STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255267	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARKSDALE NURSING CENTER	1120 RITCHIE AVE CLARKSDALE, MS 38614

(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 a complaint investigation (CI MS# 24275 and CI MS# 25176), at the facility on 6/26/24. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid Services. The SA identified non-compliance and cited F 677 for CI MS# 24275 for failure to provide Activities of Daily Living to Dependent Residents. There were no deficiencies cited for CI MS# 25176 related to an allegation of abuse. The census at the time of the survey was 53 with a bed capacity of 60 beds.	F 000		
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 interview, and record review the facility failed to ensure that a resident received incontinent care during a night shift for one (1) of five (5) residents reviewed. Resident #1. Findings Include: Record review of a typed statement by the Administrator dated 06/26/24 on Company Letterhead revealed, "Clarksdale Nursing Center does not have a policy specific to how frequent ADL (Activities of Daily Living) rounds are made or incontinent care provided."	F 677	1. Resident #1 had incontinent care performed by Licensed Practical Nurse #1 on 6/26/24 on discovery of incontinence. No skin issues were noted at time of change. Director of Nurses interviewed certified nurse assistant who was assigned to resident #1 for the 3rd shift on 6/26/24. Certified nurses assistant admitted she looked in on resident but did not change him. Certified nursing assistant is an agency aide and will not be allowed to work here again per Director of Nurses and Administrator.	7/18/24

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

Electronically Signed | 07/02/2024

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F 677	Continued From page 1 On 06/26/24 at 7:40 AM, an observation and interview with Licensed Practical Nurse #1 (LPN) revealed her entering Resident #1's room and confirmed that his brief was soaked with urine and that he should have been changed during the Certified Nursing Assistant's (CNA) last rounds. State Agency (SA) observed Resident #1 telling LPN #1 that he had not been changed during the night and she stated to Resident #1, "I'm sorry. I will get someone to change you now." LPN #1 revealed that leaving a resident wet for long periods could cause all kinds of problems including urinary tract infections, bed sores, and other skin issues. LPN #1 revealed that Resident #1 would get up to the bathroom himself if he was in his wheelchair but would not get up and go to the bathroom if he was in the bed. On 06/26/24 at 9:00 AM, an interview with CNA #1, revealed that the CNAs were supposed to make rounds on each resident every two (2) hours on day and night shifts, and change their brief if wet or soiled. She revealed that if they noticed a resident was wet between rounds, they were supposed to go ahead and change them and not wait until the scheduled time and stated, "We can't control when someone pees." She revealed that the night shift normally made their last rounds and changed the residents' briefs or diapers before they clocked out at 7:00 AM. At 9:40 AM on 6/26/24, an interview with the Director of Nursing (DON), revealed she had preached to the staff about the need to make their rounds at least every 2 hours on day and night shifts, and to check on the residents, not just stick their heads in and look at them. The DON revealed that they trained all nursing staff	F 677	2. All residents have the potential to be affected by the deficient practice of not keeping a resident dry. 3. All nursing staff were in-serviced on the policy "Activities for Daily Living" and the importance of following the residents care plans on June 26, 27, 28, 29 and July 1, 2024. by the Director of Nursing, Staff Development/Infection Preventionist and Staff Nurse. All staff will be in-serviced four times per year and as needed on Activity of Daily Living including incontinent care, good nutrition, grooming, personal and oral hygiene by Staff Development. An emergency Quality Assurance meeting on June 28, 2024 was held with the Medical Director for approval of Plan of Correction. Any problems will be placed on a Quality Improvement form and be reviewed weekly in the Department Head Meeting until resolved. 4. The Director of Nursing, Staff Development/Infection Preventionist and Nursing Supervisors will make rounds on eight residents on shifts daily for two weeks starting 6/26/24,then two times a week for two weeks and then one time a week for two weeks. A Quality Assurance meeting will be held on July 18, 2024 to discuss and review the monitoring with the Medical Director and Committee. The Administrator will report to the Quality Assurance Committee quarterly. The Quality Assurance Committee will monitor quarterly until the deficient practice is no longer an issue and will make revisions and/or corrections when needed.	

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F 677	Continued From page 2 on incontinence care, on rounding every 2 hours, and on changing residents who needed to be changed even if it was between their scheduled rounds. The DON revealed that Resident #1 should not have been left wet, that his assigned CNA should have changed him. Record review of Resident #1's "Face Sheet" revealed an admission date of 03/24/21 with diagnoses that included Type II Diabetes and Hemiplegia following Cerebral Infarction. Record review of Resident #1's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/11/24, under Section C revealed a Brief Interview for Mental Status (BIMS) Score of 11 which indicated that he had moderate cognitive deficits. Section H "Urinary Continence" revealed that he was frequently incontinent.	F 677		