STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255326	A. BUILDING _____ B. WING _____	C 07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST HEALTH AND REHABILITATION	1116 FOREST AVENUE JACKSON, MS 39206

(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 On 7/15/24 through 7/18/24 the State Agency (SA) conducted ten (10) Compliant Investigations (CI 25800, CI MS #25804, CI MS #25784, CI MS #25345, CI MS #25245, CI MS #25244, CI MS #25614, CI MS #25836, CI MS #25890, and CI MS #25894) at the facility for CI MS #25800 related to neglect for pressure sores, quality of care, physical environment and quality of life. CI MS#25804 was investigated related to a facility reported allegation for neglect related to pressure sores, quality of care, insufficient supplies and quality of life. CI MS #25784 was investigated related to misappropriation of property, neglect, injury of unknown origin, physical environment and quality of care. CI MS #25345 was investigated related to resident rights and physical environment. CI MS #25245 was investigated related to resident not treated with dignity, physical environment and quality of care. CI MS #25244 was investigated related to quality of care for care not received per physician instructions, call light not answered in a timely manner, rehabilitation services, and neglect. CI MS #25614 was investigated related to nursing services, neglect and quality of care. CI MS #25836 was investigated related to a facility reported incident related to allegations of neglect. CI MS #25890 was investigated related to neglect. CI MS #25894 was investigated related to neglect. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F677 and F865 related to CI MS #25784 and CI MS #25245. The SA also cited F656 related to CI MS #25784. At the time of the survey the facility was licensed	F 000		

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

Electronically Signed | 08/07/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255326	A. BUILDING _____ B. WING _____	C 07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST HEALTH AND REHABILITATION	1116 FOREST AVENUE JACKSON, MS 39206

(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	Continued From page 1 for 120 beds and had a census of 95 residents.	F 000		
F 656 SS=E	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	F 656		8/22/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255326	A. BUILDING _____ B. WING _____	C 07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST HEALTH AND REHABILITATION	1116 FOREST AVENUE JACKSON, MS 39206

(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 2 local contact agencies and/or other appropriate 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 observations, record review, policy review and interviews the facility failed to implement a resident's individualized care plan for Activities of Daily Living (ADL) care related to personal hygiene for four (4) of seven (7) sampled residents. Residents #1, Resident #5, Resident #6, and Resident #7. Findings included: Record review of the facility policy titled,, "Resident Centered Care Planning" dated March 2019, revealed " ...Comprehensive Care Plan ... Standard ... "It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment ... 6. The comprehensive care plan will describe, at a minimum, the following: a. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being..."	F 656	1. Resident #□s 1, 5, 6 & 7 were identified and assessed by a Registered Nurse (RN) for Activities of Daily Living (ADL) on 7/18/2024. All four resident care plans were immediately assessed by Director of Nursing (DON) and determined to be accurate for each individual resident ADL needs pertaining to Nail Care, facial grooming, and overall hygiene. Residents 1,5,6 & 7 ADL Care Plans were reviewed by Minimum Data Set (MDS) RN and determined to provide individual based care plans regarding ADL Care according to each resident□s needs on 7/18/2024. Scheduled direct care staff to Residents 1,5,6, & 7 were in-serviced on 7/18/24 by Nurse Educator on care plan location and instruction pertaining to ADL needs for each individual resident and will be individually monitored weekly for 90 days. 2. An audit of 95 residents was conducted/completed on 7/18/2024 and zero residents were determined to have inaccurate ADL Care plans nor non-compliance with following ADL Care Plan.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255326	A. BUILDING _____ B. WING _____	C 07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST HEALTH AND REHABILITATION	1116 FOREST AVENUE JACKSON, MS 39206

