STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	64ME	A. BUILDING: _____ B. WING _____	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF MENDENH	925 WEST MANGUM AVENUE MENDENHALL, MS 39114

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M 000	Initial Comments The State Agency (SA) conducted annual survey from 02/03/2025 to 02/06/2025. The facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements. The SA cited M500 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; 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	M 500		3/21/25

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M 500	Continued From page 1 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; 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;	M 500		

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M 500	Continued From page 2 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 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);	M 500		

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M 500	Continued From page 3 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 Based on observations, interviews, record reviews and facility policy review the facility failed to ensure resident rights were honored as evidenced by Resident #44 was not allowed to get out of bed as requested and residents not receiving preferred snacks at bedtime for five (5) of 31 sampled residents reviewed for choices. Resident #26, Resident #33, Resident #40, and	M 500	* Resident 44 was interviewed on 2/6/2025 by the director of nursing, and resident # 44 indicated that she desired to get out of bed daily. Resident #44's care plan was updated by the Minimum Data Set (MDS) Nurse to reflect this request on 2/6/2025. Residents 26, 33, 40, and 41 were visited by the dietary manager on 2/7/2025 and informed them, during a resident council session, that sandwiches would now be	

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M 500	Continued From page 4 Resident #41 and Resident #44 Findings Include: Resident #44 A record review of the facility's "Resident Rights "with a revision date of 6/1/23 revealed" ...4. Respect and dignity ...c. The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences..." On 02/03/25 at 11:37 AM, in an interview and observation Resident #44 in bed. She stated she wants to get up, but they (facility staff) won't get me up. Resident #44 stated she wants to go activities, but they won't get her up out of bed. She stated she is in bed "all the time." On 02/03/25 at 02:25 PM, during an observation and interview revealed Resident #44 was in bed watching TV. She stated the facility staff does not ask her if she wants to get up. She stated she asked them several times a week to get up and they do not do it. Resident #44 stated she knew they were playing Bingo. She stated it was listed on the calendar but did not offer to get her up for Bingo. She stated when she asks them to get her, they say "okay" and never come back to get her up. She stated it has happened a lot of times. On 02/04/25 at 10:25 AM, during an observation and interview revealed Resident # 44 was in bed. She stated they did not ask her if she wanted to get up. She stated they do not ask her daily if she wants to get up. Resident #44 looked away when talking about wanting to get up out of bed. On 02/05/25 at 01:30 PM, in an interview with	M 500	available at night. * All Residents have the potential to be affected by the deficient practice. * A task was created within the Electronic Health Record Software that requires the Certified Nursing Assistants (CNA) to ask all residents if they would like to get up each day. All CNAs were in-serviced beginning on 2/12/2025 by the Staff Development Nurse regarding this task and documentation requirements. On 2/6/2025, the dietary manager was in-serviced by the administrator to have sandwiches available on the units beginning 2/6/2025. 4.The Resident Care Coordinator will audit four residents per week x 12 weeks beginning 2/10/2025 to ensure that the CNAs are completing the task and documentation is present. These four residents will be interviewed by the Resident Care Coordinator to confirm that they are being asked if the desire to get out of bed daily. The Registered Nurse Supervisor will audit the delivery of sandwiches to the unit nightly x 12 weeks, beginning on 2/13/2025, prior to the closing of the kitchen nightly to ensure that the inventory is sufficient. Audits will be taken to the Quality Assurance and Performance Improvement Committee x 3 months beginning on 3-20-2025 to ensure sustained compliance.	

