STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255332	A. BUILDING _____ B. WING _____	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLMES COUNTY LONG TERM CARE CENTER - DURANT	15481 BOWLING GREEN ROAD DURANT, MS 39063

(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 recertification survey at the facility from 6/25/24 through 6/27/24. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F550 for resident rights, F558 for accommodations of needs, F656 for implementing care plan, F677 for activities of daily living, F755 for pharmacy procedures, and F921 for safe environment. The census at the time of the survey was 77 with a bed capacity of 80 beds.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all	F 550		7/26/24

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

Electronically Signed | 07/04/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 550	Continued From page 1 residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, resident representative interview, and facility policy review, the facility failed to ensure that each resident was treated with dignity as evidenced by failure to cover unclothed residents that were visible from the hallway, and failure to provide a privacy bag for a catheter for three (3) of twenty-two sampled residents. Resident #5, Resident #55 and Resident #228. Findings include: Review of the facility policy titled, "Maintaining Privacy and Dignity for Residents with Foley Catheter Drainage Bags" undated, revealed "It is the policy of this facility to provide privacy and dignity to all residents that have a urinary drainage bag in use. The drainage bag will be maintained in a storage pouch to hide the	F 550	1.On 6/25/2024 Certified Nurse Aid (CNA)#4 offered pants to resident #5 and closed the door to his room. On 06/26/2024 the Registered Nurse Supervisor provided a privacy storage pouch to the urinary catheter drainage bag of resident #228 . On 6/26/2024 CNA#5 placed a bed sheet for covering on resident #55. On 6/26/2024 CNA #4 , CNA #5 and Registered Nurse (RN) #2 were provided educational in-services on this facilities policies regarding residents rights on ensuring all residents are treated and provided with a dignified existence by the Director of Nursing.	

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F 550	Continued From page 2 contents and prevent embarrassment to the resident..." Review of the facility policy titled "Privacy/Dignity During Care" with a revision date of 8/2015 revealed under, "Policy: It is the policy of this facility to provide privacy and dignity to our residents while providing care." Also revealed under, "Procedure: Privacy curtains, window blinds/curtains and draping of the resident will be done when providing care to ensure privacy and dignity..." An observation outside Resident #5's room doorway on 6/25/2024 at 8:40 AM, revealed the room door was open, and he was sitting in a wheelchair eating breakfast dressed only in a brief. An observation and interview with Certified Nurse Aide (CNA) #4 on 6/25/2024 at 8:45 AM revealed when Resident # 5 was up in his room, he would not allow them to dress him at times. She acknowledged the resident was visible from the hall and confirmed this was a privacy concern. An observation outside Resident #5's room door on 6/25/2024 at 12:10 PM revealed, the door was open, and he was sitting in his wheelchair eating lunch dressed only in a brief. A telephone interview with Resident #5's Resident Representative (RR), on 6/25/2024 at 2:01 PM, revealed that the resident was not the kind of person to sit around without any clothes on. She revealed, if he was cognizant, he would not like the fact that he was being seen by visitors and staff with only a brief.	F 550	On 06/26/2024 the Registered Nurse (RN) Supervisor and the RN Minimum Data Set (MDS) Nurse were in-serviced on this faciliy's policies on residents rights in maintaining privacy and dignity for residents with a foley catheter drainage bag by the Director of Nursing. 2. The facility has determined that all residents have the potential to be affected. 3. On 06/27/2024 educational in-service was conducted by the Director of Nursing, Staff Development, and Infection Preventionist Nurse to all Certified Nurse Aids (CNA) and Licensed Nurses in regards to residents rights and dignity to ensure all residents are treated and provides care within a dignified existence as well as the facilities policy on resident's rights, dignity and proper covering to urinary drainage bag to all residents with a foley catheter. 4. Beginning on 06/27/2024 all residents identified to have a foley catheter will be monitored 5 times a week for 2 weeks, then 3 times a week for 3 weeks, then 1 times a week for 3 months by the Registered Nurse Supervisor, Wound Nurse, or Infection Preventionist Nurse. Beginning on 6/27/2024, 5 residents will be monitored to ensure residents rights are being met to ensure care is being provided in a dignified existence. The monitoring of 5 resident will be done 3 times a week for 3 weeks, then 2 times a week for 2 weeks, then 1 time a week for	

