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
	07CH	A. BUILDING: _____ B. WING _____	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUCE COMMUNITY LIVING CENTER	176 HIGHWAY 9 SOUTH BOX 1280 BRUCE, MS 38915

(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 and complaint investigation (CI)MS #26616 survey at the facility from 10/28/24 through 10/30/24. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M 500, and M 610. CI MS #26616 was investigated, the SA determined the facility was in compliance and there were no deficiencies cited related to the complaint. The census at the time of the survey was 27 with a bed capacity of 35.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or	M 500		11/21/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	07CH	A. BUILDING: _____ B. WING _____	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUCE COMMUNITY LIVING CENTER	176 HIGHWAY 9 SOUTH BOX 1280 BRUCE, MS 38915

(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 500	Continued From page 1 nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	07CH	A. BUILDING: _____ B. WING _____	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUCE COMMUNITY LIVING CENTER	176 HIGHWAY 9 SOUTH BOX 1280 BRUCE, MS 38915

(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 500	Continued From page 2 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	07CH	A. BUILDING: _____ B. WING _____	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUCE COMMUNITY LIVING CENTER	176 HIGHWAY 9 SOUTH BOX 1280 BRUCE, MS 38915

(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 500	Continued From page 3 with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level II	M 500	On 10/29/24 Resident #6 was identified that the facility failed to consult with him	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	07CH	A. BUILDING: _____ B. WING _____	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUCE COMMUNITY LIVING CENTER	176 HIGHWAY 9 SOUTH BOX 1280 BRUCE, MS 38915

(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 500	Continued From page 4 Based on staff and resident interviews, record review, and facility policy review, the facility failed to consult with a cognitively intact resident about his Advance Directives, which resulted in a conflict between his documented preferences and his actual wishes for one (1) of sixteen (16) residents reviewed. Resident #6. Findings Included: Record review of the facility policy with reviewed date of 11/2022 and titled, "Advance Directives" revealed "The resident has the right to formulate an advance directive, including the right to accept or refuse medical or surgical treatment....1. Prior to or upon admission of a resident, the social services director or designee inquires of the resident, his/her family members and/or his or her legal representative, about the existence of any written advance directives.....2. The resident or representative is provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advance directive if he or she chooses to do so.....5. If the resident is incapacitated and unable to receive information about his or her right to formulate an advance directive, the information may be provided to the resident's legal representative...." An interview on 10/28/24 at 10:50 AM, with Resident #6 revealed that his brother signed the admission paperwork. He revealed that he didn't remember anyone discussing Cardiopulmonary Resuscitation (CPR) with him or asking him what his wishes were regarding resuscitation if he stopped breathing. Resident #6 confirmed that he did not know that his brother signed for him to be a DNR (Do Not Resuscitate). He confirmed	M 500	on his Advances Directives. Resident #6, being of sound mind and cognitively intact with a Brief Interview for Mental Status score of 13 has the right and must be given the ability to formulate an advance directive of his choice. Social Service Director and Administrator met with Resident #6 to update his advanced directives to his personal choice. The alleged deficient practice has the potential to affect all residents. Social Service Director and Administrator performed an audit of all advanced Directive forms on 10/29/24. On 10/29/24 the Administrator in-serviced Social Service Director on policy for Advanced Directives and Code Status during Admission Process. On 10/29/24 Administrator did an in-service to the Social Service Director on Residents Rights Policy and Procedure. On 10/29/24 Administrator and Social Service Director audited all current medical records to ensure correct code status was implemented by the facility, issues were corrected immediately. Starting 10/29/24 all current resident medical records were audited to ensure a copy of the Advanced Directives was placed on the medical record for all current residents, issues identified, and Responsible Representatives and/or Power of Attorney were notified of chances made by cognitive intact residents. The Medical Director was also made aware of all the findings. On 10/29/24 Administrator to review all	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	07CH	A. BUILDING: _____ B. WING _____	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUCE COMMUNITY LIVING CENTER	176 HIGHWAY 9 SOUTH BOX 1280 BRUCE, MS 38915

