STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255259	A. BUILDING _____ B. WING _____	C 12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUMPHREYS CO NURSING CENTER	500 CCC ROAD BELZONI, MS 39038

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an Annual Recertification survey and a complaint investigation (CI MS #25847) from 12/10/24 through 12/12/24. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements for participation and cited F578, F641, F646, F656, F677, F690, F812, F851, and F880. The SA determined the facility was not in compliance regarding CI MS #25847 and cited F561 related to resident rights and in addition to the recertification survey F677 related to Activities of Daily Living was also cited for the complaint. Census at the time of the survey was 45 and the facility is licensed for 60 residents.	F 000		
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.	F 561		1/10/25

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

Electronically Signed | 12/26/2024

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F 561	Continued From page 1 §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interviews, record review, and facility policy review, the facility failed to honor a resident's rights for one (1) of 24 sampled residents. Resident #30. Findings include: Record review of the facility policy titled "Resident's Rights Policy" with a revision date of 12/23, revealed, "Every resident in this facility has the right to: ... 8. Receive a prompt response to all responsible requests and inquiries. ... 21. Have his/her own clothing and possessions as space allows. An interview and observation on 12/10/24 at 12:00 PM with Resident #30 revealed he was sitting upright in his wheelchair and stated that he had requested to purchase a recliner for his room. He revealed that the staff told him he could not get one because he could fall out of it. He stated that it just made no sense to him. He admitted that the staff usually put him to bed after lunch, and he usually stays there until the next day. He said that he would rather sit in a recliner rather than sit in his wheelchair all day or be in	F 561	Resident #30 was informed of his right to purchase a recliner chair on 12/12/2024 by Social Services Director. The ordering was in process. An In-service on Resident Rights Policy was performed by Administrator with Director of Nursing, Social Services, Therapy, and Administrative Assistant in attendance on 12/12/2024. This deficient practice has the potential to affect forty-five out of forty-five residents. The Director of Nursing initiated an in-service with all employees on 12/13/2024 on the Resident Rights Policy. This in-service on Resident Rights will be continued thereafter upon hire, annually, and as needed with all employees. The Social Services Director will begin on 12/23/2024 monitor the compliance of Resident Rights Policy by monitoring Grievance Reports, monthly Resident Council Reports, and interviewing three residents once a week for four weeks, then two residents once a week for four weeks, and then one resident once a week for four weeks. Results of these audits will be reported to the facility quality	

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F 561	Continued From page 2 bed so long. During an interview and observation on 12/11/24 at 9:45 AM, revealed Resident #30 sitting upright in his wheelchair in his room. He admitted that he had a fall in the past and the staff told him they were afraid he would fall out of the recliner, but he is aware that he cannot walk alone or get up without a staff member. He stated, "I wanted the recliner so I could recline it back, relax in my room, and enjoy watching TV and resting instead of being in a wheelchair all day. " In an interview on 12/11/24 at 11:25 AM, Licensed Practical Nurse (LPN) #1 revealed she was aware that the resident had requested a recliner for his room, but the Director of Nurses (DON) said it was a safety issue since he could slide out of his chair, and they told the residents wife that he could not have the recliner because it was a safety issue. During an interview on 12/11/24 at 1:40 PM, the Rehab Director revealed she was unaware that the resident had requested a personal recliner for his room and since he wasn't on her caseload she hadn't evaluated him. She revealed she does not feel like it would be a safety issue for the resident, as he doesn't try to get up without assistance from his wheelchair. She revealed that the resident pretty much stays in his wheelchair all day long and stated that she "understands him wanting a recliner to rest in at times." During an interview on 12/11/24 at 1:50 PM, the Human Resources staff member revealed she was aware that Resident #30 had requested a recliner for his room; she said she was going to order him one from the furniture store but had to	F 561	assurance committee. A Quality Assurance Committee Meeting was conducted on 12/12/2024 with the Administrator, Director of Nursing Infection Preventionist, Medical Director, Accounts Manager, Medical Records, Social Services Director, Assessment Nurse, Nurse Case Manager, Therapy Director and the Housekeeping Supervisor. A follow-up Quality Assurance Committee Meeting will be conducted again on 1/9/2025 and then monthly for two months and then quarterly thereafter. Administrator will report any recuring problem to the monthly meetings of the Quality Assurance Committee. The Administrator will take necessary corrective action as necessary to ensure compliance is resolved and the Quality Assurance Committee is in agreement with compliance.	

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F 561	Continued From page 3	F 561		

have approval first. She revealed the DON told her not to order it.

During an interview on 12/11/24 at 2:00 PM, the DON confirmed that Resident #30 did request a recliner for his room but that she did not think it would be safe because he has had seizures, and his trunk control is lacking. She stated that she based her decision to refuse him the recliner on her "just knowing him". She confirmed that she did not do an assessment on the resident nor confer with therapy services regarding the resident's request. She admits that it is the resident's right to be evaluated for his request to have a recliner. She confirmed that the resident had a Brief Interview for Mental Status (BIMS) score of 15, which indicated that he could make his own decisions. She revealed the resident does sit up in his wheelchair all day and stated that she would rather he lay down in his bed sometimes so he can use his positioning bars to help him turn from side to side, but he doesn't want to do that. She confirmed that she failed to honor his rights by properly evaluating his needs and honoring his request.

Record review of Resident #30's "Admission Record" revealed the facility admitted the resident on 4/18/2017 with medical diagnoses that included Hemiplegia and Hemiparesis following Nontraumatic Subarachnoid Hemorrhage affecting Left Non-Dominant Side, and Epilepsy, Unspecified, Not Intractable, without Status Epilepticus.