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F 550	Continued From page 3 An interview with the Administrator (ADM) on 6/26/2024 at 8:05 AM, regarding Resident #5 revealed they had tried closing his room door, but the resident would open it back up. She explained that the resident would remove his clothing and acknowledged that dignity was a concern for the resident, as he could be easily viewed by visitors and staff from the hall. Record review of the "Quarterly Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of 5/15/2024 revealed, under section C, a Brief Interview for Mental Status (BIMS) summary score of 6, which indicated Resident #5 is severely cognitively impaired. Record review of the "Admission Record" revealed the facility admitted Resident #5 on 6/26/2019. Resident #55 An observation on 6/26/2024 at 7:55 AM and 8:05 AM, outside Resident #55's room door revealed, the door was open, and he was lying in bed with no clothing on and no bed cover, leaving him exposed and a urinal was in place between his legs. An observation and interview with CNA #5 on 6/26/2024 at 8:06 AM revealed Resident #55's door must always remain open because the resident requires close supervision. She acknowledged the resident was viewable from the hall and this was a privacy issue. An interview with the ADM on 6/26/2024 at 8:07 AM revealed Resident #55's RR made them leave the door open because she was scared that	F 550	3 months. The Registered Nurse Supervisor, Staff Development , or Infection Preventionist Nurse will be responsible for monitoring and compliance. This plan of correction will be submitted to the Quality Assurance Committee on 07/24/2024 for review and recommendations by the Director of Nursing. The report will continue to be submitted monthly for 3 months to the Quality Assurance Committee to ensure consistent compliance is being met.	

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HOLMES COUNTY LONG TERM CARE CENTER - DURANT	15481 BOWLING GREEN ROAD DURANT, MS 39063

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F 550	Continued From page 4	F 550		

something could happen to him. The ADM stated that the resident would not keep any bed cover on and was always kicking and pulling it off. She revealed that the RR would not allow them to put clothing on him, only a hospital gown, which he always removed. She confirmed this was a dignity concern when the resident is naked and exposed to anyone in the hallway.

An interview with Registered Nurse (RN) #2 on 6/26/2024 at 11:03 AM, revealed they keep the door open for Resident #55 because he coughs and spits a lot. She revealed that he fights the staff and refused to wear a gown or keep bed linen on and if he wears a brief, but he was constantly pulling his penis out. She revealed that it was the resident's preference. RN #2 acknowledged it could be seen by others as a dignity concern.

A telephone interview with Resident #55's RR on 6/26/2024 at 2:49 PM, revealed she did not want him lying down there without clothes. She revealed she had asked them to leave the door open because he had fallen one time, and she wanted them to be able to check on him as they walked down the hall.

Record review of the "Quarterly Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of 4/18/2024 revealed, under section C, Resident #55's cognitive skills for daily decision-making are severely impaired.

Record review of the "Admission Record" revealed the facility admitted Resident #55 on 11/11/2021 with medical diagnoses that included personal history of traumatic brain injury and

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F 550	Continued From page 5	F 550		

hemiplegia.
Resident #228

An observation on 06/25/24 at 11:05 AM, and 2:10 PM, revealed Resident #228 lying in bed with a urinary catheter bag and tubing hanging on the right-hand side of the bed facing the entrance room door visible from the hallway and anyone entering the room. Urine was noted in the catheter bag with no privacy covering over the urinary drainage bag.

An observation on 06/26/24 at 8:20 AM, revealed Resident #228 lying in bed with a urinary catheter bag that was noted without a privacy bag, with urine visible. The urinary drainage bag was hanging on the right side of the bed facing the entrance room door and was visible to anyone entering the room and visible from the hallway.

