STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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PLAZA COMMUNITY LIVING CENTER	4403 HOSPITAL ROAD PASCAGOULA, MS 39581

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey with Complaint Investigations (CIs), MS #26993, CI MS #26961, and CI MS #26842, at the facility from 1/06/25 through 1/09/25. The SA investigated CI MS #26993 for abuse and neglect and CI MS #26842 for quality of care and dignity and there were no citations related to those CIs. The SA investigated CI MS #26961 related to resident on resident abuse, dignity, safety and infection control and cited M500 and M640. 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 and cited M500, M640, M815, M1210, and M1570.	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;	M 500		2/13/25

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M 500	Continued From page 1 3. is assured of adequate and appropriate medical care, is fully informed by a physician or 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,	M 500		

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M 500	Continued From page 2 free from restraint, interference, coercion, discrimination, or reprisal; 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;	M 500		

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M 500	Continued From page 3 12. may associate and communicate privately 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:	M 500		

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M 500	Continued From page 4 Level II Based on observation, interview, record review, and facility policy review, the facility failed to protect residents' right to be free from physical abuse when Resident #62 received scratches to his neck and face in an altercation with Resident #48 and Resident #41 received a hematoma to her head during an altercation with Resident #78 for four (4) of 20 sampled residents. Findings included: A review of the facility's "Abuse, Neglect, Exploitation, and Misappropriation Prevention Program," updated October 2022, revealed, "Residents have the right to be free from abuse, neglect, misappropriation of property, and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse, and physical or chemical restraint not required to treat the resident's symptoms." Resident #48 and Resident #62 Altercation Record review of the facility's investigation dated 11/2/24 revealed Resident #62 and Resident #48 were involved in an altercation in the dining room. Resident #62, who was assisting with handing out clothing protectors, was punched by Resident #48 when he attempted to place a clothing protector on him. In response, Resident #62 hit Resident #48 back, and both residents fell to the floor. A dietary aide witnessed the incident, reported it to Registered Nurse (RN) #4 and both residents were separated. Resident #62 sustained scratches to his face and neck, while Resident #48 had no noted injuries. The physician, Director of Nursing (DON), and Administrator were	M 500	The facility failed to protect residents right to be free from physical abuse for resident # 62, #48, #78 and #41. Residents #62 and #48 were interviewed by the Social Service Director concerning the incident that occurred on 11/2/24 on 01/10/25. No adverse effects were noted. There have been no further issues between resident # 62 and #48 since 11/2/24. Residents #78 and #41 were interviewed by the Social Service Director concerning the incident on 01/07/25. Both residents have no adverse effects. All residents have the potential to be affected. All staff were educated beginning 01/10/25 and ending 0/31/2025 on abuse, neglect and exploitation policy the Director of Nursing and Nursing Administration staff. The Social Service Director conducted a person-centered in-service on resident #62 for all staff. All staff were educated on residents rights on 01/10/25 and ending 01/31/2025. On 01/07/2025, the dining area which leads to the smoking area was opened to residents to wait for smoke break so they can spread out more. On 01/07/2025, staff were informed that residents, when grouping together before smoke break or during mealtimes, must be supervised in the main dining room. The dining room will only be open for activities, mealtimes and when waiting to smoke. The administrator met with the smokers on 01/13/25 and explained that the area to wait for smoke break will not be opened until 20 minutes prior to scheduled smoke time. Residents were	