(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 500	Continued From page 5 that if he quit breathing, he wanted them to do CPR and everything they could to save him. An interview on 10/29/24 at 8:40 AM, with the Social Services Director (SSD) stated that Resident #6's representative signed the "Code Status" form marked DNR at the time of admission and confirmed that she did not discuss CPR options with Resident #6. The SSD revealed that Resident #6 was cognitively intact and should have been asked about his wishes. He should have made the choice and signed his own Advanced Directive. An interview on 10/29/24 at 8:45 AM, with the Administrator (ADM) confirmed that they were supposed to ask the residents about their code status choice and get them to sign if they were cognitively intact. She confirmed that Resident #6 was cognitively intact and capable of making his own decisions. ADM revealed that Resident #6 should have been asked about this choice and should have signed his own advanced directive on admission. Record review of Resident #6's "Code Status" form revealed that his representative initialed the "Do Not Attempt Resuscitation "choice and signed it on 08/19/24. Record review of Resident #6's "Physician Orders" revealed an order effective 08/19/24 which revealed, "Do Not Resuscitate in case of Arrest...." Record review of Resident #6's "Admission Record" revealed an admission date of 08/19/24 with diagnoses that included Syncope and Collapse, End Stage Renal Disease, and Anemia.	M 500	new admissions and change in status weekly for 4 weeks, bi-weekly for 2 weeks, monthly for 3 months to ensure the correct code status and advanced directive are accurately reflected in the resident charts and orders. And that all cognitively intact residents were active participants in making decisions regarding their care, treatment and advanced directives. The administrator will report results of the audit to the Quality Assurance Performance Improvement Committee (QAPI) monthly for 3 months starting on 11/21/24 (November QAPI meeting date with MD)	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	07CH	A. BUILDING: _____ B. WING _____	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUCE COMMUNITY LIVING CENTER	176 HIGHWAY 9 SOUTH BOX 1280 BRUCE, MS 38915

(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 500	Continued From page 6 Record review of Resident #6's "Care Plan" revealed "I am a DNR (Do Not Resuscitate)" Record review of Resident #6's Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 08/23/24 under Section C revealed a Brief Interview for Mental Status (BIMS) score of 13 which indicated that he was cognitively intact.	M 500		
M 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by: Level II Based on observation, resident/family and staff interviews, record review, and facility policy review, the facility failed to provide care to maintain hygiene, as evidenced by the failure to provide shaving and nail care for two (2) of the 27 residents reviewed. Resident #3 and Resident #4. Findings include: Review of the facility policy titled "Shaving the Resident," with a revised date of August 25, 2014,	M 610	The identified residents #3 and #4 were provided a bed bath to include cleansing of their hair, trimming and cleaning her fingernails and the removal of facial hair on 10/30/24 by a certified nursing assistant. On 10/30/24 a complete audit was completed on all residents in the facility who were dependent residents that require assistance with Activities of Daily Living by the Minimum Data Set (MDS) Coordinator and the Administrator. All dependent residents have the potential to	11/21/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	07CH	A. BUILDING: _____ B. WING _____	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUCE COMMUNITY LIVING CENTER	176 HIGHWAY 9 SOUTH BOX 1280 BRUCE, MS 38915

(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 7 revealed, "The purpose of this procedure is to promote cleanliness and to provide skin care." Review of the facility policy titled "A.M. Care (Day Tour of Duty) dated August 25, 2014, revealed "Purpose: 1. To refresh the resident. 2. To provide cleanliness, comfort, and neatness. Resident #3 An observation of Resident #3 on 10/28/24 at 10:50 AM, revealed sporadic facial hair approximately one-half (1/2) inch long to the chin and above the upper lip and sides of her mouth. Fingernails on bilateral hands were approximately one-fourth (1/4) inch long and jagged past the tips of her fingers with a brown substance under the fingernails. During an observation and interview on 10/28/24 at 3:35 PM, Resident #3 was lying in bed with no change in appearance. Resident #3's sister was present in the room and revealed that she was sure her sister would like to have those facial hairs removed. An interview and observation on 10/28/24 at 4:20 PM, with the Certified Nurse Aide (CNA) #2 revealed hospice bathes the resident three days a week and the facility CNAs are responsible for the other days. She confirmed the resident's facial hair should have been shaven and her nails cleaned. In an interview and observation on 10/28/24 at 4:30 PM, with Licensed Practical Nurse (LPN) #1 revealed we've talked to the hospice staff several times about ensuring Resident #3's facial hair is shaved when they bathe her. She confirmed that the resident had long facial hair and her	M 610	be affected by the deficient practice. The Administrator and Assistant Director of Nursing completed an in-service on 11/01/24, 11/06/24 and 11/14/24 to educate staff on providing Activities of Daily Living care to dependent residents. The Director of Nursing included focuses on ensuring that any resident who is dependent on assistance with Activities of Daily Living will receive necessary services to maintain good nutrition, grooming, personal and oral care. The Director of Nursing and Assistant Director of Nursing will make rounds to perform Bath Audits on 2 residents Monday - Friday to include observations of residents grooming and hygiene such as facial hair, body odors, unkept hair and fingernail cleanliness on Dependent residents requiring assistance with Activities of Daily Living beginning 11/05/24 for 3 weeks, then 3 Bath Audits per week for 3 weeks, then weekly bath audit for 3 months. The RN/LPN Supervisors will perform rounds and two audits per shift for 3 weeks, then one round and one audit per shift for 3 weeks. All findings will be reported to the monthly Quality Assurance Performance Improvement Committee meeting beginning 11/21/24 and will continue monthly for 3 months then as needed for revision and review.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	07CH	A. BUILDING: _____ B. WING _____	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUCE COMMUNITY LIVING CENTER	176 HIGHWAY 9 SOUTH BOX 1280 BRUCE, MS 38915