During an observation and interview, on 06/26/24 at 9:15 AM, the RN Nurse Supervisor confirmed that the resident's urinary catheter bag was uncovered and visible to anyone entering the room and visible from the hallway. She revealed that all urinary catheter bags are to be kept in a covered privacy bag and that it is a dignity issue for the resident.

A record review of Resident #228's Admission Record revealed the resident was admitted to the facility on 06/07/2024 with diagnoses including chronic kidney disease.

Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/13/24, revealed Resident #228 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident has a moderate

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HOLMES COUNTY LONG TERM CARE CENTER - DURANT	15481 BOWLING GREEN ROAD DURANT, MS 39063

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F 550	Continued From page 6 cognitive impairment.	F 550		
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, staff and resident interview, record review and facility policy review the facility failed to ensure a residents call light was within reach for one (1) of 22 residents sampled. Resident #24 Findings Include Review of the facility policy titled, "Call Light, Answering" with no revision date revealed under, "Key Procedural Points ...#5. When the resident is in bed or confined to a chair, be sure the call light is within easy reach of the resident". An observation and interview on 06/25/24 at 8:15 AM, revealed Resident #24 was sitting on the side of the bed receiving Oxygen (O2) via (by) nasal cannula. The resident stood up and said she needed to go to the bathroom, with no shoes on and nasal cannula still attached, she attempted to take two steps and stated she needed help, but admitted she did not know where her call light was located. An observation revealed the resident's call light was out of the residents reach and behind the privacy curtain on her roommate's side of the room, lying in a chair.	F 558	1. On 06/25/2024 the Licensed Practical Nurse (LPN) #2 placed call light with in reach to resident #24. On 06/26/2024 Certified Nurse Aid (CNA) # 2 repositioned the call light with in reach to resident #24 and on 06/26/2024 CNA #3 also reposition the call light to be within reach to resident #24. On 06/26/2024 LPN#2, CNA #2 and CNA #3 were provided with educational in-services related to call light accessibility and timely response by the Director of Nursing. All resident rooms were checked by the Registered Nurse (RN) Supervisor and the Wound Care Nurse to assure all resident call lights were secured and in reach of each resident. 2. The facility has determined that all residents have the potential to be affected. 3. On 06/26/2024 educational in-services were started by the Director of Nursing (DON), Staff Development Nurse, and Infection Preventionist Nurse related to	7/26/24

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F 558	Continued From page 7 An interview on 6/25/24 at 3:00 PM, with Licensed Practical Nurse (LPN) #2 confirmed that Resident #24's call light should be in her reach as well as all resident's call lights. She stated that the resident can sometimes take a few steps but normally needs help. An interview and observation on 6/26/24 at 8:17 AM, with Certified Nurse Assistant (CNA) #2, upon entering the room, confirmed that the call light was not within the residents reach but needed to be. An interview on 6/26/24 at 1:30 PM, with CNA #3 confirmed that Resident #24 needed help getting up and going to the bathroom and she uses her call light sometimes. She stated her call light should always be within her reach. An interview on 6/26/24 at 3:10 PM, with the Administrator confirmed that all residents call lights need to be within their reach at all times so they can request help or assistance if needed. Review of Resident #24's "Admission Record" revealed the resident was admitted to the facility on 7/23/21 with medical diagnoses that included Acute Pulmonary Edema. Review of Resident #24's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/21/24 revealed in Section C a Brief Interview for Mental Status (BIMS) score of 03, which indicated the resident is severely cognitively impaired and in Section GG that the resident needed partial assistance from another person to complete any activities.	F 558	this facilities policy on call light accessibility and timely response to all Certified Nurse Aid's, Licensed Practical Nurses and Registered Nurses to ensure all residents have access to call for assistance and will continue until all nursing staff have been in-serviced. 4. Beginning on 06/27/2024 the DON, Registered Nurse Supervisor, or Staff Development Department Nurses will conduct room rounds for 5 residents, 5 days a week times 2 weeks, then 3 days a week times 2 week, then 1 day a week for 3 months to assure call lights are secured and within reach of residents. The Registered Nurse Supervisor, Staff Development Department Nurse or DON will be responsible for monitoring and compliance. This report of room rounds will be submitted to the Quality Assurance Committee on 07/24/2024 for review and recommendations by the DON. The report will continue to be submitted monthly for 3 months to the Quality Assurance Committee to ensure consistent compliance is being met.	