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M 500	Continued From page 5 notified. Interventions included instructing staff to prevent Resident #62 from distributing clothing protectors in the dining room and referring Resident #48 to the in-house psychiatric Nurse Practitioner. During an observation on 1/6/2025 at 10:50 AM, Resident #48 was noted sitting in his wheelchair in his room. Resident #48, who has expressive aphasia, communicated with head nods. During an interview on 01/06/2025 at 11:00 AM, Registered Nurse (RN) #3 explained that Resident #48 can talk but may not want to communicate because he cannot speak clearly. RN #3 reported she did not recall many details about the night Resident #48 and Resident #62 were involved in an altercation in the dining room. She noted both residents have a history of other altercations, which usually occurred due to Resident #62 wandering into rooms. RN #3 added that Resident #48 had hit Resident #62 previously when Resident #62 wandered into his room. During an observation and interview on 01/08/2025 at 09:30 AM, Resident #48 was observed sitting in his wheelchair in his room. When asked if he could answer yes or no questions, the resident nodded yes. When asked if he remembered the altercation in the dining room with Resident #62, the resident nodded yes. When asked if he and Resident #62 had previous issues, he nodded yes. When asked if he was upset about the clothing protector, he nodded no. When asked if he became upset when he saw it was Resident #62, he nodded yes. When asked if he landed on the floor during the incident, he nodded yes. When asked if he was hurt, he nodded no. When asked if he had punched	M 500	asked to please not come down an hour before smoke breaks. Resident #62 will be monitored to ensure he does not hand out clothing protectors starting 01/10/25 and ending 03/01/2025. The Quality Assurance Performance Improvement (QAPI) Team met on 01/10/25 and discussed policies and procedures on abuse, neglect, and exploitation with no revisions needed at this time. All residents will be supervised while in the main dining area while gathering for smoke breaks, mealtimes, and activities. The Life Connections Department will use a daily monitoring tool beginning 01/13/25 ending 03/01/25 to ensure the main dining area is being supervised during smoke breaks, mealtimes, and activities. Any adverse findings will be reported to the Administrator or Director of Nursing. All findings will be reported to the QAPI Team monthly beginning 02/13/25 and ending 03/31/25 for review and recommendations.	

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M 500	Continued From page 6 Resident #62 before, he nodded yes. When asked if this occurred when Resident #62 came into his room, he nodded yes. When asked if he had any further altercations with Resident #62 since the dining room incident, he nodded no. When asked if everything was better now, he nodded yes and smiled. During an interview on 01/08/2025 at 12:15 PM, Dietary Aide #4 confirmed she provided a witness statement for the incident between Resident #48 and Resident #62. She stated the incident occurred around 5:20 PM as the dining room trays are typically distributed starting at 5:25 PM. She was at the kitchen window and saw Resident #62 walking around placing clothing protectors on other residents. Resident #48 was seated at the back table. When Resident #62 attempted to place a clothing protector on Resident #48, Resident #48 punched Resident #62, who punched him back, leading to a tussle. Dietary Aide #4 stated she told other kitchen staff the residents were fighting and then saw Resident #48 fall from his wheelchair to the floor. She immediately sought help from a nurse and Certified Nursing Assistant (CNA). She stated that residents were temporarily prohibited from being in the dining room without staff for about a week after the incident, but that policy was not maintained because residents would often gather unsupervised in the hallways instead. During a phone interview on 01/08/2025 at 05:40 PM, RN #5 stated she did not witness the incident between Resident #48 and Resident #62. She explained that Dietary Aide #4 informed her about the altercation. While walking down the hall, she encountered RN #4, who was with Resident #62. RN #4 informed her that Resident #62 had been fighting with another resident. RN #5 then	M 500		

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M 500	Continued From page 7	M 500		

escorted Resident #62 to his room and completed a body audit. She observed scratches on Resident #62's neck and face, noting that the scratches were superficial and required only first aid. RN #5 stated she completed the incident report for Resident #62, while RN #3 completed the incident report for Resident #48. She also confirmed she notified the Administrator and Director of Nursing (DON) about the incident.

During a interview on 01/09/2025 at 03:50 PM, the Administrator stated that on the night of the incident, she was notified, and the RNs completed the incident reports. She used the incident reports and statements from RN #4 and Dietary Aide #4 to complete her final report. She explained that she does not know if any other residents were present in the dining room at the time of the incident, except for Resident #26, whose interview was included in one of the incident reports. She acknowledged there were no staff in the dining room at the time of the altercation, as they were busy assisting other residents to the dining room. She confirmed interventions implemented included informing Resident #62 that he could no longer distribute clothing protectors and instructing staff not to allow him to pass out the clothing protectors.