(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 3 Resident #1 Record review of the Care Plan for Resident #1 revealed "Focus: (Proper name of Resident #1) has an ADL Self Care Performance Deficit r/t (related to) Disease Process ...Date Initiated: 6/15/2022...Desired Outcome : ...will have appropriate adl care daily to promote comfort ...Interventions/Tasks ...totally dependent on staff ..." On 7/15/24 at 10:45 AM, an observation revealed Resident #1 had short, smooth rounded fingernails which had a dark brownish black substance beneath each of his fingernails. On 7/16/24 at 9:39 AM, during a telephone interview with the Resident Representative (RR) she stated she had observed incidents of inadequate grooming for Resident #1. Resident #5 Record review of the care plan with a date initiated of 10/4/23 revealed "Focus: The resident has an ADL Self Care Performance Deficit ...Desired Outcome:The resident will have all needs met with adl care ...Interventions/Task ... The Resident requires full total assistance ..." During an observation on 7/15/24 at 10:50 AM, revealed all Resident #5's fingernails were long, with a dark brownish substance beneath each of them. Resident #5 was not verbal and not able to communicate in any way. Observation of the resident's toenails revealed that the toenails on both of his great toes were long and extended past the end of his toes. The toenails of the middle three toes on both feet were long and	F 656	3. Facility Quality Assurance Performance Improvement (QAPI) Committee (consisting of Administrator, Director of Nursing (DON), Infection Control Preventionist (IFCP), Medical Director (MD), Social Services (SS), Activity Director (AD), Certified Dietary Manager (CDM), and Therapy Director (DOR)) met on 7/25/2024 to review cited regulation. QAPI Committee reviewed the policy Care Planning with no recommended changes to the policy. Residents 1, 5, 6, & 7 have person-centered individual ADL Care Plans and are considered updated according to physician orders on 7/18/2024. MDS RN was successfully completed educational training via web portal on development of person-centered individualized ADL Care Planning ensuring all residents within the facility and who will be admitted into the facility receive proper Activities of Daily Living Care. 4. Trained Unit Mangers and Nurse Management in their absence will be responsible for conducting weekly ADL audits of 25 residents per week pertaining to proper ADL care according to their prescribed ADL Care plan and report to MDS Nurse. Beginning 7/18/24 MDS Nurse will report weekly audits of residents during weekly High Risk Meeting to Interdisciplinary Team. Any discrepancies found with Care Plans and follow through with Care Plan will be addressed immediately. MDS Nurse will report all findings to QAPI Committee beginning 8/15/24 who will review and	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255326	A. BUILDING _____ B. WING _____	C 07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST HEALTH AND REHABILITATION	1116 FOREST AVENUE JACKSON, MS 39206

(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 4 curved around the ends of the resident's toes. Resident #6 Record review of the Care Plan with a date initiated of 09/19/23 revealed "Focus (Proper Name Resident #6) has an ADL Self Care Performance Deficit r/t (related to) Paraplegia ... Desired Outcome (Resident #6) will receive appropriate ADL care daily ...Interventions/Tasks ...Check nail length and trim and clean on bath day and as necessary ...Date Initiated: 09/19/23 ..." On 7/15/24 at 10:53 AM, an observation and interview revealed Resident #6's fingernails were long, extended past the ends of his fingers. There was with a brownish substance noted underneath all the fingernails. Resident #6 stated he did not prefer his fingernails long, but was unable to trim them by himself and none of the staff had assessed or offered to trim his fingernails for him. Resident #7 Record review of the Care Plan with a date initiated of 6/15/22 revealed "(Proper name of Resident #7) has an ADL Self Care Performance Deficit r/t (related to) Disease Process Spinal Bifida Date ...Desired Outcome (Proper name of Resident #7) will have appropriate ADL care daily to promote comfort ...Intervention/Tasks ...totally dependent on staff to provide a bath 3 x week (three times each week) and as necessary ..." On 7/15/24 at 4:48 PM, an interview with Certified Nursing Assistant (CNA) #2 revealed that she was assigned to the care of Resident #7 on the 7:00 AM through 3:00 PM shift on 7/15/24. She	F 656	evaluate ADL Care Plan Audits Monthly for 52 weeks to determine compliance in developing resident-centered comprehensive care plan interventions for residents requiring assistance with ADL Care, including but not limited to resident hygiene. Any concerns identified will be noted, assessed, and corrected immediately.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255326	A. BUILDING _____ B. WING _____	C 07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST HEALTH AND REHABILITATION	1116 FOREST AVENUE JACKSON, MS 39206

(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 5	F 656		

said she was not aware of how care plan interventions were communicated to the CNAs and said she usually "just asks the nurse".

On 7/16/24 at 2:00 PM, observation and an interview revealed Resident #7 had a thick patch of curly gray hair under her chin. Resident #7 stated she did not like facial hair but was not able to remove it herself.