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HOLMES COUNTY LONG TERM CARE CENTER - DURANT	15481 BOWLING GREEN ROAD DURANT, MS 39063

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F 656	Continued From page 8	F 656		
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 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	F 656		7/26/24

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	255332	A. BUILDING _____ B. WING _____	06/27/2024

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F 656	Continued From page 9 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, staff interviews, record review, and facility policy review, the facility failed to develop and implement a comprehensive care plan for a resident with Activities of Daily Living (ADL) diabetic nail care and failed to implement a comprehensive care plan for a resident with ADL nail care for two (2) of the twenty-two sampled residents. Resident #63 and Resident #65 Findings include: A review of the facility's "Care Plans-Comprehensive" policy dated 10/2016 revealed, "An individualized (person-centered) comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical nursing, mental and psychological needs is developed for each resident ...." A review of the facility's "Following the Care Plan Policy" undated, revealed, "It is the policy of this facility to follow a written and approved care plan for each resident. All employees will be trained upon hire and be required to follow the care plan ..." Resident #63	F 656	1. On 06/26/2024 the Activities of Daily Living (ADL) Care Plan was revised and individualized for Diabetic nail care to resident #63 by the Minimum Data Set (MDS) Nurse. On 06/26/2024 the ADL care plan was revised and individualized related to nail care for resident #63 and #65 by the MDS Nurse. Resident #63 and #65 had nails cleaned and trimmed on 6/26/2024 by the Registered Nurse Supervisor. 2. The facility has determined that all the residents have the potential to be affected. 3. On 06/27/2024 An educational in-service on the facilities " follow the care plan" policy was provided by the Director of Nursing (DON)to the MDS Nurse and the Interdisciplinary team related to updating and individualizing care plans to meet the needs of the residents. On 06/27/2024 an educational in-service was provided to the Certified Nurse Aids (CNA) by the Director of Nursing, Staff Development Nurse and Infection Preventionist Nurse related to the Kardex	

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F 656	Continued From page 10 A record review of Resident #63's Comprehensive Care Plan with a Focus dated 11/04/2020 with a revision on 07/10/2023 revealed, Resident #63 requires assistance with ADLs related to impaired balance, impaired cognition, anemia, bilateral below knee amputation with interventions including "My nail care as needed or scheduled. Under staff responsible, CNA (Certified Nursing Assistant) was listed. On 06/25/24 at 8:40 AM, 12:05 PM, and 2:15 PM, an observation and interview revealed Resident #63 sitting in his wheelchair, bilateral fingernails approximately one-half (1/2) inch long and jagged past the tip of his fingers, and a brown substance was under each nail. Resident #63 stated, "No one has offered to cut and clean my nails in a long time, I would like them to be cut." On 06/26/24 at 10:02 AM, an interview and observation, the Registered Nurse (RN) Supervisor revealed the nurses are responsible for doing the resident's nail care since he is diabetic. She confirmed the resident's nails were long, jagged, and had a brown substance underneath his fingernails. An interview on 06/26/24 at 11:05 AM, the Minimum Data Set (MDS) nurse revealed she is responsible for developing the residents' care plans and they are developed to identify the direct individualized care for each resident. She confirmed that Resident #63's care plan was not developed to reflect his diabetic nail care to be completed by the nurses. She confirmed the care plan reflected for the CNA to do his nails instead of the nurses.	F 656	is to be reviewed and followed by the CNA to assure all residents ADL needs are met. The CNAs and licensed nurses were educated on nail care and that nail care to non-diabetic residents is an assigned CNA task in each residents Kardex and will continue until all nursing staff in-serviced. 4. Beginning on 6/27/2024, 5 residents ADL care plans related to nail care for diabetic and non-diabetic residents will be reviewed, monitored, and revised as needed to ensure individualized nail care has been implemented by The Minimum Date Set (MDS) Nurse. The monitoring of 5 residents ADL careplan for nail care will be done 3 times a week for 3 week, then 2 times a week for 2 weeks, then 1 time a week for 3 months by the MDS Nurse. The findings of this plan of correction will be submitted to the Quality Assurance (QA) Committee on 07/24/2024 for review and recommendation by the DON. The findings report will continue to be submitted monthly for three months in our Quality Assurance meetings, to ensure consistent compliance is being met.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255332	A. BUILDING _____ B. WING _____	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLMES COUNTY LONG TERM CARE CENTER - DURANT	15481 BOWLING GREEN ROAD DURANT, MS 39063