A record review of progress notes dated 6/3/2024 at 5:45 PM revealed that Resident #48 and Resident #62 had a prior altercation. The progress notes stated, "This writer was walking the hallway and noticed a wheelchair flipped up in the room. Upon entering the room, the resident was noted sitting in his wheelchair, and another male resident was on the floor underneath Resident #48's wheelchair. Both residents were exchanging punches and holding each other's shirts." When asked how the altercation occurred,

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M 500	Continued From page 8 Resident #48 stated, "He came in my room, and I asked him to get out and he wouldn't and got smart with me." When asked, "Who struck who first?" Resident #48 admitted to striking the other resident first. Both residents were separated by this writer and two other staff members and assessed for injuries. Upon assessment, Resident #48 was noted to have two small scratches on his left cheek. The areas were cleaned and left open to air. The family, physician, Director of Nursing (DON), and Administrator were notified of the incident. A record review of the "Admission Record" revealed the facility admitted Resident #48 on 05/07/20 with the diagnoses including Hemiplegia And Hemiparesis Following Cerebral Infarction. A record review of the Quarterly MDS with an ARD of 10/09/24 revealed Resident #48 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated he was cognitively intact. A record review of Resident's "Physical Aggression Initiated" report dated 11/02/24 prepared by RN #3 revealed " ... I did not witness event. I was told by resident 48 and resident #62, that Resident #62 put on the clothing protector. Resident #62 put it on Resident #48 took it off then resident #48 hit Resident #62 in the gut, Resident #62 returned hit to Resident #48 in the torso ... Nursing supervisor notified by RN #5. Residents were separated ... no injuries observed at time of incident ... No statements found ..." A record review of the "Admission Record" revealed the facility admitted Resident #62 on 01/26/22 with the diagnoses including Unspecified Dementia.	M 500		

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M 500	Continued From page 9 A record review of the Quarterly MDS with an ARD of 12/11/24 revealed Resident #62 had a BIMS score of 7 which indicated he was severely cognitively impaired. A record review of Resident's "Physical Aggression Initiated" report dated 11/02/24 prepared by RN #3 revealed " ... I did not witness event. I was told by resident #48 and Resident #26, that Resident #62 put bib on Resident #48 took it off then Resident #48 hit Resident #62 in the gut, Resident #62 returned hit to Resident #48 torso ... Nursing supervisor notified by RN #5, residents were separated ... no injuries observed at time of incident ... No statements found ..." Resident #41 and Resident #78 Altercation On 1/7/2025 at 5:15 PM, during an observation, several residents were standing in the hallway near the main dining room without staff supervision. Residents were overheard using profanity, and Resident #78 was observed hitting Resident #41 with her walker, knocking her to the floor. Staff intervened and separated the residents. A record review of the facility's incident reports dated 1/7/2025 revealed Resident #41 sustained a hematoma to the back of her head and was sent to the emergency room for evaluation. Resident #78 denied hitting Resident #41 with her walker and reported no injuries. A record review of the "Admission Record" revealed the facility admitted Resident #41 on 3/21/2023 with diagnoses including Chronic Obstructive Pulmonary Disease.	M 500		