On 7/16/24 at 3:23 PM, an interview with Licensed Practical Nurse (LPN) #1 revealed unwanted facial hair should have been removed during daily ADL care or shower. She confirmed care plans for all residents were available to the nurses through the computer software on the facility laptops. She confirmed it was important for all staff to follow care plan interventions to ensure appropriate care for residents.

On 7/17/24 at 3:10 PM, an interview with the CNA #1 revealed care instructions for each resident were on the wall-mounted kiosks available to all CNAs for every resident.

On 7/18/24 PM at 3:30 PM, an interview with the facility Staff Development Nurse (SDN) revealed nurses supervised care provided by the CNAs to residents and the care plan was the foundation for care instructions.

On 7/18/24 at 4:30 PM, an interview with the Director of Nurses (DON) revealed she expected facility nursing staff to provide ADL care including fingernail care and removal of unwanted facial hair according to resident preferences and their care plans, which she confirmed was the foundation for care instructions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255326	A. BUILDING _____ B. WING _____	C 07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST HEALTH AND REHABILITATION	1116 FOREST AVENUE JACKSON, MS 39206

(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 6 On 7/18/24 at 5:00 PM, an interview with the Administrator revealed he expected ADL care to include adequate grooming of fingernails and toenails and the removal of unwanted facial hair to be provided daily for all residents according to their care plans and preferences.	F 656		
F 677 SS=E	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 observations, interviews, facility policy review,and record review, the facility failed to ensure dependent residents received necessary services to maintain adequate grooming, related to nail care and removal of unwanted facial hair for four (4) of seven (7) sampled residents. Residents #1, Resident #5, Resident #6, and Resident #7 Findings included: Record review of the facility policy titled, "Resident Hygiene," revised June 2022, revealed, Bath and Shower Standard ... It is the practice of this facility to assist residents with bathing/showering to maintain proper hygiene and help prevent skin infections...Procedure ...9. Each resident will have his or her nails cleaned and trimmed, (unless medically contraindicated), facial hair shaved or trimmed ...Staff Responsibilities ...1. Assistance can be given by a CNAs (Certified Nursing Assistant) or a licensed nurse ...7. Staff providing assistance will provide	F 677	1. On 7/18/2024, Resident #□s 1, 5,6, & 7 were assessed by Registered Nurse (RN) Unit Manager and Lead Certified Nursing Assistant (CNA) and were properly shaved, received nail care, and given proper care associated with acceptable hygiene and grooming and determined to be in compliance. Furthermore, Residents 1,5,6,&7 were immediately added to upcoming podiatry visit for further evaluation/care. 2. All 95 residents require some level of assistance with ADLs and have the potential to be affected. 3. Facility Quality Assurance Performance Improvement (QAPI) Committee (consisting of Administrator, Director of Nursing (DON), Infection Control Preventionist (IFCP), Medical Director (MD), Social Services (SS), Activity Director (AD), Certified Dietary Manager (CDM), and Therapy Director (DOR)) met on 7/25/2024 to review cited	8/22/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255326	A. BUILDING _____ B. WING _____	C 07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST HEALTH AND REHABILITATION	1116 FOREST AVENUE JACKSON, MS 39206

(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 677	Continued From page 7	F 677		

nail care (unless medically contraindicated), shampoo, and shave each resident on every bath/shower day ... Care of Fingernails and Toenails ... The purpose of this procedure is to clean the nail bed, to keep nails trimmed and to prevent infections. Nail care includes cleaning and trimming as needed. Proper nail care can aid in the prevention of skin problems around the nail bed. Trimmed and smooth nails prevent the resident from accidentally scratching and injuring his/her skin ..."

Resident #1

During an observation on 7/15/24 at 10:45 AM, revealed Resident #1 had short, smooth rounded fingernails which had a dark brownish black substance beneath each of his fingernails.

During a telephone interview on 7/16/24 at 9:39 AM, with the Resident Representative (RR) for Resident #1, she stated that she had observed incidents of inadequate grooming.

During an interview on 7/17/24 at 3:10 PM, with CNA #1 revealed the nurses provided fingernail trimming and the CNAs could clean fingernails. She stated she had observed Resident #1 moving his left hand which indicated he may be able to scratch himself.