(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 656	Continued From page 11	F 656		

During an interview on 06/27/24 at 09:00 AM, the Director of Nurses (DON) confirmed the ADL care plan for Resident #63 was not developed accurately regarding his diabetic nail care and confirmed his ADL with his nailcare was not being followed. She revealed the nurses knew he was a diabetic and they were responsible for his nails and stated that "It is our expectation that all resident care plans are developed accurately to reflect a resident's individualized plan of care."

A record review of Resident #63's Admission Record revealed the resident was admitted to the facility on 06/24/2021 with diagnoses including Complete traumatic amputation and Type 2 Diabetes Mellitus.

Resident #65

A record review of Resident #65's comprehensive care plan with date initiated: 01/27/2023 revealed, I require assistance with ADLs related to impaired balance, and weakness with interventions of nail care as needed and/or scheduled by the CNA.

On 06/25/24 at 8:52 AM, an observation and interview of Resident #65 revealed bilateral fingernails to be long and jagged, approximately ½ inches past the tips of his fingers. Resident #65 stated it's been a long time since his nails were cut and he would like them to be cut.

An interview on 06/26/24 at 11:10 AM, The MDS Coordinator confirmed the ADL care plan for Resident #65 was not being followed for his nail care and it should have been.

During an interview on 06/27/24 at 9:40 AM, the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255332	A. BUILDING _____ B. WING _____	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLMES COUNTY LONG TERM CARE CENTER - DURANT	15481 BOWLING GREEN ROAD DURANT, MS 39063

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F 656	Continued From page 12 DON revealed it is the responsibility of the CNAs to do Resident #65's nail care since he is not a diabetic. She revealed that anyone can do nail care if they see that it needs to be done and revealed if his nails were not trimmed then his plan of care was not being followed. A record review of Resident #65's "Admission Record" revealed he was admitted to the facility on 01/27/2023 with diagnoses that include Need for Assistance with Personal Care.	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 a brown substance underneath the fingernails for two (2) of the twenty-two sampled residents. Resident # 63, and Resident #65 Findings included: Record review of facility policy titled, "Fingernails/Toenails, Care of" undated, revealed, "The purposes of this policy is to clean the nail bed, to keep nails trimmed, and to prevent infections ... 6 ...Nail care includes daily cleaning and regular trimming. Resident #63	F 677	1. On 06/26/2024 diabetic nail care was provide on resident #63 by the Registered Nurse (RN) Supervisor. On 06/26/2024 nail care was provided to resident #65 by the RN Supervisor. On 06/26/2024 the Certified Nurse Aid (CNA) #1 was educated and provided an individual in-service on providing nail care by the Director of Nursing (DON). On 6/26/2024 the RN Supervisor was educated and provided an individual in-service on diabetic nail care by the DON. 2. The facility has determined that all residents have the potential to be affected.	7/26/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255332	A. BUILDING _____ B. WING _____	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLMES COUNTY LONG TERM CARE CENTER - DURANT	15481 BOWLING GREEN ROAD DURANT, MS 39063