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M 500	Continued From page 10 A record review of the Quarterly Minimum Data Set (MDS) with an assessment Reference Date (ARD) of 11/20/2024 revealed Resident #41 had a Brief Interview for Mental Status (BIMS) score of three (3), indicating severe cognitive impairment. A record review of the "Admission Record" revealed the facility admitted Resident #78 on 3/22/2023 with diagnoses including Dementia. A record review of the Quarterly MDS with an ARD of 10/24/2024 revealed Resident #78 had a BIMS score of seven (7), indicating severe cognitive impairment.	M 500		
M 640	45.21.8 Accidents Accidents. The facility shall ensure that the residents ' environment remains as free of accident hazards as possible, and adequate supervision shall be provided to prevent accidents. If an unexplained accident occurs, this injury must be investigated and reported to appropriate state agencies. This Statute is not met as evidenced by: Level II Based on observation, interviews, record review, and the facility policy review the facility failed to provide adequate supervision to prevent resident-on-resident altercations between Resident #62 and Resident #48 and between Resident #41 and Resident #78 for four (4) of 22 sampled residents. Findings included:	M 640	The facility failed to protect residents #62, #48, #78 and #41 from accidents and hazards. Residents #62 and #48 were interviewed by the Social Service Director concerning the incident that occurred on 11/2/24 on 01/10/25. No adverse effects were noted. There have been no further issues between resident # 62 and #48 since 11/2/24. All residents have the potential to be	2/13/25

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M 640	Continued From page 11 Resident #48 and Resident #62 Record review of the facility's investigation dated 11/2/24 revealed Resident #62 and Resident #48 were involved in an altercation in the dining room. Resident #62, who was assisting with handing out clothing protectors, was punched by Resident #48 when he attempted to place a clothing protector on him. In response, Resident #62 hit Resident #48 back, and both residents fell to the floor. A dietary aide witnessed the incident, reported it to Registered Nurse (RN) #4 and both residents were separated. Resident #62 sustained scratches to his face and neck, while Resident #48 had no noted injuries. The physician, Director of Nursing (DON), and Administrator were notified. Interventions included instructing staff to prevent Resident #62 from distributing clothing protectors in the dining room and referring Resident #48 to the in-house psychiatric Nurse Practitioner. On 01/06/2025 at 11:51 AM, during an observation in the dining room, Resident #26 was placing clothing protectors on other residents without staff present. On 01/07/2025 at 02:20 PM, during an interview, Resident #26 confirmed he witnessed the altercation between Residents #62 and #48. He stated that no staff were present in the dining room at the time and that it was common for the dining room to be unsupervised. On 01/08/2025 at 12:15 PM, during an interview, Dietary Aide #4 stated she observed the altercation between Residents #62 and #48 on 11/2/24 from the kitchen window and sought help from a nurse and Certified Nursing Assistant	M 640	affected. All staff were educated beginning 01/10/25 and ending 0/31/2025 on abuse, neglect and exploitation and accidents and incidents-investigating and reporting policies the Director of Nursing and Nursing Administration staff. The Social Service Director conducted a person-centered in-service on resident # 62 for all staff. The dining area which leads to the smoking area was opened to residents to wait for smoke break so they can spread out more. Staff were informed that residents, when grouping together before smoke break or during mealtimes, must be supervised in the main dining room. On 01/10/25, the dining room will only be open for activities, mealtimes and when waiting to smoke. The administrator met with the smokers on 01/13/25 and explained that the area to wait for smoke break will not be opened until 20 minutes prior to scheduled smoke time. Residents were asked to please not come down an hour before smoke breaks. Residents #78 and #41 were interviewed by the Social Service Director concerning the incident on 01/07/25. Both residents have no adverse effects. The administrator met with Resident Council on 01/28/25 concerning supervision in the main dining area for mealtimes, activities, and waiting for smoke break. Residents were told the main dining room will be closed except for mealtimes, activities, and 20 minutes prior to smoke break. The Quality Assurance Performance Improvement (QAPI) team met on	

