STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255327	A. BUILDING _____ B. WING _____	C 09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARTHA COKER GREEN HOUSE HOME	2041 GRAND AVE YAZOO CITY, MS 39194

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual re-certification survey with one (1) complaint, CI MS# 25378, at the facility from 9/24/24 through 9/26/24. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements of participation. The SA identified non-compliance and cited F 656 related to implementataion of Comprehensive Care Plan and F 677 related to Activities of Daily Living (ADL) care for CI MS#25378. The SA also cited F 641, F 645, F 812, and F 880. The census at the time of the survey was 56 and the facility is licensed for 60 beds.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).	F 656		11/1/24

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

Electronically Signed | 10/10/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 656	Continued From page 1 (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observation, elder and staff interview, record review, and facility policy review, the facility failed to implement a comprehensive care plan for nail care for two (2) of sixteen sampled elders. Elder #7 and #31 Findings Include: Review of the facility policy titled "Comprehensive Care Plans" date implemented 10/2022 revealed, "Policy: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with	F 656	1. A 100% audit of all care plans requiring that an elder be assisted with Activities of Daily Living (ADLs), specifically nail care, was performed by the Minimum Data Set (MDS) coordinator and Registered Nurse (RN) clinical coordinators and completed on October 8, 2024. For any elder with this requirement, a task specifying nail care was added to the documentation system for that elder's direct caregivers. 2. All elders who require assistance for ADLs, specifically nail care, have the potential to be affected by this deficient	

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F 656	Continued From page 2 resident rights, that includes measurable objectives and timeframe's to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment." Resident #31 Record review of Elder #31's Care Plan with a revision date of 9/11/2024 revealed, "Focus: Elder has an ADL (activities of daily living) self-care performance deficit r/t (related to) impaired balance, musculoskeletal impairment cervical disc disorder with myelopathy, paraplegia." Also, revealed under, "Interventions:... Personal Hygiene... Elder is totally dependent on staff for personal hygiene ... x (times) 1 staff assist q (every) shift. Keep nails clean and trimmed." On 9/24/24 at 11:25 AM, an observation and interview with Elder #31 revealed long jagged fingernails on both hands measuring approximately three-eighths (3/8) inch in length with a dark brown substance underneath. The elder revealed he would like his nails cut. An interview and observation, with Registered Nurse (RN) #1, on 9/24/24 at 11:32 AM confirmed Elder #31's nails were long and dirty. Record review of the "Admission Record" revealed the facility admitted Elder #31 on 1/05/24 with a medical diagnosis of Cervical Disc Disorder with Myelopathy. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/02/24 revealed, under section C, a BIMS summary score of 15, which indicated Elder #31	F 656	practice. 3. All direct caregivers were in-serviced on the importance of routine nail care as a part of daily hygiene beginning September 25, 2024. Beginning the week of October 6, 2024, Licensed Practical Nurse (LPN) Charge Nurses will document nail conditions with each weekly body audit for all elders, to ensure that care plans are being followed. LPN will perform nail care for any diabetic elders prior to or during the weekly body audit. 4. RN Clinical Coordinators will perform audits of nail care for all elders weekly for 4 weeks, beginning the week of October 6, 2024, then monthly until December 31, 2024. A Quality Assurance and Performance Improvement (QAPI) committee meeting will be held on November 1, 2024, to review results of the RN audits and revise the Plan of Correction (POC) if additional concerns are identified. The POC will be reviewed at each monthly QAPI meeting thereafter until December 31, 2024.	

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F 656	Continued From page 3	F 656		

was cognitively intact.

Resident #7

Record review of Elder #7's Care Plans revealed "Focus: Elder has an ADL (activities of daily living) self-care performance deficit r/t (related to) Alzheimer's, confusion, dementia, limited mobility, bilateral contractures lower ext (extremities)." Also, revealed under, "Interventions: ... Personal Hygiene ... Elder is totally dependent on (2) staff for personal hygiene .... Provide nail care, keep clean and trimmed."

An observation and interview, on 9/24/24 at 11:40 AM, with Elder #7 revealed long fingernails observed on both hands, measuring approximately one-half (1/2) inch in length. The elder voiced it had been a while since her nails had been cut and revealed she would like it done.

On 9/25/24 at 7:40 AM, an interview with RN #1 confirmed Elder #7's nails were long and needed to be cut.