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F 677	Continued From page 13 An observation and interview on 06/25/24 at 8:40 AM, 12:05 PM, and 2:15 PM, revealed Resident #63 sitting in his wheelchair, bilateral fingernails approximately one-half (1/2) inch long and jagged past the tip of his fingers, and a brown substance was under each nail. Resident #63 revealed, "No one has offered to cut and clean my nails in a long time, I would like them cut." An observation on 06/26/24 at 8:25 AM, of Resident #63 sitting in the dining room his fingernails remain long and jagged with a brown substance under each fingernail. An interview and observation on 06/26/24 at 9:45 AM, Certified Nurse Aide (CNA) #1 revealed the nurses do his nail care since he is a diabetic. She confirmed Resident #63's fingernails were long and jagged with a brown substance under his nails. During an interview and observation on 06/26/24 at 10:02 AM, the Registered Nurse (RN) Supervisor revealed the nurses are responsible for doing the resident's nail care since he is diabetic. She confirmed Resident #63's nails were long, jagged, and had a brown substance underneath his fingernails. She revealed that his nails being long, jagged, and dirty could cause a host of problems like a possible skin tear and infection. A record review of Resident #63's Admission Record revealed the resident was admitted to the facility on 06/24/2021 with diagnoses including Complete traumatic amputation and Type 2 Diabetes Mellitus.	F 677	3. On 06/26/2024 educational in-services were started by the DON, Staff Development Nurse, and Infection Control Preventionist, to the CNAs, Registered Nurses, Licensed Practical Nurses related to this facilities policies on care of finger nail and toe nails to ensure good personal hygiene care is being provided to all residents and will continue until all nursing staff have been in-serviced. 4. On 06/27/2024 the DON, RN Supervisor, Wound Care Nurse, or Infection Preventionist Nurse will monitor 5 residents 3 times a week for 3 weeks, then 2 times a week for 2 weeks, then 1 time a week for 3 months to ensure nail care and good personal hygiene is being provided. This plan of correction will be submitted to the Quality Assurance (QA) Committee by the DON on 07/24/2026 for review and recommendation. A report will continue to be submitting monthly for 3 months in our Quality Assurance meeting to ensure consistent compliance is being met.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255332	A. BUILDING _____ B. WING _____	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLMES COUNTY LONG TERM CARE CENTER - DURANT	15481 BOWLING GREEN ROAD DURANT, MS 39063

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F 677	Continued From page 14	F 677		

Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of June 10, 2024, revealed Resident #63 had a Brief Interview for Mental Status (BIMS) score of 11, which indicated the resident has a moderate cognitive impairment.

Resident #65

An observation and interview on 06/25/24 at 8:52 AM, of Resident #65 revealed bilateral fingernails to be long and jagged, approximately ½ inches past the tips of his fingers. Resident #65 revealed it's been a long time since his nails were cut and he would like for them to be cut.

An observation on 06/25/24 at 02:00 PM revealed Resident #65 lying in bed. His bilateral fingernails remain jagged and approximately ½ inches past the tips of his nails.

An observation on 06/26/24 at 9:05 AM, Resident #65's fingernails on bilateral hands remain long and jagged, with no change noted since the previous day.

An interview and observation on 06/26/24 at 09:35 AM, CNA #1 revealed she is assigned to the resident today and the CNAs are responsible for cleaning and trimming the resident's nails. She confirmed Resident #65's nails were long and jagged and needed to be cut, and further stated, "It looks like it had been a while since he had them trimmed." Resident #65 stated with CNA #1 present, "My nails are long, I scratch myself with them. They need to be cut."

An interview and observation on 06/26/24 at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255332	A. BUILDING _____ B. WING _____	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLMES COUNTY LONG TERM CARE CENTER - DURANT	15481 BOWLING GREEN ROAD DURANT, MS 39063

