STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14RO	A. BUILDING: _____ B. WING _____	08/15/2024

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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted an annual re-certification survey at the facility from 8/13/24 to 8/15/24. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements. The SA identified non-compliance and cited M610, M650 and M1570.	M 000		
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, facility policy review, and record review, the facility failed to ensure fingernails were clean and trimmed, as evidenced by long and jagged nails with a brown substance under nails for two (2) of eight (8) residents observed. Resident #24 and Resident #44 Findings include: Record review of the facility's, "Nail Care" Policy, revised 07/10, revealed "Purpose: To promote	M 610	M610 Activities of Daily Living 1) Resident #24 had her nails cut and cleaned by Licensed Practical Nurse #2, who was assigned to this resident on 8/14/24. Resident #44 had his nails cut and cleaned by Licensed Practical Nurse #2 on 8/14/24. 2) All residents have the potential to be affected by this deficient practice of not keeping a resident's nails clean and cut. 3) All nursing staff were in-serviced on the	9/13/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14RO	A. BUILDING: _____ B. WING _____	08/15/2024

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) COMPLETE DATE
M 610	Continued From page 1 cleanliness, safety, and a neat appearance... Procedure ...1. Perform hand hygiene ... 7. Remove any debris from under the nails. 8. Trim the nails straight across... 14. Document all appropriate information in the clinical record..." Resident #24 During an observation on 08/13/24 at 10:40 AM, Resident #24's fingernails were long and jagged, approximately one-half (1/2) inch past the tips of fingers on both hands. An observation on 08/14/24 at 9:13 AM, Resident #24's fingernails were long and jagged, approximately one-half (1/2) inch past the tips of fingers on both hands. During an observation and interview on 08/14/24 at 10:40 AM, Certified Nurse Aide (CNA) #2 revealed she wasn't sure if the resident was diabetic but thought she was, and the nurses were supposed to trim her fingernails. She confirmed Resident #24's fingernails were long and jagged and revealed she could scratch herself and have a skin tear. During an observation and interview on 08/14/24 at 10:50 AM, Licensed Practical Nurse (LPN) #2 confirmed that Resident #24's nails were long and jagged and needed to be trimmed. She revealed that the nurses are supposed to trim her fingernails weekly since she is diabetic. She revealed that she could scratch herself with the jagged nails, get a skin tear, and possibly get an infection. A record review of Resident #24's Electronic Administration Record (EMAR) for August 2024 revealed under Nursing Instruction, "Fingernail:	M 610	policy "Activities for Daily Living" and "Nail Care" policy on 8/15/24, 8/16/24, 8/19/24, 8/20/24, 8/21/24 and 8/22/24 by the Director of Nurses, Staff Development/Infection Preventionist and Staff Nurse. All staff will be in-serviced 4x's per year and as needed on Activity of Daily Living and Nail Care policies by Staff Development/Infection Preventionist. The Director of Nursing, Staff Development, Nursing Supervisors, and treatment nurse monitored all residents nails on 8/14/24, 8/21/24 and will do 100% on 8/28/24. 4) Nail care is on the resident's Electronic Medication Administration Record (EMAR)to be documented weekly by Licensed Nurses. The day shift Registered Nurse Supervisor has been added to the EMAR on 8/29/24 to sign off weekly to monitor for continuous compliance beginning on 8/30/24. She will begin on 8/30/24 with documentation on the EMAR. The Director of Nurses, Staff Development/infection Preventionist, Supervisors and Treatment Nurse will make rounds three times a week for two weeks, then two times a week for two weeks, then one time a week for two weeks, then one time a month for two months beginning 8/14/24. An Emergency Quality Assurance Meeting on August 16 2024 was conducted with the Medical Director for approval of the preliminary Plan of Correction and on 8/23/24 for approval for the final Plan of Correction. The Plan of Correction monitoring will be reviewed weekly in the Department Head Meeting starting 8/26/24. The Administrator will bring any exceptions to	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14RO	A. BUILDING: _____ B. WING _____	08/15/2024