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(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 Resident #44 she stated they got her up this morning and put her back to bed after lunch. She stated she wants to get up daily but does not like to stay up all day. She stated she did not ask them to get her up today they did it on their own. She stated they got her up to weigh her this morning. On 02/5/25 at 2:15 PM, in an interview with the Director of Nurses (DON), Certified Nursing Assistants are supposed to be daily asking residents after breakfast if they want to get up. She stated they got Residents #44 up today for weights. All residents are gotten up on weight day. She stated she expects staff to give care with residents' rights in mind. A record review of Resident #44 "Admission Record" revealed an admission date of 2/3/22 with diagnoses that included Cerebral Infarction and Restless Leg Syndrome. A record review of Resident #44's Minimum Data Set (MDS) with Assessment Reference Date (ARD) 12/28/24 revealed a Brief Interview for Mental Status (BIMS) score of 14 indicating the Resident #44 is cognitively intact. Section GG revealed Resident #44 is dependent for chair/bed-to-chair transfer. Resident Council On 02/04/25 at 2:45 PM, a Resident Council meeting was held, attended by 14 residents. The residents expressed several concerns, including not receiving sandwiches at night. Residents who specifically voiced concerns about not receiving sandwiches included Resident #26, Resident #33, Resident #40, and Resident #41.	M 500		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M 500	Continued From page 6 On 02/05/25 at 9:00 AM, during an interview, the Activities Director (AD) stated that residents do not receive sandwiches at night as snacks. She stated that, as far as she knew, they were given other snacks. On 02/05/25 at 9:23 AM, during an interview, the Director of Nursing (DON) stated that she was aware that residents were not receiving sandwiches at night. On 02/05/25 at 9:50 AM, during an interview, the Dietary Manager (DM) stated that dietary staff leave around 7:15-7:30 PM daily. She explained that she stopped preparing sandwiches because she was receiving 15-20 sandwiches back daily from the nurses' station. She stated that she instead sends a bulk of snacks to the nurses' station. She further explained that once the kitchen is closed, residents cannot receive sandwiches. She stated that she made the decision to stop sending sandwiches on her own and did not consult the Nursing Home Administrator (NHA) or the Director of Nursing (DON) about it. She confirmed that she stopped providing sandwiches several weeks ago. On 02/06/25 at 11:20 AM, during an interview, the NHA stated that the DM informed him the previous day that she had decided to discontinue providing sandwiches to residents at night. He stated that this decision should have been brought to his attention beforehand, as it was his responsibility to make that call. He further stated that the discontinuation of sandwiches should not have happened. A record review of Resident #26's "Admission Record" revealed an admission date of 08/05/20 with diagnoses including Major Depressive	M 500		

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BEDFORD CARE CENTER OF MENDENH	925 WEST MANGUM AVENUE MENDENHALL, MS 39114

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M 500	Continued From page 7 Disorder and Essential Hypertension. A record review of Resident #26's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/09/24 revealed a Brief Interview of Mental Status (BIMS) score of 9, indicating mild cognitive impairment. A record review of Resident #33's "Admission Record" revealed an admission date of 09/09/21 with diagnoses including Bipolar Disorder and Depression. A record review of Resident #33's MDS with an ARD of 09/09/21 revealed a BIMS score of 15, indicating cognitive intactness. A record review of Resident #40's "Admission Record" revealed an admission date of 07/01/22 with diagnoses including Type 2 Diabetes Mellitus and Essential Hypertension. A record review of Resident #40's MDS with an ARD of 11/23/24 revealed a BIMS score of 15, indicating cognitive intactness. A record review of Resident #41's "Admission Record" revealed an admission date of 05/21/21 with diagnoses including Type 2 Diabetes Mellitus and Essential Hypertension. A record review of Resident #41's MDS with an ARD of 01/10/25 revealed BIMS score of 15, indicating cognitive intactness.	M 500		
M1570	48.58.1 Infection Control The following infection control standards shall be met:	M1570		3/21/25

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	64ME	A. BUILDING: _____ B. WING _____	02/06/2025

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M1570	Continued From page 8 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by: Level II Based on observation, interviews, and facility policy review, the facility failed to follow infection prevention guidelines by improperly implementing enhanced barrier precautions, failing to adhere to handwashing/hand hygiene practices during care and failed to ensure clean and soiled items were not stored together in a biohazard room for two (2) of four (4) days of survey that affected Resident #13 and Resident #31. Findings Include:	M1570	* Resident #13 and 31 were assessed by the Director of Nursing on 2/6/2025 for any adverse consequences of not following infection prevention guidelines including enhanced barrier precautions. The sharps containers were removed from the bio-hazard room and discarded. * All residents have the potential to be affected by the deficient practice. * The housekeeping supervisor was in-serviced by the Director of Nursing on 2/10/2025 regarding proper storage of	