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F 677	Continued From page 15 09:40 AM, the RN Supervisor revealed the CNAs are responsible for cutting Resident #65's fingernails and confirmed his nails were long and jagged and needed to be trimmed. The RN Supervisor revealed that with his nails long and jagged he could scratch himself and cause a skin tear. A record review of Resident #65's "Admission Record" revealed he was admitted to the facility on 01/27/2023 with diagnoses that include Need for Assistance with Personal Care. A record review of the MDS with an ARD of 04/08/24, revealed Resident #65 had a BIMS score of 14 which indicated the resident was cognitively intact.	F 677		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to prevent the possibility of an accident and hazards as evidenced by not properly securing and storing chemicals for one (1) of three (3) survey days. Findings Include:	F 689	1. On 6/26/2024 the lock on the door to the whirlpool room was replaced by maintenance department. On 6/26/2024 Licensed practical nurse (LPN)#1 was provided with an educational in-service related to notifying the Administrator, Director of Nursing (DON) or maintenance department of improper functioning of	7/26/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255332	A. BUILDING _____ B. WING _____	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLMES COUNTY LONG TERM CARE CENTER - DURANT	15481 BOWLING GREEN ROAD DURANT, MS 39063

(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 689	Continued From page 16 Review of the typed statement on facility letterhead revealed the facility did not have a policy on chemical cleaners in the whirlpool room. However, they are expected to be in a locked cabinet when not in use and this was signed by the Administrator. An observation and interview on 6/26/24 at 10:45 AM with Licensed Practical Nurse (LPN) #1 revealed the shower room on the B-Hall had a coded lock on the door, but LPN #1 turned the door handle and walked in without using the keyed lock. Inside the shower room, the whirlpool tub was full of water with soap suds and there was an unlocked storage bin that held a can of bug spray, a spray bottle of bleach cleaner and two large bottles of disinfectant. LPN #1 confirmed that the door to the shower room should be locked and if a resident had accidentally come in here, they could have accessed or come in contact with these chemicals. She stated she does not have any idea how long the shower lock has been broken and she has not reported it to anyone. An interview and observation on 6/26/24 at 10:58 AM, with the Administrator confirmed the shower room should always be locked and that the turn lock nor the code lock was working. She confirmed that it was dangerous having the door unlocked with a tub full of water and chemicals that were accessible to the residents. An interview on 6/26/24 at 11:05 AM, with the Administrator revealed no one had reported that the lock was not working, but they should have.	F 689	door locks or equipment by the Administrator. 2. The facility has determined that all residents have the potential to be affected. 3. On 6/26/2024 Educational in-services were provided to all staff regarding reporting all broken door locks or improper functioning equipment to the Administrator, Director of Nursing (DON) or Maintenance department immediately upon findings by the DON. 4. Beginning on 6/27/2024 the Maintenance Supervisor, Administrator, or Infection Preventionist nurse will monitor the door lock to the whirlpool room to make sure it is locked and locking properly 5 times a week times 3 weeks, then 3 times a week times 2 weeks, then 1 time week monthly for 3 months. This plan of correction will be submitted to the quality assurance committee on 7/24/2024 by the Administrator for review and recommendations. The report will continue to be submitted monthly for 3 months in our quality assurance meetings to ensure consistent compliance is being met.	
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)	F 755		7/26/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255332	A. BUILDING _____ B. WING _____	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLMES COUNTY LONG TERM CARE CENTER - DURANT	15481 BOWLING GREEN ROAD DURANT, MS 39063

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F 755	Continued From page 17 §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review, and facility policy review, the facility failed to ensure a controlled substance was signed out on a resident's narcotic administration log at the time of administration for one (1) of five (5)	F 755	1. On 6/26/2024 Registered nurse (RN) #2 provided corrected documentation to the narcotic log book for resident #30. On 6/27/2024 RN #2 provided corrected documentation to the narcotic log book for	