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M 640	Continued From page 12 (CNA). She confirmed there were no staff in the dining room at the time. Dietary Aide #4 added that after the incident, residents were temporarily prohibited from being in the dining room without staff, but this restriction was not maintained. A record review of the "Admission Record" revealed Resident #62 was admitted by the facility on 01/26/2022 with diagnoses including Unspecified Dementia and Psychotic Disorder. A record review of the Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/11/2024 revealed Resident #62 had a Brief Interview for Mental Status (BIMS) score of seven (7), indicating severe cognitive impairment. A record review of the "Admission Record" revealed Resident #48 was admitted by the facility on 05/07/2020 with diagnoses including Hemiplegia and Aphasia. A record review of the MDS with an ARD of 10/09/2024 revealed a BIMS score of 15, indicating the resident was cognitively intact. Resident #41 and Resident #78 On 01/07/2025 at 03:00 PM, during an observation there was an altercation between Resident #78 and Resident #41 near the exit door for smoking, which is near the dining room. No staff were present at the time of the incident. Record review of the facility's, "Incident Report", dated 01/07/25 revealed Resident #41 was walking in the hallway next to the kitchen when another resident called this resident a (expletive) this resident then called the other resident a (expletive) and then proceeded to slap the other	M 640	01/10/25 and discussed policies and procedures on abuse, neglect and exploitation and accidents and incidents □investigating and reporting with no revisions needed at this time. All incidents and accidents will be monitored 5 times a week in our morning clinical meetings starting 01/13/2025 and ending 02/28/25 to ensure proper investigating and reporting and to ensure interventions are in place. All findings will be reported to the QAPI team of all accidents and incidents starting 02/13/25 and ending 03/31/2025.	

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M 640	Continued From page 13 resident in the face. Both residents began pushing each other when the Resident #78 pushed Resident #41 with her wheelchair, knocking Resident #41 to the floor where she hit the back of her head. The staff immediately intervened and assessed the resident for injury. Resident #41 noted to have quarter sized hematoma to the back of her head. Charge nurse took Resident #41's vital signs, and the Medical Director and family was notified the resident was sent to the local emergency room for an evaluation. A record review of Resident #41's "Admission Record" revealed the resident was admitted on 03/21/2023 with diagnoses including Chronic Obstructive Pulmonary Disease and Major Depressive Disorder. A record review of Resident #41's MDS dated 11/20/2024 revealed a BIMS score of (3), indicating severe cognitive impairment. A record review of Resident #78's "Admission Record" revealed the resident was admitted on 03/22/2023 with a diagnosis of Unspecified Dementia. A record review of Resident #78's MDS dated 10/20/2024 revealed a BIMS score of seven (7), indicating severe cognitive impairment.	M 640		
M 815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations.	M 815		2/13/25

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M 815	Continued From page 14 This Statute is not met as evidenced by: Level II Based on observation, staff interview, record review, and facility policy review, the facility failed to discard expired food items from the refrigerator, remove opened, exposed, and unlabeled food items from freezer, and ensure dietary staff wore a hair restraint while plating food for two (2) of three (3) observations. Findings included: A review of the facility's policy, "Personal Hygiene," revised 1/18/2019, revealed, " Objective: Participants will learn what guidelines for personal hygiene are needed to promote a safe and sanitary Food and Nutrition Services department...3. Head Covering Worn ...Hair must be appropriately restrained or completely covered. Beards, mustaches, or any body hair that may be exposed ...must be covered ..." A review of the facility's policy, "Labeling and Dating for Safe Storage of Food," revised 3/6/2020, revealed, " ...All products should be dated upon receipt ... All products should be dated when opened ... Use Use-By dates on all food once opened and stored under refrigeration ... Expiration dates supersede storage guide ..." On 1/6/2025 at 10:43 AM, during an observation and interview with the Dietary Manager (DM), there was one (1) container of mayonnaise with a manufacturer's use-by date of November 2024 and (1) bag of shredded lettuce with a use-by date of 12/24/2024 in Refrigerator #1. In Freezer #2, there was (1) opened, exposed, and uncovered pie shell undated, (1) opened	M 815	The facility failed to discard expired food items from the refrigerator, remove opened, exposed, and unlabeled food items from freezer, and ensure dietary staff wore a hair restraint while plating food. The container of mayonnaise with use by date of November 2024 and bag of shredded lettuce with use-by date 12/24/24 were immediately discarded. The freezer items that were exposed, unlabeled, and not dated included pie shells, corn on the cob, biscuits, and cinnamon rolls were also discarded. On 01/10/2025, Dietary # 2 was educated one on one by the Dietary Manager on the requirements of proper hair restraints to include his beard, mustache or any exposed body hair while plating food. All residents have the potential to be affected. All dietary staff were educated by the Dietary Manager and Registered Dietician on the proper use of hair restraints to include beards, mustaches, and any other exposed body hair; the requirements for labeling and dating food; and discarding expired foods starting 01/10/25 and ending 01/16/25. The Quality Assurance Performance Improvement (QAPI) team met on 01/10/25 and discussed the policy for Personal Hygiene and Labeling and Dating for Safe Storage of Food with no revisions needed at this time. Starting 01/13/25 and ending 03/01/2025 the	