During an interview on 7/17/24 at 3:20 PM, with Licensed Practical Nurse (LPN) #1 revealed fingernail cleaning could be performed by CNAs during daily care. She stated if CNAs observed long or jagged fingernails or toenails, they could notify the resident's nurse or the wound care nurse. She confirmed that unless contraindicated by the resident's diagnoses or condition nurses

regulation. QAPI Committee reviewed the policy, Resident Assistance with ADLs Pertaining to Grooming/Hygiene with no recommended changes to policy. On 7/18/2024, Nurse Educator conducted an in-service for present direct care staff on morning, evening, and night shifts on the provision of ADL Care with an emphasis on hygiene (nail care, grooming). Remaining staff will be in-serviced prior to receiving resident care assignment. On 7/24/2024, a complete audit of 95 residents was conducted by DON, Assistant Director of Nursing (ADON), and Infection Preventionist Nurse. The results of that audit showed 7 residents presenting a need for toenail care. All other levels of nail care, shaving, and overall hygiene were sufficient and determined to be in compliance. All 7 residents were added to Podiatry List for upcoming visit on 7/29/24.
4. On 7/18/24, RN Unit Mangers will begin auditing 25 residents per week for 52 weeks for proper ADL Care, including but not limited to facial hair, hygiene, and nail care. Audits will be reported to the Assistant Director of Nursing (ADON) upon completion. The ADON will communicate results of audits during weekly high risk meeting for a period of no less than 52 weeks beginning on 7/25/24. Any concerns identified will be assessed and corrected by the nurse management staff immediately. Beginning 8/15/24, the Facility QAPI Committee will review the results of all the reported audits and monitor for effectiveness and continued compliance for no less than 12 months.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255326	A. BUILDING _____ B. WING _____	C 07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST HEALTH AND REHABILITATION	1116 FOREST AVENUE JACKSON, MS 39206

(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 677	Continued From page 8	F 677	Any concerns identified will be noted, assessed, and addressed immediately.	

could provide trimming of fingernails or toenails. She stated that long or jagged fingernails or toenails could cause scratches or lead to infections for residents.

Record review of the Order Summary Report, with active orders as of 7/1/24 revealed a physician order dated 8/8/23 "Provide nail care weekly (Mondays) and PRN (as needed).

Record review of the Admission Record for Resident #1 revealed the facility admitted the resident on 8/07/23 with diagnoses which included Chronic Respiratory Failure with Hypoxia, Hemiplegia and Hemiparesis Following Cerebral Infarction (stroke) Affecting Left Side, and Aphasia following Cerebral Infarction.

Record review of the Quarterly Minimum Data Set (MDS), with Assessment Reverence Date (ARD) 5/08/24 for Resident #1, revealed in CO100 "Should Brief Interview for Mental status be conducted. The answer was coded "0" indicating "No" due to "resident is rarely/never understood." Further documentation revealed Resident #1 had memory problems and moderately impaired cognitive skills for daily decision making. Section GG revealed Resident #1 was dependent on staff for all Activities of Daily Living (ADLs).

Resident #5

During an observation on 7/15/24 at 10:50 AM, revealed all of Resident #5's fingernails were long, with a dark brownish substance beneath each of them. Resident #5 was not verbal and not able to communicate in any way. Observation of the resident's toenails revealed that the toenails on both of his great toes were long, and extended

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255326	A. BUILDING _____ B. WING _____	C 07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST HEALTH AND REHABILITATION	1116 FOREST AVENUE JACKSON, MS 39206

(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 677	Continued From page 9	F 677		

past the end of his toes. The toenails of the middle three toes on both feet were long and curved around the ends of the resident's toes.

Record review of the Admission Record for Resident #5 revealed that the facility admitted the resident on 10/04/23, with the most recent admission date 11/21/23. The resident had diagnoses that included Nontraumatic Intracerebral Hemorrhage in Brain Stem, Hydrocephalus, and Limitation of Activities Due to Disability.

Record review of the Quarterly MDS for Resident #5 with ARD 5/21/24, revealed the resident had no Brief Interview for Mental Status (BIMS) score due to 'resident is rarely/never understood) with documentation of Memory problem and Severely Impaired cognitive skills for daily decision making. Section GG revealed Resident #5 was dependent on staff for all ADLs.