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) COMPLETE DATE
M 610	Continued From page 2 Clean and trimmed weekly on Tuesday as indicated." The weekly dates of August 6 and August 13 were signed off as completed. August 13 was signed off by LPN #2. In an interview on 08/14/24 at 11:10 AM, the Director of Nurses (DON) confirmed that Resident #24's fingernails were to be cleaned daily, and the nurses were to trim the nails on Tuesdays as indicated and sign that it was completed in the EMAR. She confirmed that if the resident's nails were long and not trimmed, it could cause a skin tear injury for the resident. A record review of the "Face Sheet" revealed Resident #24 was admitted to the facility, on 08/29/2023 with diagnoses that included Type 2 diabetes mellitus and Unspecified dementia, severe. Resident #44 During an observation and interview on 08/14/24, at 1:30 PM, Resident #44's fingernails were long and jagged, approximately one inch past the tips of his fingers, with a brown substance underneath. Resident #44 stated "my nails grow fast, but I think it's been about three weeks since they were cut." In an interview on 08/14/24 at 2:00 PM, CNA #2 stated, "I never cut his fingernails. He doesn't let you do it, so I don't even try." An observation and interview on 08/14/24 at 2:05 PM revealed Resident #44 sitting in his wheelchair in his room. His fingernails were long, jagged, and had a brown substance underneath. Resident #44 revealed that he doesn't refuse his fingernails to be cut and would like them trimmed.	M 610	the Quality Assurance Committee monthly starting 9/12/24 for three months or until substantial compliance is achieved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14RO	A. BUILDING: _____ B. WING _____	08/15/2024

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) COMPLETE DATE
M 610	Continued From page 3 During an interview and observation on 08/14/24 at 2:10 PM, LPN #2 revealed that the CNAs could do Resident #44's fingernails since he is non-diabetic. When asked about the last time the resident's nails were cleaned and trimmed, LPN #2 stated, "I can't answer that since I don't work down here every day." LPN #2 confirmed she did not look at his nails yesterday but did sign off on the EMAR that they were done. LPN #2 confirmed that Resident #44's fingernails were soiled and needed to be cut. She revealed that the treatment nurse usually does his nails, and the treatment nurse told her yesterday that all the nails were done, so she just signed them off without looking. Resident #44 stated to LPN #2, "I would like my nails cut." A record review of Resident #44's EMAR for August 2024 revealed under nursing Instruction, "Fingernail: Clean and trimmed weekly on Tuesday as indicated." The weekly dates of August 6 and August 13 were signed off as completed. August 13 was signed off by LPN #2. During an interview and observation on 08/14/24 at 2:20 PM, the DON confirmed the resident's nails were long and needed to be cut. Resident #44 stated, "Yes, I want them cut." The DON revealed the EMAR shouldn't have been checked off without the nurse looking at the nails to make sure they were done. During an interview on 08/14/24 at 2:35 PM, the Registered Nurse (RN) Treatment Nurse revealed, I asked the resident yesterday if he wanted his nails done, and he was on the phone, and his wife said "not at this time." The RN Treatment Nurse stated "I went back later and asked him again, and he said "no." She	M 610		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14RO	A. BUILDING: _____ B. WING _____	08/15/2024

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) COMPLETE DATE
M 610	Continued From page 4	M 610		

confirmed the resident's nails are to be kept clean and trimmed weekly and stated, "I can't really tell you the last time his fingernails were cut."

An interview on 08/15/24 at 9:50 AM with the RN Supervisor revealed the nurses and CNAs can all do nail care, however, the CNAs cannot do residents who are diabetic or on blood thinners, but they can let the nurses know when they do their AM care that the resident's nails need to be tended to. She revealed it doesn't fall under the task for the CNAs to check off, but they know they are to do the nails and then let the nurse know that the nails have been done so she can document them. She revealed it is the responsibility of either the treatment nurse or the charge nurse to physically look at the resident's nails every Tuesday and ensure that the nails are cleaned, trimmed, and appropriately documented on the EMAR.

During an interview on 08/15/24 at 10:59 AM, the Administrator revealed that the CNAs and nurses are both responsible for resident nail care. She revealed that the nurse who is taking care of the residents can easily look at their fingernails when they are passing their medication and make sure they are cleaned and trimmed, and they are to document this weekly.

A review of the Face Sheet revealed Resident #44 was admitted to the facility on 07/06/2023 with diagnoses that included Peripheral vascular disease and Cerebral infarction.

A review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/26/2024 Section C ,revealed a Brief Interview for Mental Status (BIMS) score of 08, indicating Resident #44 is moderately cognitively impaired.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14RO	A. BUILDING: _____ B. WING _____	08/15/2024