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M 815	Continued From page 15 exposed, and unlabeled bag of corn on the cob, (1) opened, exposed, and unlabeled bag of biscuits, and (1) opened, exposed, and unlabeled bag of cinnamon rolls. The DM confirmed the mayonnaise and shredded lettuce were expired and there were opened and exposed food items in the freezer. She expressed that she had reminded the kitchen staff to date and label opened food items in the freezer. On 1/8/2025 at 10:46 AM, during an interview, the Registered Dietitian (RD) revealed that kitchen staff receive monthly in-services, with the last one held in December 2024. Topics covered during monthly in-services included pest control, resident rights, sanitation, gloves, cleaning, and labeling and dating food in refrigerators. The RD stated the expectation for kitchen staff is to work as a team, prepare food per guidelines, maintain sanitation, and follow instructions. On 1/8/2025 at 11:34 AM, during an observation, Dietary #2 (Kitchen Aide) was plating food and preparing trays and was not wearing a hair restraint on his beard. On 1/8/2025 at 1:03 PM, during an interview, the DM stated that in-services for kitchen staff are held every other month and as needed. The DM noted the last in-service, held in December 2024, covered topics such as equipment upkeep and gloves. An in-service in October 2024 included topics on hair nets and beard guards. The DM emphasized that staff are expected to follow guidelines, rules, and apply the information from in-services. On 1/8/2025 at 2:27 PM, during a follow-up interview, the DM confirmed Dietary #2 had prepared resident's plates at the steam table for	M 815	Dietary Manager and Assistant will monitor through weekly observation of staff during mealtimes to ensure all proper hair restraints are utilized during plating and will conduct daily checks of refrigerator and freezer for expired and unlabeled foods. All findings will be reported monthly to the QAPI Team starting 02/13/25 and ending 03/31/25.	

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M 815	Continued From page 16 lunch and was not wearing a hair restraint for his beard as required. She commented that she has had to remind dietary staff to wear hair restraints. On 1/9/2025 at 4:20 PM, during a phone interview, Dietary #2 confirmed he had received in-service training on hair restraints but could not recall the dates. He stated he typically washes dishes but plated food on 1/8/2025 because another worker called in. The dishwasher acknowledged the importance of wearing hairnets and beard guards to prevent hair from getting into residents' food. On 1/9/2025 at 4:30 PM, during an interview, the Administrator acknowledged she was aware of the findings in the dietary department. The Administrator stated her expectations included following guidelines to prepare foods in a manner that prevents illness and ensures food is appealing to residents. A record review of dietary in-service records dated 7/24/2024 and 12/18/24 revealed the dietary staff received training regarding covering labeling, dating, and wearing hair restraints.	M 815		
M1210	45.40.7 Walls and Ceilings Walls and Ceilings. All walls and ceilings shall be of sound construction with an acceptable surface and shall be maintained in good repair. Generally the walls and ceilings should be painted a light color. This Statute is not met as evidenced by: Level II Based on observation, staff and resident	M1210	The facility failed to ensure residents rights for a clean, sanitary, and homelike environment. The area in the main dining	2/13/25