Resident #6

During an observation and interview on 7/15/24 at 10:53 AM, with Resident #6 revealed all of the resident's fingernails were long, extended past the ends of his fingers. There was with a brownish substance noted underneath all the fingernails. The resident stated he did not prefer his fingernails long, but was unable to trim them by himself and none of the staff had assessed or offered to trim his fingernails for him.

During an interview on 7/15/24 at 11:10 AM, Certified Nurse Aide (CNA) #1, stated the nurses were responsible for trimming a resident's fingernails, and the CNAs could clean fingernails. CNA #1 explained they had been instructed to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255326	A. BUILDING _____ B. WING _____	C 07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST HEALTH AND REHABILITATION	1116 FOREST AVENUE JACKSON, MS 39206

(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 677	Continued From page 10	F 677		

report long nails to the resident's nurse.

Record of the Admission Record Resident #6 revealed that the facility initially admitted the resident on 9/12/23, with most recent admission on 2/28/24. The resident had diagnoses that included Diabetes, Complete Lesion at T2-T6 Level of Thoracic Spinal Cord and Paraplegia, and Limitation of Activities Due to Disability.

Record review of the Quarterly MDS with ARD 6/22/24 revealed that the resident had a BIMS score of 15, which indicated no cognitive impairment.

Resident #7

During an observation and interview on 7/15/24 at 2:00 PM, revealed Resident #7 had a thick patch of curly gray hair under her chin. Resident #7 stated she did not like facial hair being there, but was not able to remove it herself.

During an interview on 7/15/24 at 4:48 PM, CNA #2 revealed she was assigned to the care of Resident #7 from 7:00 AM through 3:00 PM for 7/15/24. She confirmed she had not provided removal of unwanted hair for the resident before, during or after the resident's shower.

During an interview on 7/16/24 at 3:23 PM, with Licensed Practical Nurse (LPN) #1 revealed she had been in the room of Resident #7, as she had made rounds every two (2) hours, but had not noticed the patch of curly gray hair under the chin of Resident #7. LPN#1 stated unwanted facial hair should have been removed during daily ADL care or shower.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255326	A. BUILDING _____ B. WING _____	C 07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST HEALTH AND REHABILITATION	1116 FOREST AVENUE JACKSON, MS 39206

(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 677	Continued From page 11	F 677		

During a telephone interview on 7/18/24 at 10:39 AM, with the family member of Resident #7, revealed she had discussed concerns related to grooming with the facility Social Worker and Administrator in the past and they had taken care of issues, but said that it was an ongoing process. She stated Resident #7 was her own RR and was able to speak for herself.

Record review of the Admission Record for Resident #7 revealed that the facility initially admitted the resident on 6/09/22, with the most recent admission date of 7/11/23. The resident had diagnoses that included Spina Bifida, Paraplegia, and Limitation of Activities Due to Disability.

Record review of the Annual MDS with, ARD 5/14/24 revealed Resident #7 had a BIMS score of 9, which indicated the resident had moderate cognitive impairment.

During an interview on 7/18/24 3:30 PM, the facility Staff Development Nurse (SDN), confirmed in-service training related to resident grooming and ADL care had been provided for all direct care staff and included removal of facial hair and cleaning providing trimming for all residents per their preferences.

During an interview on 7/18/24 at 4:30 PM, the Director of Nurses (DON), stated she expected facility nursing staff to provide ADL care including fingernail care and removal of unwanted facial hair according to resident preferences. She confirmed that meeting ADL/grooming needs was important for residents' physical and psychosocial well-being and that long fingernails could result in scratches to residents' skin/body.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255326	A. BUILDING _____ B. WING _____	C 07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST HEALTH AND REHABILITATION	1116 FOREST AVENUE JACKSON, MS 39206

(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 677	Continued From page 12 During an interview on 7/18/24 at 5:00 PM, in an interview with the Administrator, he revealed he had noted the curly gray hair under Resident #7's chin on the morning of 7/18/24 and had requested staff remove the hair prior to the resident's physician appointment. He confirmed he had observed Resident #7 leaving for her appointment and the hair had been removed. The Administrator stated he expected ADL care to include adequate grooming of fingernails and toenails and the removal of unwanted facial hair to be provided daily for all residents according to their care plans and preferences.	F 677		
F 865 SS=D	QAPI Prgm/Plan, Disclosure/Good Faith Attmpt CFR(s): 483.75(a)(1)-(4)(b)(1)-(4)(f)(1)-(6)(h)(i) §483.75(a) Quality assurance and performance improvement (QAPI) program. Each LTC facility, including a facility that is part of a multiunit chain, must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life. The facility must: §483.75(a)(1) Maintain documentation and demonstrate evidence of its ongoing QAPI program that meets the requirements of this section. This may include but is not limited to systems and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events; and documentation demonstrating the development, implementation, and evaluation of corrective actions or performance improvement activities; §483.75(a)(2) Present its QAPI plan to the State	F 865		8/22/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255326	A. BUILDING _____ B. WING _____	C 07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST HEALTH AND REHABILITATION	1116 FOREST AVENUE JACKSON, MS 39206

