed in a timely manner was initiated with nursing staff [Nurses and Certified Nursing Assistants (CNAs)] was initiated on 6/6/24 by the RN Unit Managers. 4. The RN Unit Managers will audit twenty (20) residents five (5) times a week for four (4) weeks, then twenty (20) residents three (3) times a week four (4) weeks, then twenty (20) residents one (1) time a week for four (4) weeks starting 6/10/24 for incontinent care. The DON will monitor the audits by the RN Unit Managers. Any concerns identified will be immediately addressed by the DON. The Director of Nursing will forward the results to the Quality Assurance Committee monthly. The Quality Assurance Committee met on 6/28/24. The results of the audits will be forwarded to the monthly Quality Assurance Committee times three (3) months.	

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M 610	Continued From page 14	M 610		

room and came back out of the room. LPN #2 explained the resident was waiting on her CNA to come change her. LPN #2 explained the CNA was working her way to the resident, as there is one (1) CNA on the resident's hall with 12 residents.

On 06/02/24 at 1:30 PM, during an interview with CNA #3, she explained it was not her that came out of resident's room earlier, but she will go and check on the resident. After CNA#3 came back from Resident #48's room, she explained the resident needed to be changed, so she will go ahead and change the resident.

At 1:50 PM on 06/02/24, an observation revealed CNA #3 returned to the room of Resident #48 with supplies to provide incontinent care. While incontinent care was provided, an observation revealed the resident's incontinent brief was soiled and saturated with urine.

On 06/03/24 at 3:12 PM, during an interview and observation of Resident #48, she was sitting in her wheelchair, wearing a gown and tee shirt. The resident reported she was waiting to get "cleaned up." There was a strong smell of urine noted in the resident's room and in the hall outside the resident's room.

At 3:25 PM on 06/03/24, during an interview with CNA #4, she explained she uses the pocket care guides for knowledge of individual resident care. She stated she has worked with Resident #48 previously, and the resident can stand and pivot and is incontinent of bowel and bladder. CNA #4 acknowledged Resident #48 does have periods of confusion, but she can make her needs known.

At 3:35 PM on 06/03/24, during an observation of

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M 610	Continued From page 15 incontinent care provided for Resident #48, the resident's brief was saturated with urine. The resident's wheelchair was also wet. CNA #4 confirmed urine had leaked from the resident's brief onto the wheelchair seat. On 06/04/24 at 1:00 PM, during an interview with the DON, she explained she expects all residents to be changed in a timely manner, by any staff member who can provide the care, including nurses. On 06/05/24 at 4:00 PM, during an interview with the Administrator, she explained she expects all nursing staff to provide care for residents and for no resident to wait long periods of time for care. Record review of the "Face Sheet" of Resident #48 revealed the facility admitted resident on 04/17/18. The resident's diagnoses included Cerebral Infraction (stroke), Type 2 Diabetes Mellitus and Hypertensive Heart Disease. Record review of Resident #48's "Quarterly Minimum Data Set (MDS)," with an Assessment Reference Date (ARD) of 04/22/24, revealed a Brief Interview for Mental Status (BIMS) score of 10, which indicated moderate cognitive impairment. Section GG revealed resident required substantial/maximal assistance with toileting and personal hygiene. Section H revealed Resident #48 is always incontinent of bowel and bladder.	M 610		
M 655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to	M 655		7/18/24

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M 655	Continued From page 16 injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This Statute is not met as evidenced by: Level II Based on observation, interviews, record reviews, and facility policy review, the facility failed to ensure oxygen was delivered in a manner to prevent potential complications as evidenced by not following physician orders or facility policies related to oxygen therapy when a resident's oxygen tubing was not dated and there was no humidification provided for one (1) of 19 sampled residents. Resident #52 Findings Include: Record review of the facility's policy titled," Oxygen Therapy", reviewed 1/15, revealed, "Oxygen is administered to promote adequate oxygenation and provide relief of symptoms of respiratory distress... Equipment: ... 2. Humidifier, if needed ... Procedure: ...8. Change tubing weekly. 9. Date tube when changed (weekly)." On 6/02/24 at 1:02 PM, an observation and interview with Resident #52 revealed Resident #52 was sitting on her bed with oxygen flowing at 2 liters per nasal cannula. The oxygen tubing did not have a date on it, nor was there a humidifier bottle attached to the delivery system. Resident #52 stated she has been hospitalized two times due to shortness of breath. On 06/02/24 at 1:08 PM, in an interview with Licensed Practical Nurse (LPN) #1, she	M 655	1. Resident #52 received head to toe assessment by Registered Nurse (RN Unit Manager) on 6/2/24 with no ill affects from resident not having tubing dated or humidification. 2. All residents receiving oxygenation have the potential to be affected by this deficient practice. 3. A 100% audit was initiated on all residents receiving oxygenation on 6/6/24 by the RN Unit Managers to ensure all resident receiving oxygen have dated tubing and humidifiers in place. No negative findings identified from audit. An in-service was conducted on oxygenation administrations on 6/6/24 by the Director of Nursing (DON) and RN Unit Managers to the licensed nursing staff on providing humidification when administering oxygen and changing and dating tubing as physician ordered. 4. The RN Unit Managers will audit all resident's receiving oxygen five (5) times a week for four (4) weeks, then all residents receiving oxygen three (3) times a week for four (4) weeks, then all resident's receiving oxygen one (1) time a week for	

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M 655	Continued From page 17 confirmed that there was no date on the oxygen tubing and there was no humidifier bottle attached to the oxygen. LPN #2 stated oxygen tubing should be changed and dated weekly. She stated if not, it could lead to an infection issue. LPN #1 explained that a humidifier should be attached, as it provides moisture and helps prevent the resident's nostrils from getting dry. On 06/04/24 at 3:46 PM, in an interview with the Director of Nurses (DON) she stated Resident #52 should have had a humidifier bottle attached to the oxygen delivery system. She stated the humidifier is used to prevent help keep the resident's nasal area moist. The DON stated the reason for changing tubing and dating it lets staff know when it was first applied. The DON stated "The tubing is changed weekly to decrease the possibility of bacteria growing within the tubing." The DON explained that she expects staff to change a resident's oxygen tubing and to keep a humidifier on the oxygen. Record review of the "Physician Orders" for Resident #52 for the month of June 2024, revealed an order dated 5/6/24 "Oxygen at 2 L/min (two/Liters/minute) per nasal bi-prong (cannula) continuously..." An additional order dated 5/6/24 revealed "Change Oxygen tubing weekly on Friday: Date and initial ..." Record review of Resident #52 "Face Sheet" revealed an admission date of 8/19/18 with diagnoses that included Shortness of Breath and Acute respiratory failure with hypoxia. Review of Resident #52's Annual Minimum Data Set (MDS), with Assessment Reference Date (ARD) 5/13/24, revealed a Brief Interview for Mental Status score of 14, which indicated the	M 655	four (4) weeks starting 6/10/24. The DON will monitor the audits by the RN Unit Managers. Any concerns identified will be immediately addressed by the DON. The Director of Nursing will forward the results to the Quality Assurance Committee monthly. The Quality Assurance Committee met on 6/28/24. The results of the audits will be forwarded to the monthly Quality Assurance Committee times three (3) months.	

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M 655	Continued From page 18 resident was cognitively intact. Section O was coded for oxygen.	M 655		