Record review of the "Admission Record" revealed the facility admitted Elder #7 on 11/02/21 with a medical diagnosis of Alzheimer's Disease.

Record review of the MDS with an ARD of 8/5/24 revealed, under section C, a Brief Interview for Mental Status (BIMS) summary score of 10, which indicated Elder #7 was moderately cognitively impaired.

In an interview with the MDS Nurse on 9/25/24 at 2:32 PM, she stated the care plan provides the guided care the staff were supposed to follow.

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F 656	Continued From page 4 She confirmed the care plan was not followed, related to nail care for Elder's #7 and #31.	F 656		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, elder and staff interview, and facility policy review, the facility failed to provide the necessary nail care for an elder dependent on staff for assistance with Activities of Daily Living (ADL) for two (2) of sixteen sampled elders. Elder #7 and #31 Findings Include: Review of the facility policy titled, "Nail Care" dated 10/2022 revealed, "Policy: The purpose of this procedure is to provide guidelines for the provision of care to a resident's nails for good grooming and health... 3. Routine cleaning and inspection of nails will be provided during ADL care on an ongoing basis ...." Resident #31 During an observation and interview on 9/24/24 at 11:25 AM, with Elder #31 revealed long jagged fingernails on both hands measuring approximately three-eighths (3/8) inch in length with a dark brown substance underneath. The elder revealed he would like his nails cut. On 9/24/24 at 11:32 AM, an interview and	F 677	1. Nails were cleaned and trimmed for Elder #7 and Elder #31 on September 24, 2024. A 100% audit of the nails of all elders was also performed on September 24, 2024. Any nails noted to be overly long or unclean were trimmed and cleaned accordingly at that time. 2. All elders who require assistance for nail care have the potential to be affected by this deficient practice. 3. All direct caregivers were in-serviced on the importance of routine nail care as a part of daily hygiene beginning September 25, 2024. Registered Nurse (RN) Clinical Coordinators, Minimum Data Set (MDS) Coordinator and Director of Nursing will monitor the documentation for nail care of 3 elders in the electronic medical record (EMR) weekly for 3 weeks, beginning October 6, 2024. Licensed Practical Nurse (LPN) Charge Nurses will document nail conditions for all elders with each body audit, done weekly, beginning the week of October 6, 2024. LPN will perform nail care for any diabetic elders prior to or during the weekly body audit.	11/1/24

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F 677	Continued From page 5 observation with Registered Nurse (RN) #1 revealed the Shahbaz's were responsible for cutting the elder's nails that were not diabetic. She explained that if an elder was a diabetic, the nails must be cut by a RN and diabetic nails were usually cut monthly. RN #1 revealed Elder #31 was a diabetic and confirmed his nails were long and dirty, which could result in skin injury and infection. Record review of the "Admission Record" revealed the facility admitted Elder #31 on 1/05/24 with a medical diagnosis of Cervical Disc Disorder with Myelopathy. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/02/24 revealed, under section C, a BIMS summary score of 15, which indicated Elder #31 was cognitively intact. Resident #7 During an observation and interview, on 9/24/24 at 11:40 AM, with Elder #7 revealed long fingernails observed on both hands, measuring approximately one-half (1/2) inch in length. The elder voiced it had been a while since her nails had been cut and revealed she would like it done. An interview with RN #1 on 9/25/24 at 7:40 AM, confirmed Elder #7's nails were long and revealed she could easily scratch herself. Record review of the "Admission Record" revealed the facility admitted Elder #7 on 11/02/21 with a medical diagnosis of Alzheimer's Disease.	F 677	4. RN Clinical Coordinators will perform audits of nail care for all elders weekly for 4 weeks, then monthly until December 31, 2024. A Quality Assurance and Performance Improvement (QAPI) committee meeting will be held on November 1, 2024, to review the results of the RN audits and revise the Plan of Correction (POC) if additional concerns are identified. The POC will be reviewed at each monthly QAPI meeting thereafter until December 31, 2024.	

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F 677	Continued From page 6 Record review of the MDS with an ARD of 8/5/24 revealed, under section C, a Brief Interview for Mental Status (BIMS) summary score of 10, which indicated Elder #7 was moderately cognitively impaired. An interview with the Administrator (ADM) on 9/25/24 at 1:48 PM, revealed, it was her expectation for nail care to be done daily. She explained that nail care was part of personal hygiene and should be looked at during bathing and done when needed.	F 677		