Record review of Resident #30's Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 10/31/24 revealed a BIMS score of 15 which indicated the resident was cognitively

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F 561	Continued From page 4 intact.	F 561		
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, resident and staff interviews, record reviews and facility policy reviews, the facility failed to provide personal hygiene as evidenced by long, jagged nails with brown substance underneath nails for two (2) of 24 sampled residents. Resident #8 and #30. Findings include: Record review of facility policy titled, "Nail Care", with a revision date of 07/10, revealed, "Purpose ...To promote cleanliness, safety and a neat appearance.." Resident #8 On 12/10/24 at 9:34 AM, observation revealed a left-hand contracture with long nails meeting the inner palm. The right-hand revealed long nails measuring approximately (3/8) three-eighths inches in length with a thick, black substance underneath the nails. On 12/11/24 at 9:36 AM, an observation and interview with the Director of Nursing (DON) confirmed Resident #8 had long dirty nails. She revealed the nurses were responsible for cutting his nails because he was a diabetic. She revealed long nails, and the hand contracture could result	F 677	Resident #30 had his fingernails trimmed on 12/30/2024. An assessment was performed on 12/30/2024 on resident #30 and found no adverse reactions to the deficiency of not trimming nails. Resident #8 had his fingernails trimmed on 12/11/2024. An assessment was performed on 12/11/2024 on resident #8 and found no adverse reactions to the deficiency of not trimming nails. An order for diabetic nail care has been added to the treatment administration record to be done once a week by a licensed nurse on resident # 8. This deficient practice has the potential to affect forty-five out of forty-five residents. The Director of Nursing will initiate an in-service on 12/12/2024 with all nursing staff on Nail Care Activities of Daily Living Policy & Procedure. The Director of Nursing or Certified Nursing Assistant Class Instructor will perform Nursing and CNA Skills Check Offs with return care demonstration on all direct care Certified Nursing Assistant, Licensed Practical Nurse, & Registered Nurse beginning on 12/13/2024. The Director of Nursing or CNA Class	1/10/25

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F 677	Continued From page 5 in a wound inside the palm, or the resident could scratch himself and cause infection. Record review of Minimum Data Set (MDS) with an Assessment Reference Date (ARD) date of 11/13/24 revealed, under section GG, Resident #8 was dependent on staff for personal hygiene. Record review of the "Admission Record" revealed the facility admitted Resident #8 on 3/01/18 with a medical diagnosis that included Hemiplegia and Hemiparesis following Cerebral Infarction. Resident #30 On 12/10/24 at 12:05 PM, an interview and observation with Resident #30 revealed the resident's left hand was contracted. Resident #30 stated that he really needed his nails cut and particularly on his left hand. He revealed that during the day he can keep his hands relaxed but when he goes to sleep it cramps, and his fingernails dig into his palm. The fingernails on the right hand were approximately (approx.) one-half (1/2) inch long with a brown substance noted underneath the nails. Resident #30 was able to extend open the contracted left hand which revealed his fingernails were approximately three fourths (3/4) of an inch long and jagged with a brown substance under the nails. On 12/11/24 at 8:25 AM, an observation revealed Resident #30's fingernails remain unchanged. An interview and observation on 12/11/24 at 11:16 AM, Certified Nurse Aide (CNA) #1 confirmed that Resident #30's fingernails were long and jagged with a brown substance under them, and needed	F 677	Instructor will monitor the compliance of Activities of Daily Living Compliance Protocols and observe resident care beginning 12/23/2024. The monitoring and observation schedule will be as follows: Seven residents once a week for four weeks, then five residents once a week for four weeks, and then three residents once a week for four weeks. Results of these audits will be reported to the facility quality assurance committee. A Quality Assurance Committee Meeting was conducted on 12/12/2024 with the Administrator, Director of Nursing Infection Preventionist, Medical Director, Accounts Manager, Medical Records, Social Services Director, Assessment Nurse, Nurse Case Manager, Therapy Director and the Housekeeping Supervisor. A follow-up Quality Assurance Committee Meeting will be conducted again on 1/9/2025 and then monthly for two months and then quarterly thereafter. Administrator will report any recurring problem to the monthly meetings of the Quality Assurance Committee. The Administrator will take necessary corrective action as necessary to ensure compliance is resolved and the Quality Assurance Committee is in agreement with compliance.	

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F 677	Continued From page 6	F 677		

to be cleaned and trimmed. She stated that the CNAs do fingernail care on shower days, but we only do Resident #30's fingernails on one hand. She revealed that the CNAs don't do the fingernails on the stroke hand, the nurses do that hand.

During an interview and observation on 12/11/24 at 11:25 AM, Licensed Practical Nurse (LPN) #1 confirmed that the residents' nails were long and jagged with a dirty substance under them. She revealed that with them being long and dirty the resident could scratch himself and cause an infection and that the longer fingernails on the left contracted hand could cause a pressure area to develop. She revealed the weekend supervisor usually cuts and cleans Resident #30's fingernails, but his wife has also come in before and cleaned and cut them.

Record review of Resident #30's "Admission Record" revealed the facility admitted the resident on 4/18/2017 with medical diagnoses that included Hemiplegia and Hemiparesis following Nontraumatic Subarachnoid Hemorrhage affecting Left Non-Dominant Side, and Epilepsy, Unspecified, not Intractable, without Status Epilepticus.

Record review of Resident #30's MDS with an ARD of 10/31/24, revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact.