STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26CL	A. BUILDING: _____ B. WING _____	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLMES COUNTY LONG TERM CARE CENTER - DUR	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) COMPLETE DATE
M 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 the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm and cited M500 for resident rights, M610 for activities of daily living and M640 for accidents. The census at the time of the survey was 77 with a bed capacity of 80 beds.	M 000		
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 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	M 500		7/26/24

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M 500	Continued From page 1 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 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	M 500		

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M 500	Continued From page 2	M 500		

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, 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,

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M 500	Continued From page 3 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 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 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	M 500	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	

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M 500	Continued From page 4 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 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..." Resident #5 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	M 500	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 facility's policies regarding residents rights on ensuring all residents are treated and provided with a dignified existence by the Director of Nursing. On 06/26/2024 the Registered Nurse (RN) Supervisor and the RN Minimum Data Set (MDS) Nurse were in-serviced on this facilities 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	

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M 500	Continued From page 5 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. 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,	M 500	monitored for covered drainage bag 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 times a week for 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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M 500	Continued From page 6	M 500		

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 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

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M 500	Continued From page 7 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 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	M 500		

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M 500	Continued From page 8 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 cognitive impairment.	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 provide personal hygiene as evidenced by long, jagged nails with a brown substance underneath the fingernails for	M 610	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	7/26/24

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M 610	Continued From page 9 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 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	M 610	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. 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, and 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 submitted monthly for 3 months in our Quality Assurance meeting to ensure consistent compliance is being met.	

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M 610	Continued From page 10	M 610		

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.

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

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M 610	Continued From page 11 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 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.	M 610		
M 640	45.21.8 Accidents Accidents. The facility shall ensure that the residents ' environment remains as free of accident hazards as possible, and adequate supervision shall be provided to prevent accidents. If an unexplained accident occurs, this injury must be investigated and reported to appropriate state agencies.	M 640		7/26/24

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

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M 640	Continued From page 12 This Statute is not met as evidenced by: Level II 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: 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	M 640	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 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 a 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.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26CL	A. BUILDING: _____ B. WING _____	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M 640	Continued From page 13 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.	M 640		