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	64ME	A. BUILDING: _____ B. WING _____	02/06/2025

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M1570	Continued From page 9 A record review of the facility's "Enhanced Barrier Precautions" policy dated 3/7/24 revealed " ...Policy Explanation and Compliance Guidelines ...2. b. An order for enhanced barrier precautions will be obtained for residents with any of the following: i. Wounds (e.g., chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers) and/or indwelling medical devices (e.g., central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes), even if the resident is not known to be infected or colonized with a multidrug-resistant organism (MDRO). ii. Infection or colonization with a Centers for Disease Control and Prevention (CDC)-targeted MDRO when Contact Precautions do not otherwise apply ...." A record review of the facility's "Handwashing/Hand Hygiene" policy, revised on 08/02/2022, revealed "Policy Statement: The facility considers hand hygiene the primary means of preventing the spread of infections .... Policy Interpretation and Implementation ...7. Use an alcohol-based rub containing at least 70% alcohol; or, alternatively, soap and water in the following situations ... h. Before moving from a contaminated body site to a clean body site during resident care ...l. After contact with objects ...in the immediate vicinity of the resident ...m. After removing gloves ..." A record review of the facility's "Infection Prevention and Control Program" policy, revised 06/15/2023, revealed "Policy: This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections in	M1570	clean items. The sharps containers will be stored in a clean area. All nursing staff were in-serviced by the Staff Development Nurse beginning 2/12/2025 on infection prevention and control procedures to include hand washing, enhanced barrier precautions and storage of clean items. * The Director of Nursing will observe the bio hazard room weekly x 12 weeks beginning 2/17/2025 to ensure that no clean items are stored there. The Staff Development Nurse will observe 4 nursing staff members per week x 12 weeks beginning on 2/20/2025, providing care on residents who require enhanced barrier precautions to ensure that infection prevention techniques are being followed, including personal protective equipment and hand hygiene. All observations will be taken to the Quality Assessment and Assurance Committee x 3 months beginning 3/20/2025.	

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	64ME	A. BUILDING: _____ B. WING _____	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M1570	Continued From page 10 accordance with accepted national standards and guidelines..." On 02/03/2025 at 11:17 AM, an observation of the biohazard room, conducted with the Housekeeping Supervisor, revealed several boxes of new sharps containers with lids stored inside. The Housekeeping Supervisor stated that the containers were being stored there for later use by nurses. During an interview, she explained that due to a lack of storage space, they used the empty shelving in the biohazard room. However, she acknowledged that storing clean items in the biohazard room posed a risk of contamination and the potential spread of infection. Resident #31 On 02/04/25 at 2:08 PM, an observation of foley catheter care and interview revealed upon entrance to Resident 31's room there was Enhanced Barrier Precautions (EBP) signage posted. Certified Nursing Assistant (CNA) #1 placed supplies on the bedside table but did not sanitize the table or use a protective barrier. She did not put on a gown prior to providing care. She applied clean gloves, adjusted the bed using the remote while wearing gloves, and proceeded with catheter care. After touching the remote with her gloves, she continued providing care without changing them. She removed the resident's brief and used peri-wipes, pulling them from the package with contaminated gloves throughout the procedure. Upon completion of care, she removed her gloves and placed two clear bags containing soiled towels, briefs, and wipes on the floor while washing her hands.CNA #1 stated during the interview that she had received training on Enhanced Barrier Precautions and acknowledged that she should have donned (put	M1570		

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M1570	Continued From page 11	M1570		

on) a gown before beginning care. She stated that the gown is used to protect both staff and residents. She also stated that she typically relies on personal protective equipment (PPE) hanging on the door as a reminder to wear PPE. She further acknowledged that she should have removed her gloves after touching the bed remote and washed her hands before resuming care. CNA #1 stated she was unaware that she needed to sanitize the table and use a barrier before placing items on it. She also confirmed that placing soiled bags on the floor constituted cross-contamination and that the resident could develop an infection from the care provided.

A record review of Resident #31's "Admission Record" revealed an admission date of 04/01/24 with a diagnoses that included Neuromuscular Dysfunction of the Bladder.