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M1210	Continued From page 17 interviews, record review, and facility policy review, the facility failed to ensure residents' rights for a clean, sanitary, and home-like environment as evidenced by resident rooms with holes in the walls and leaks in the ceilings in the dining room and hallways for one (1) of four (4) days of survey. Findings included: A review of the facility's policy titled "Resident Rights," dated 11/23/2016, revealed, "It is the policy of this facility to promote the rights of residents residing in this facility ...Procedure ...3. The facility will make every effort to provide residents a homelike environment ..." On 1/6/2025 at 10:30 AM, during an observation, water was dripping from the roof in the main dining room. A large puddle of water was observed on the floor with a wet floor sign placed over it. On 1/6/2025 at 10:40 AM, during an observation in Room South-8, a hole the size of a large ball was noted in the sheetrock, filled with pieces of cardboard. Resident #11 On 1/6/2025 at 10:45 AM, during an interview, Resident #11 confirmed the water was dripping from the roof and stated it had rained the day before. The resident noted that leaks typically occurred in the hallway near the nurses' station on both the north and south wings. The resident added that staff usually placed barrels in these areas to catch the water. Record review of the Minimum Data Set (MDS)	M1210	area was mopped up by housekeeping and repaired by maintenance of 01/06/2025. Maintenance Supervisor and Assistant repaired Room South-8's wall and Room North-1's wall around the mounted air-conditioning unit on 01/07/2025. All residents have the potential to be affected. All staff were educated on residents rights for a clean, sanitary, and homelike environment on 01/10/25 and ending 01/31/2025. The Quality Assurance Performance Improvement (QAPI) team met on 01/10/25 and discussed residents rights to a clean, sanitary, and homelike environment and dignity policies and procedures with no revisions needed at this time. QAPI team also discussed work order completions, routine maintenance and areas of concern. Maintenance and administrative staff will make weekly room rounds using a room inspection check off list starting 01/13/25 and ending 04/30/2025. The check off lists will be reviewed weekly by Administrator and Maintenance to ensure all issues are addressed in a timely manner. Areas of concern include chipped paint, sheet rock repairs, roof leaks on north and south units and dining room to be completed by 04/17/2025. All findings that include areas of concern will be reported to the QAPI Team monthly beginning 02/13/25 and ending 04/30/25 for review and recommendations.	

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M1210	Continued From page 18 with an Assessment Reference Date (ARD) of 10/16/24 revealed Resident #11 had a Brief Interview for Mental Status (BIMS) score of 15 indicating the resident was cognitively intact. Resident #26 On 1/6/2025 at 10:50 AM, during an interview, Resident #26, who was sitting in the main dining room, confirmed that leaks occurred in various parts of the facility when it rained. The resident stated that repair work had been done in the past, but the leaks persisted, with new areas leaking unpredictably. Record review of the MDS with an ARD of 11/6/24 revealed Resident #26 had a BIMS score of 15 indicating the resident was cognitively intact. Resident #35 On 1/6/2025 at 10:50 AM, during an interview, Resident #35 confirmed the ceiling was leaking in the dining room. The resident said the ceiling leaked in multiple areas when it rained, and staff typically placed wet floor signs and barrels to address the issue. Record review of the MDS with an ARD of 1/23/24 revealed Resident #35 had a BIMS score of 14 indicating the resident was cognitively intact. On 1/6/2025 at 11:00 AM, during an interview, Housekeeper #1 stated he was instructed to document environmental problems in the maintenance log at the nurses' station. He mopped up water on the dining room floor and noted that while the dining room rarely leaked, the north and south hallways leaked frequently during	M1210		