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) COMPLETE DATE
M 650	45.21.10 Hydration Hydration. Each resident shall be provided sufficient fluid intake to maintain proper hydration and health. This Statute is not met as evidenced by: Level II Based on record review, staff interview, and facility policy review the facility failed to ensure that a fluid restriction was followed for one (1) of five (5) residents on fluid restrictions. Resident #11. Findings included: Record review of facility policy "Fluid Restriction" with the latest review date of 02/22 revealed "Policy: Fluids will be restricted for residents as directed by physician orders ...Fluid Restriction 1000 cc's (cubic centimeters), Total Nursing 300 cc's, By Shift 120cc's day, 90 cc's evening (eve), 90 cc's night (noc). Total Dietary 700 cc's ..." Record review of August 2024 "Active Orders" for Resident #11 revealed "Fluid Restriction 960 Milliliters (ML) per day" with an onset date of 3/10/23. Record review of August 2024 "Electronic Medical Record" (EMAR) for Resident #11 revealed that Resident #11 received more than 960 cc's of fluid per day for nine (9) of 13 days from 8/1/24 through 8/13/24. (8/1/24, 8/2/24, 8/5/24, 8/6/24, 8/7/24, 8/8/24, 8/9/24, 8/11/24, and 8/12/24). In an interview with the Dietary Manager on 8/14/24 at 1:08 PM, she stated that Resident #11 was on a 1000 milliliter (ml) a day fluid restriction.	M 650	M650 Hydration 1) Resident #11 who is on fluid restrictions has had his Electronic Medication Administration Record (EMAR) updated to show how much fluid he is to receive on each of three shifts in a twenty-four-hour period on 8/22/24. The Charge nurse per shift will sign off on how much fluids she gives beginning 8/22/24. 2) all residents on fluid restrictions have the potential to be affected by the deficient practice of not following their fluid restriction orders. all residents on fluid restrictions had their total fluid for each shift placed on their EMAR's to be signed off by the medication nurse. 3) All Nursing Staff were in-serviced on the "Fluid Restriction" policy on 8/15-16/24 and 8/19-22/24 by the Director of Nurses, Staff Development/Infection Preventionist and Staff Nurse. All orders for residents on fluid restrictions were checked and total amount of fluid for the day was divided out to the three different shifts and placed on the residents EMAR on 8/22/24 by the Director of Nurses. The nursing staff will know how much fluid is to be given on each shift and will sign off on the EMAR when given.	9/13/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14RO	A. BUILDING: _____ B. WING _____	08/15/2024

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) COMPLETE DATE
M 650	Continued From page 6 She stated that the facility follows the fluid restriction policy that breaks down how much fluid nursing and dietary are to provide each shift. The Dietary Manager stated that the facility was following the fluid breakdown for a 1000 ml a day fluid restriction and that dietary provides (1) four (4) ounce (oz.) cup of fluid on each tray. (4) oz. equals 120 ml. During an interview with Licensed Practical Nurse (LPN) #1 on 8/14/24 at 1:34 PM, she stated that Resident #11 was on a 1000 ml/day fluid restriction. When asked how she knew how much fluid the resident was to receive on her shift she stated that dietary provided a (4) oz. cup of fluid on each tray, and she provided a (4) oz. cup of fluid during each med pass. LPN #1 verified that she gives Resident #11 (2) four ounce cups of fluid on her shift. An interview with the Director of Nursing (DON) on 8/14/24 at 1:45 PM, she verified Resident #11 should be on a 960 ml per day fluid restriction not a 1000 ml per day fluid restriction. The DON verified that documentation on the EMAR did reflect that the resident received more than 960 ml per day on nine (9) out of 13 days in August 2024. She stated that failure to follow the fluid restriction for Resident #11 could lead to fluid overload. Record review of the "Face Sheet" for Resident #11 revealed that the facility admitted him on 3/10/23 with a diagnoses that included End Stage Renal Disease.	M 650	4) The Director of Nurses will monitor the resident's EMARS three times a week for two weeks, then two times a week for two weeks, then one time a week for two weeks, then one time a month for two months Beginning 8/26/24. An Emergency Quality Assurance meeting was held with the Medical Director on 8/16/24 for review of the preliminary Plan of Correction and 8/23/24 for approval of the final Plan of Correction. The plan of correction monitoring will be reviewed weekly in the Department Head Meeting starting 8/26/24. The Administrator will bring any exceptions t the Quality Assurance Committee monthly starting 9/12/24 for three months or until substantial compliance is achieved.	
M1570	48.58.1 Infection Control The following infection control standards shall be	M1570		9/13/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14RO	A. BUILDING: _____ B. WING _____	08/15/2024

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) COMPLETE DATE
M1570	Continued From page 7 met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by: Level II Based on observation, resident and staff interview, record review, and facility policy review, the facility failed to implement Enhanced Barrier Precautions (EBP) for a resident with a peripherally inserted central catheter (PICC) for intravenous antibiotic therapy on two (2) of five (5) care area observations requiring enhanced barrier precautions. (Resident # 157). Findings include:	M1570	M1570 Infection Control 1) Resident #157 did not have an Enhanced Barrier Precaution sign on his door on 8/13/24 when nurse administered his intra venous medication. A sign was placed later that day. The Treatment Nurse did not use Enhanced Barrier Precautions when she administered the resident's Intra venous medication. The Registered Nurse Supervisor did not use a gown on 8/14/24 when administering the resident's IV medication and the sign was	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14RO	A. BUILDING: _____ B. WING _____	08/15/2024