(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 8	M 610		

fingernails were jagged with a brown substance under them. She revealed that she was unsure how long it had been since the resident's facial hair had been shaved and stated, "The resident needs to be cleaned up."

In an interview and observation on 10/28/24 at 4:40 PM, Registered Nurse (RN) #1 revealed we are all responsible for making sure the resident is properly groomed; even though she is on hospice services. She stated they are ultimately responsible for ensuring the resident's facial hair is shaved, and her fingernails are clean and trimmed. RN #1 confirmed Resident #3's facial hair needed to be shaved, and her fingernails needed to be cleaned and filed.

Record review of Resident #3's "Admission Record" revealed the resident was admitted to the facility on 04/06/2022 with medical diagnoses that included Chronic Obstructive Pulmonary Disease, Osteoporosis with current pathological fracture, and Paroxysmal Atrial Fibrillation.

Resident #4

An observation and interview on 10/28/24 at 10:45 AM, revealed Resident #4 lying in her bed with long, jagged fingernails, approximately one-half inch long past the fingertips bilaterally with brown substance underneath. Resident #4 also had two dime size patches of white curly hair on her left and right lower jaw area. She was pleasant and was fidgeting with her hair bonnet she held in her hands and when she was asked if she would like to have her facial hair removed, she stated, "I think I would."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	07CH	A. BUILDING: _____ B. WING _____	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUCE COMMUNITY LIVING CENTER	176 HIGHWAY 9 SOUTH BOX 1280 BRUCE, MS 38915

(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 9 An observation and interview with CNA #1 on 10/28/24 at 4:25 PM, revealed Resident #4 sitting up in her wheelchair across from the nurse's desk. CNA #1 confirmed that Resident #4 had long jagged fingernails with a brown substance underneath. CNA #1 also confirmed that Resident #4 had facial hair on both sides of her face that needed to be removed. CNA #1 revealed that it was the nurses' job to cut the fingernails, and the CNAs cleaned out from under the nails and took care of the facial hair. She revealed that Resident #4 was not assigned to her, but her nails should have been cleaned and her facial hair should have been removed during her bath or shower. CNA #1 revealed that long, jagged, dirty fingernails could cause infection if she scratched herself and stated, "We can get that facial hair off." An interview on 10/28/24 at 4:35 PM with RN#1, confirmed that the nurses clipped resident fingernails, and the CNAs cleaned fingernails and shaved residents during their bath or shower time. RN #1 confirmed Resident #4 had long, jagged fingernails with a brown substance underneath and they should have been taken care of. She also confirmed the two patches of facial hair on both sides of Resident #4's face and agreed that this needed to be shaved. A phone interview with Resident #4's Resident Representative (RR) on 10/29/24 at 9:23 AM, revealed that he came to the facility and visited often. He revealed that the facility needed to do better about keeping her nails clipped. He also stated that he had noticed some facial hair and that she would want it to be removed. An interview on 10/29/24 at 10:20 AM, with the Director of Nursing (DON), revealed that seeing	M 610		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	07CH	A. BUILDING: _____ B. WING _____	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUCE COMMUNITY LIVING CENTER	176 HIGHWAY 9 SOUTH BOX 1280 BRUCE, MS 38915

(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 10 facial hair on ladies was one of her "pet peeves" and agreed that facial hair on ladies should be removed. She also confirmed that resident fingernails should be clipped and kept clean. Record review of Resident #4's "Admission Record" revealed an original admission date of 09/28/23 and diagnoses that included Peripheral Vascular Disease and Muscle Weakness,. Record review of Resident #4's Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 10/10/24 under Section C revealed a Brief Interview for Mental Status (BIMS) score of 03 which indicated that she had severe cognitive deficits. Section GG revealed that she required substantial to maximal assistance with her personal hygiene.	M 610		