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	255332	A. BUILDING _____ B. WING _____	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 755	Continued From page 18 residents observed during medication pass (Resident #31) and during one (1) of two (2) narcotic log reconciliations. Findings include: Review of the facility policy titled "Preparation and General Guidelines" with a revision date of January 2018 revealed under, "Policy: Medication included in the Drug Enforcement Administration (DEA) classification as controlled substances are subject to special handling, storage, disposal, and recordkeeping in the facility, in accordance with federal and state laws and regulations." Also revealed under, "Procedures: ... E. Accurate accountability of the inventory of all controlled drugs is maintained at all times. When a controlled substance is administered, the licensed nurse administering the medication immediately enters the following information on the accountability record and the medication administration record (MAR): 1) Date and time of administration (MAR, Accountability Record). 2) Amount administered (Accountability Record). 3) Remaining quantity (Accountability Record). 4) Initials of the nurse administering the dose, completed after the medication is actually administered (MAR, Accountability Record) ..." During an observation of medication pass with Registered Nurse (RN) #2, on 6/26/2024 at 8:15 AM, Resident #31 requested a pain pill with his morning medication. RN #2 prepared and administered one (1) Norco 5/325 milligrams (mg), returned to the medication cart and signed the Medication Administration Record (MAR). She continued to prepare and distribute medications to three (3) other residents on D hall without	F 755	resident #31. On 6/27/2024 RN#2 was provided with an individual in-service by the Director of Nursing (DON) regarding the administration and proper documentation of narcotics to the Electronic Medication Administration Record (EMAR) and narcotic accountability log record. 2. This facility has determined that all residents have the potential to be affected. 3. On 6/27/2024 Educational in-services related to administering and documenting narcotics per this facilities policy was provided to all Licensed Practical Nurses (LPN) and RNs by the DON and Staff Development Department nurses. 4. Beginning on 6/27/2024 the DON and Staff Development Department Nurses will monitor all cart nurses narcotic accountability log record for 3 times a week for 3 weeks, then 2 times a week for 2 weeks, then 1 time a week monthly for 3 months. This plan of correction will be submitted to the quality assurance (QA) committee on 7/24/2024 for review and recommendations by the DON. The report will continue to be submitted monthly for 3 months in our QA meetings to ensure consistent compliance is being met.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255332	A. BUILDING _____ B. WING _____	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLMES COUNTY LONG TERM CARE CENTER - DURANT	15481 BOWLING GREEN ROAD DURANT, MS 39063

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F 755	Continued From page 19	F 755		

signing out the pain medication on the resident's narcotic administration log. After completion of D hall medication pass, inquired about her not signing the narcotic log for Resident #31's Norco. RN #2 confirmed she did not sign it out and revealed she did not have her narcotic logbook with her and had left it at the nurse's desk. She confirmed narcotics should be signed out at the time of administration to have an accurate count and accountability of the medication.

Record review of Resident #31's MAR for June 2024 revealed an order dated 11/01/2023, "Norco Oral tablet 5-325 MG (milligrams) (Hydrocodone-Acetaminophen) Give 1 tablet by mouth every 4 hours as needed for Pain" initialed as administered on 6/26/2024 at 0819.

During a narcotic log reconciliation for medication cart assigned to halls D and E on 6/27/2024 at 8:42 AM, with Registered Nurse (RN) #2, Resident #30 had a blister packed card of Valium 2 mg (milligrams) that contained 48 tablets and the narcotic administration log showed a discrepancy count of 49 tablets. RN #2 stated the resident took the medication twice a day, and she had given it earlier at 8:24 AM. She revealed that she forgot to sign it out and confirmed she did not account for the Valium on the resident's narcotic log as it was administered.

Record review of the June 2024 MAR for Resident #30 revealed an order dated 6/27/2023, "Valium (antianxiety) Tablet 2 MG (milligrams) (diazepam) Give 2 mg by mouth two times a day related to Paranoid Schizophrenia". The 8:00 AM dose was signed out on the MAR.

An interview with the Director of Nursing (DON)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255332	A. BUILDING _____ B. WING _____	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLMES COUNTY LONG TERM CARE CENTER - DURANT	15481 BOWLING GREEN ROAD DURANT, MS 39063

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F 755	Continued From page 20 on 6/26/2024 at 10:10 AM, revealed her expectations were that narcotics were signed out for each resident on the narcotic administration log at the point of administration. She revealed the nurses were to keep the narcotic book with them on the med carts to sign the narcotics out. She stated these things were learned in nursing school and the nurses had been in-serviced.	F 755		