A record review of Resident #31's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/28/24 revealed a Brief Interview of Mental Status (BIMS) score of 7, indicating severe cognitive impairment.

Resident #13

On 02/04/2025 at 2:08 PM, an observation was conducted of Licensed Practical Nurse (LPN) #2 performing percutaneous endoscopic gastrostomy (PEG) tube site care for Resident #13. LPN #2 did not don a sterile gown prior to or during the procedure.

On 02/04/2025 at 2:12 PM, during an interview, LPN #2 was asked about the EBP signage on Resident #13's door, she stated that EBP are required for residents with catheters, PEG tubes,

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	64ME	A. BUILDING: _____ B. WING _____	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M1570	Continued From page 12	M1570		

and similar devices to prevent infection. LPN #2 acknowledged that she had not worn a gown during the procedure and admitted that she should have done so to protect the resident's PEG tube site from infection.

On 02/05/2025 at 1:55 PM, during an interview, the Director of Nursing (DON) stated that CNA #1 should have washed her hands upon entry, sanitized the bedside table before placing items on it, and used a barrier. She also stated that CNA #1 should have donned (put on) a gown before starting care. The DON confirmed that all peri wipes should have been removed from the package before beginning care to prevent cross-contamination. Additionally, she stated that CNA #1 should have removed gloves and performed hand hygiene when transitioning between front and back perineal care. The DON emphasized that staff should never place soiled bags on the floor, as this practice constitutes cross-contamination, transferring germs from the floor to the CNA's uniform. The DON stated that all staff have been trained in EBP, which are implemented to protect residents from staff-related contamination.

On 02/06/2025 at 8:38 AM, during an interview, the DON stated that only contaminated items should be stored in the biohazard room. She confirmed that storing clean items in the biohazard room could contaminate staff while retrieving the containers, potentially bringing infections back to the residents on the floor.

During an interview on 2/6/25 at 11:35 AM, the DON stated that EBP should be followed when providing care to residents with invasive lines, such as catheters. She confirmed that LPN #2 should have worn a gown before performing PEG

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	64ME	A. BUILDING: _____ B. WING _____	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF MENDENH	925 WEST MANGUM AVENUE MENDENHALL, MS 39114

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M1570	Continued From page 13	M1570		

tube site care for Resident #13 on 2/5/25. The DON stated that staff are expected to adhere to infection control guidelines, as reinforced through facility signage and training, and failure to comply could result in infection transmission among residents and staff. She further noted that Resident #13 required EBP not only due to the PEG tube but also because of a history of multidrug-resistant organism (MDRO) colonization, including methicillin-resistant Staphylococcus aureus (MRSA) at the site. She stated Resident #13 had recently completed a course of antibiotics. When asked whether the resident's infection could have been caused by staff failing to wear gowns, she stated, "Yes."

A review of the resident ' s physician orders indicated a 16 Fr/10cc Foley catheter in place for urinary retention/neurogenic bladder, with enhanced barrier precautions required due to the presence of a Foley catheter. Orders specified the use of gloves and a gown as appropriate when providing care and routine catheter care every shift and as needed.

A record review of Resident #13 "Admission Record" revealed he was admitted on 10/15/20 with a diagnoses that included Encounter for Attention to Gastrostomy.

A record review of the "Order Summary Report" with active orders as of 2/5/25 revealed an order dated 12/02/24 " ... Apply abdominal binder for g-tube for pt (patient) comfort." An order dated 12/03/24 revealed "Clean the PEG site with normal saline (NS), pat dry, apply triple antibiotic ointment (TAO), apply split gauze until healed two times a day for PEG site infection." An order dated 12/3/24 for a PRN (as needed) PEG site care using the same order as the routine PEG

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M1570	Continued From page 14 site care. An order dated 6/29/24 to "Administer Enteral Feeding once daily using Total Formula ..." A record review of the Minimum Data Set (MDS) dated 12/28/24, Section K, revealed that Resident #13 had a PEG tube. A record review of the facility's EBP signage indicated that EBP should be followed when providing care for devices such as central lines, urinary catheters, feeding tubes, tracheostomies, and wound care, including any skin opening requiring a dressing.	M1570		