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M1210	Continued From page 19 rain. Resident #67 On 1/6/2025 at 11:30 AM, during an interview, Resident #67 confirmed the roof leaked near the nurses' station on the north and south halls. The resident stated that repairmen had patched the roof multiple times, but the leaks shifted to other areas. The resident expressed frustration, saying the entire roof needed to be fixed. On 1/6/2025 at 11:31 AM, during an observation in Room North-1, a large open area was noted around the wall-mounted air conditioning unit, allowing visibility to the outside. Record review of the MDS with an ARD of 11/27/24 revealed Resident #67 had a BIMS score of 15 indicating the resident was cognitively intact. Resident #43 On 1/6/2025 at 12:05 PM, during an interview, Resident #43 expressed concern that animals, such as snakes, could enter the room through the gap. Record review of the MDS with an ARD of 12/13/24 revealed Resident #43 had a BIMS score of 12 indicating the resident had moderate cognitive impairment. On 1/9/2025 at 1:00 PM, during an interview, the Maintenance Director confirmed roof leaks in the north and south halls and acknowledged being unaware of the dining room leak. He noted that patches and silicone coatings had been applied to the roof, but the flat design caused water to	M1210		

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M1210	Continued From page 20 shift to other areas. The Maintenance Director also confirmed awareness of paint chips and holes in the walls but had not received maintenance slips for the affected rooms. On 1/9/2025 at 3:45 PM, during an interview, the Administrator confirmed awareness of roof leaks in the north and south halls but stated she was unaware of the dining room leak. The Administrator explained that corporate consultants communicated with the roofing company, and repairs were limited to specific areas based on budget constraints.	M1210		
M1570	48.58.1 Infection Control The following infection control standards shall be 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	M1570		2/13/25

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M1570	Continued From page 21 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, interview, and facility policy review, the facility failed to prevent the possible spread of infection when a Certified Nurse Aide (CNA) placed soiled linens on the floor of a resident's room and against her clothes for one (1) of four (4) days. Findings included: A review of the facility's policy titled "Laundry and Bedding-Soiled," dated October 22, 2008, revealed, " ...Soiled laundry/bedding shall be handled in a manner that prevents gross microbial contamination of the air and persons handling the linen ..." On 1/7/2025 at 3:45 PM, during an interview and observation, there was a strong urine odor at the South Front Hall. While walking past Room S7, soiled linen was observed placed on the floor beside the bed. CNA #1 was in the room and explained the soiled linen should not have been placed there and stated that she "knew better." CNA #1 picked up the soiled linens from the floor, placing them directly against her clothing on her body, before putting them on the bare mattress of the resident's bed. She further explained that she should have placed the soiled linens in a bag because they should not be on the floor. CNA #1 retrieved a plastic bag, placed the soiled linen in the bag, and took it to the soiled linen room. On 1/8/2025 at 9:45 AM, during an interview,	M1570	TThe facility failed to prevent the possible spread of infection. All staff were educated on the facilities Infection and Control policies to include proper handling of soiled linens and bedding starting 01/10/25 and ending 01/31/25. The Director of Nursing educated CNA #1 on 01/10/25 on Infection and Control policices to include proper handling and transfer of soiled linens and bedding. All residents have the potential to be affected. All staff were educated on the facilities Infection Control policies to include proper handling of soiled linens and bedding starting 01/10/25 and ending 01/31/25. The Quality Assurance Performance Improvement (QAPI) team met on 01/10/25 and discussed the facilities Infection Control policies to include proper handling of soiled linens and bedding with no revisions needed at this time. The facilities infection preventionist and Director of Nursing will utilize a monitoring tool to make infection prevention rounds to include proper handling and storage of soiled linens starting 01/13/25 and ending 03/31/2025. All findings will be reported monthly to the QAPI Team starting 02/13/25 and ending 03/31/25.	

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M1570	Continued From page 22 Registered Nurse (RN) #1/Infection Preventionist, stated she expected staff to use a bag to place soiled linen in and to avoid placing linen on the floor or against their body. On 1/9/2025 at 10:05 AM, during an interview, the Director of Nursing (DON) explained her expectations for staff to follow infection control guidelines and policies to prevent infections. She stated staff are educated to bring clean linen into rooms using trash bags and use the same bags to collect and transport dirty linen immediately to the soiled linen room. She emphasized that no dirty linen or trash bags should be placed directly on the floor or against staff's bodies to prevent the spread of infection.	M1570		