(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 865	Continued From page 13	F 865		

Survey Agency no later than 1 year after the promulgation of this regulation;

§483.75(a)(3) Present its QAPI plan to a State Survey Agency or Federal surveyor at each annual recertification survey and upon request during any other survey and to CMS upon request; and

§483.75(a)(4) Present documentation and evidence of its ongoing QAPI program's implementation and the facility's compliance with requirements to a State Survey Agency, Federal surveyor or CMS upon request.

§483.75(b) Program design and scope.
A facility must design its QAPI program to be ongoing, comprehensive, and to address the full range of care and services provided by the facility. It must:

§483.75(b)(1) Address all systems of care and management practices;

§483.75(b)(2) Include clinical care, quality of life, and resident choice;

§483.75(b)(3) Utilize the best available evidence to define and measure indicators of quality and facility goals that reflect processes of care and facility operations that have been shown to be predictive of desired outcomes for residents of a SNF or NF.

§483.75(b) (4) Reflect the complexities, unique care, and services that the facility provides.

§483.75(f) Governance and leadership.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255326	A. BUILDING _____ B. WING _____	C 07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST HEALTH AND REHABILITATION	1116 FOREST AVENUE JACKSON, MS 39206

(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 865	Continued From page 14	F 865		

The governing body and/or executive leadership (or organized group or individual who assumes full legal authority and responsibility for operation of the facility) is responsible and accountable for ensuring that:

§483.75(f)(1) An ongoing QAPI program is defined, implemented, and maintained and addresses identified priorities.

§483.75(f)(2) The QAPI program is sustained during transitions in leadership and staffing;
§483.75(f)(3) The QAPI program is adequately resourced, including ensuring staff time, equipment, and technical training as needed;

§483.75(f)(4) The QAPI program identifies and prioritizes problems and opportunities that reflect organizational process, functions, and services provided to residents based on performance indicator data, and resident and staff input, and other information.

§483.75(f)(5) Corrective actions address gaps in systems, and are evaluated for effectiveness; and

§483.75(f)(6) Clear expectations are set around safety, quality, rights, choice, and respect.

§483.75(h) Disclosure of information.
A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section.

§483.75(i) Sanctions.
Good faith attempts by the committee to identify

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255326	A. BUILDING _____ B. WING _____	C 07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST HEALTH AND REHABILITATION	1116 FOREST AVENUE JACKSON, MS 39206