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) COMPLETE DATE
M1570	Continued From page 8 A review of the facility policy titled, "Enhanced Barrier Precautions," revised 03/24, revealed " ...Indwelling medical device examples include central lines ... A peripheral intravenous line "(not a peripherally inserted central catheter)" is not considered an indwelling medical device for the purpose of EBP ..." During entrance rounds on 8/13/24 at 12:00 PM, an observation revealed Registered Nurse (RN)/ Treatment nurse hanging a bag of intravenous (IV) fluids to Resident #157 right upper arm access device. The RN/Treatment nurse was not observed to be wearing a gown for enhanced barrier precautions, and there were no signs observed in the resident's room or on the doorway to alert staff of enhanced barrier precautions. Record review of the "Physician Orders List" revealed an order dated 7/23/24 for "ceftriaxone 2-gram solution for injection: Administer 2 mg (milligrams)/100 milliliter(s) intravenous once daily until 8/18/2024. d/c (discontinue) PICC midline catheter care after last dose of IV antibiotic ..." In an observation on 8/14/24 at 12:35 PM, revealed an enhanced barrier sign observed on the outside doorway to Resident #157's room. Observed the RN Supervisor enter Resident #157's room to administer ceftriaxone intravenous (IV) solution via the PICC line. The RN Supervisor was observed connecting the IV tubing to the resident's right upper arm PICC line access device. The RN Supervisor did not put on a gown for enhanced barrier precautions before the procedure. Upon exiting the room, the RN Supervisor was asked if Resident #157 was on enhanced barrier precautions. She stated "yes"	M1570	on the door. Both nurses were in-serviced and educated on the policy and procedures of "Enhanced Barrier Precautions" on 8/15/24 by the Director of Nurses. 2) All residents with enhanced barrier precautions have the potential to be affected by the deficient practice of not following the policy of enhanced barrier precautions. 3) All nursing staff were in-serviced on the policy of Enhanced Barrier Precautions on 8/15-8/16/24 and 8/19/24-22/24 by the Director of Nurses, Staff Development/Infection Preventionist Nurse and Staff nurses. Housekeeping and laundry were in-serviced by the Environmental Manager on 8/22/24. The Infection Preventionist Nurse will attend daily Stand-Up meeting to hear when orders are read beginning 8/26/24. She will be able to identify who is placed on enhanced barrier precautions at that time. Residents on Enhanced barrier precautions will have an isolation rack hung on their doors which contain supplies of gowns and gloves. They will have signage on the door, also. 4) The Director of Nurses, Staff Development/Infection Preventionist, Registered Nurse Supervisors and the Treatment Nurse will monitor residents with Enhanced Barrier Precautions three times a week for two weeks, then two times a week for two weeks, then one time a week for two weeks, then one time a month for two months beginning 8/22/24.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14RO	A. BUILDING: _____ B. WING _____	08/15/2024

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) COMPLETE DATE
M1570	Continued From page 9 and pointed to the enhanced barrier precaution sign on the outer doorway of Resident #157's room. She then confirmed that she did not use enhanced barrier precautions while hanging Resident 157's IV antibiotics via his PICC line. In an interview with the Infection Control Nurse on 8/14/24 at 1:04 PM, she revealed she was unaware Resident #157 had a PICC line. She confirmed the resident should be on enhanced barrier to reduce the risk of transmission of bacteria while providing care to the PICC line device. An interview with RN/Treatment nurse on 8/14/24 at 1:18 PM, she confirmed she hung the IV antibiotics on 8/13/24 around noon, she confirmed there was no enhanced barrier sign on the doorway on 8/13/24 and that she did not use enhanced barrier precautions because she was unable to find a gown. She revealed she was aware that she should have followed the enhanced barrier precautions because Resident #157 had a PICC line device. During an interview with the Resident #157 on 8/14/24 at 1:50 PM, he revealed that he has only seen staff wear a gown a couple of times to hang his IV medications. On 8/14/24 at 2:00 PM, in an interview with the Director of Nursing she confirmed staff should have been using enhanced barrier precautions while administering the IV antibiotics for Resident #157's through his PICC line device. Review of the "Face Sheet" revealed the facility admitted Resident #157 key on 7/23/24 with diagnoses that included Osteomyelitis of vertebra, lumbar region.	M1570	An Emergency Quality Assurance meeting on 8/16/24 was conducted with the Medical Director for approval of the preliminary Plan of Correction and on 8/23/24 for the final plan of correction. The Plan of Correction monitoring will be reviewed weekly in the Department Head Meeting starting 8/26/24. The Administrator will bring any exceptions to the Quality Assurance Committee monthly starting 9/12/24 for three months or until substantial compliance is achieved.	

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14RO	A. BUILDING: _____ B. WING _____	08/15/2024

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) COMPLETE DATE