(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 865	Continued From page 15 and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record review, plan of correction review, and facility policy review, the facility failed to sustain an effective Quality Assurance and Performance Improvement (QAPI) committee as evidenced by two (2) re-cited deficiencies, originally cited in December 2023, on an annual recertification survey. Findings include: Record review of the facility policy titled "Quality Assurance and Performance Improvement" dated September 2019 revealed the policy stated, "Policy Explanation and Compliance Guidelines ...8. Program feedback, data systems, and monitoring-a. The facility will raw data from multiple sources ...Data sources may include but are not limited to ...ix. Survey outcomes ...e. Adverse events will be monitored ...in accordance with established procedures for the type of adverse event. The data related to the adverse events will be used to develop activities to prevent them ...c. The facility will utilize Root Cause Analysis and the 'Plan, Do, Study, Act' (PSDA) cycle of improvement to improve existing processes ...d. Data will be collected throughout the PDSA process and then analyzed to determine the effectiveness of any changes. e To ensure improvements are sustained, the effectiveness of performance improvement activities will be monitored in QAPI Committee meetings ...10. Program activities-a. Identified problems will be addressed and prioritized ...Governance and leadership-a. The governing	F 865	1. On 7/18/2024 QAPI Committee performed a Root Cause Analysis and determined the monitored sample for F677 from prior survey ending 12/5/23 to be too small to effectively monitor ADL / Hygiene Care. The sample was immediately increased from 5 residents per week to 25 residents per week after completing an initial audit of ADL Care on all 95 residents and determining compliance. The QAPI committee conducted an audit of all 95 resident ADL care plans as it pertained to F656 from prior survey ending 12/5/23. Root Cause Analysis determined the need to always monitor care plans as it pertains to any deficient practice whether cited in the F656 Care Plan tag or not and to educate all proper staff on such care plans whether cited in deficient practice or not in order to prevent the potential for future deficient practice from prior cited deficiencies. 2. All 95 residents require some level of assistance with ADLs and have the potential to be affected. 3. Facility Quality Assurance Performance Improvement (QAPI) Committee (consisting of Administrator, Director of Nursing (DON), Infection Control Preventionist (IFCP), Medical Director (MD), Social Services (SS), Activity Director (AD), Certified Dietary Manager (CDM), and Therapy Director (DOR)) met on 7/25/2024 to review cited	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255326	A. BUILDING _____ B. WING _____	C 07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST HEALTH AND REHABILITATION	1116 FOREST AVENUE JACKSON, MS 39206

(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 865	Continued From page 16 body and/or executive leadership is responsible and accountable for the QAPI program. b Governing oversight responsibilities include ...vi Ensuring that corrective actions address gaps in systems and are evaluated for effectiveness.". The facility's Quality Assurance Committee did not identify, develop, and implement appropriate measures to correct identified issues or prevent deficiencies as follows: F656 During the complaint survey 7/15/24 through 7/18/24, the facility failed to implement comprehensive care plans related to Activities of Daily Living (ADL) care. During the recertification survey in December 2023, the facility failed to implement comprehensive care plan interventions to ensure residents were clean and dry and nail care was provided to dependent residents. F677 During the complaint survey 7/15/24 through 7/18/24, the facility failed to ensure dependent residents received necessary services to maintain adequate grooming. During the recertification survey in December 2023, the facility failed to provide adequate and appropriate grooming for residents. An interview on 7/18/24 at 4:40 PM, with the Administrator revealed the Director of Nurses (DON), Assistant Director of Nurses (ADON) or Registered Nurse (RN) Supervisor completes	F 865	regulations F656 and F677. QAPI Committee reviewed the policy, Resident Assistance with ADLs Pertaining to Grooming/Hygiene with no recommended changes to policy. On 7/18/2024, Nurse Educator conducted an in-service for present direct care staff on morning, evening, and night shifts on the provision of ADL Care with an emphasis on hygiene (nail care, grooming). Remaining staff will be in-serviced prior to receiving resident care assignment. On 7/18/2024 All members of Quality Assurance Performance Improvement (QAPI) committee completed an in-service on Developing and `Maintaining a Successful QAPI Program via web based training module. 4. On 7/18/24, RN Unit Mangers will increase weekly audits from 5 residents to 25 residents per week for 52 weeks for proper ADL Care and their associated ADL Care plans as it pertains to F656 and F677. Audits will be reported to the Director of Nursing (DON) upon completion. The DON will communicate results of audits during weekly high risk meeting for a period of no less than 52 weeks beginning on 7/25/24. Any concerns identified will be assessed and corrected by the nurse management staff immediately. Beginning 8/15/24, the Facility QAPI Committee will review the results of all the reported audits and monitor for effectiveness and continued compliance for no less than 12 months for continued compliance of F656 and F677. Any concerns identified will be noted, assessed, and addressed immediately.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255326	A. BUILDING _____ B. WING _____	C 07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST HEALTH AND REHABILITATION	1116 FOREST AVENUE JACKSON, MS 39206

(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 865	Continued From page 17 audits of grooming of residents. The He stated grooming includes removal of unwanted facial hair and fingernail care in accordance with the facility's plan of correction developed as a result of deficiency citations from the December 2023 Annual Survey. The Administrator revealed he had attended QAPI meetings since the annual survey and confirmed audit results were presented to the committee and reviewed. The Administrator stated he felt as if the facility's QAPI program was working but perhaps the facility should have monitored/audited a greater number of residents, given the size and census of the facility to ensure adequate grooming was provided for all residents.	F 865		