STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255282	A. BUILDING _____ B. WING _____	C 04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLINTON HEALTHCARE LLC - SNF	1251 PINEHAVEN ROAD CLINTON, MS 39056

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted two (2) Complaint Investigations (CI MS #27819 and CI MS #28086) at the facility on 4/10/25. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid related to CI MS #28086 which was related to pressure wounds, neglect and Quality of care and cited F 686 and F 880. CI MS #27819 was investigated related to accidents and neglect with no deficiencies cited. The facility had a census of 113 and was licensed for 121 beds.	F 000		
F 686 SS=E	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record reviews and policy reviews, the facility failed to provide wound care in a manner to prevent the possibility of wound infection for two (2) of (2) wound care observations. Resident #1 and	F 686	F686 1. On 4/10/2025, the facility initiated monitoring every shift by Licensed nurse, on Resident #1 and Resident #4, for signs	5/14/25

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

Electronically Signed | 05/01/2025

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

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F 686	Continued From page 1 Resident #4 Findings Include: A record review of the facility's policy titled "Wound Care "dated 1/2015 revealed "Policy: The purpose of this procedure is to provide guidelines for the care of wounds to promote healing. Procedure: ...After cleaning the wound as ordered, clean the tissue around the wound ..." On 4/10/25 at 11:12 AM during an observation of wound care for Resident #1 by Licensed Practical Nurse (LPN) # 1/Wound Care Nurse and assisted by Certified Nursing Assistant (CNA) #1 revealed LPN #1 cleaned the stage IV pressure injury wound bed from the outer edge toward the inner aspect in a circular motion. She dried wound site with gauze from the outer edge toward the inner wound bed in a circular motion four times and applied clean dressing. On 4/10/25 at 1:55 PM in an observation of wound care for Resident #4 completed by LPN #1 and assisted by CNA #2 revealed LPN#1 cleaned wounds from the outer edge toward the inner aspect three times each in a circular motion. She discarded gauze and used a clean gauze and dried the wound from the outer edge towards the inner area of the wound bed. On 4/10/25 at 2:23 PM in an interview with LPN #1 confirmed that she did not clean Resident #1 and Resident #4 wounds correctly. She stated she should clean the inside and move outer to prevent contaminating the wound. She stated Resident #1 and #4's wounds can get infected by the way she cleaned the wounds.	F 686	and symptoms of infection, times three (3) days. No signs or symptoms of infection were noted the three (3) day monitoring period. On 4/11/2025, At start of shift Licensed Practical Nurse (LPN)#1 received in-serviced, educated with wound care observation check-off completed, including Proper technique of Cleansing of wound/pressure ulcer to prevent potential contamination of wound, by Registered Nurse (RN). 2. All residents with pressure ulcers who receive wound care have the potential to be affected. 3. On 4/11/2025, RN back up wound care nurse was In-serviced/educated on Proper technique of cleansing of wound/pressure ulcer to prevent potential contamination of wound with wound care observation check-off completed, by Director of Nursing (DON). On 4/12/2025 and 4/19/2025, Weekend nurses who perform wound care received education/In-service on proper technique of cleansing of wound/pressure ulcer to prevent potential contamination of wound with wound care observation check-off completed, by Registered Nurse. 4. Beginning on 4/11/2025, a Registered Nurse will monitor/observe wound care of three (3) residents with pressure ulcers weekly times three (3) weeks, then	

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F 686	Continued From page 2 On 4/10/25 at 4:52 PM in an interview with Registered Nurse #1 (RN)/ Infection Preventionist Nurse stated LPN #1 should have cleaned the wound from inner to outer to prevent possibly infecting the wounds. She stated LPN #1 contaminated the wounds. On 4/10/25 at 5:31 PM in an interview with the Director of Nursing (DON) stated LPN #1 should clean from inner to outer and dispose of gauze. She stated LPN #1 could possibly spread infection. Resident #1: Record review of the admission record revealed admission date: 06/12/24. Diagnoses: Heart Failure and Type 2 Diabetes Mellitus with Hyperglycemia. A record review of Resident #1 Order Summary Report revealed an order dated 4/8/25 "Cleanse stage IV pressure injury to sacrum with Dakins Solution, pat dry. Apply collagen then hydrofera blue and secure with silicone foam dressing every other day and as needed." A record review of Resident #1 Minimum Data Set (MDS) with Assessment Reference Date of 3/13/25 revealed a Brief Interview for Mental Status (BIMS) score of 11, which indicates the resident had moderate cognitive impairment. Resident #4: Record review of the admission record revealed an admission date of 02/26/25 with diagnoses of Essential Hypertension and Type 2 Diabetes Mellitus without complications.	F 686	monthly times two (2) months. To ensure compliance with proper wound care and prevention of contamination. The DON will submit and report findings to the Quality Assurance Performance Improvement (QAPI) Committee on a monthly basis x two (2) Months, for review, revisions or resolution of plan. The QAPI committee review of the plan occurred 04/15/2025, the next review is scheduled for 5/13/2025.	

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F 686	Continued From page 3 Record review of the Order Summary Report for Resident #4 revealed an order dated 4/4/25 "Cleanse with Dakin's solution, pat dry. Apply Mupirocin to wound bed and cover with alginate and silicone sacral border dressing daily and prn (as needed), one time a day related to Pressure Ulcer of Sacral Region, Stage 3." Record review of the MDS with ARD: 03/5/25 revealed BIMS score 99 indicating the resident was unable to complete the interview.	F 686		
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain 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. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;	F 880		5/14/25

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F 880	Continued From page 4 §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review.	F 880		

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F 880	Continued From page 5 The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record reviews, and facility policy reviews, the facility failed to provide wound care and incontinent care in a manner to prevent the possibility of spreading infection by not wearing a gown for Enhanced Barrier Precautions (EBP) during wound care and failing to perform proper hand hygiene during incontinent care. This deficient practice was observed for two (2) of two (2) residents reviewed for infection control practices (Resident #1 and Resident #4). Findings include: A record review of the facility's "Infection Prevention and Control Program" policy dated 8/2017, revealed "It is a policy of this facility to establish and maintain an infection prevention and control program designed to provide a safe and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. 4 ...b. Staff shall wash their hands before and after performing resident care procedures...." A record review of the facility's policy "Enhanced Barrier Precautions," undated, revealed it is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. Enhanced barrier precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employ targeted gown, and gloves use during high contact resident care activities.	F 880	F880 1. On 4/10/2025, the facility initiated monitoring every shift by Licensed nurse, on Resident #1 and Resident #4, for signs and symptoms of infection, times three (3) days. No signs or symptoms of infection were noted the three (3) day monitoring period. On 4/11/2025, at start of shift, Licensed Practical Nurse(LPN) #1, Certified Nursing Assistant(CNA) #1 and CNA #2 received in-service education on Enhanced Barrier Precautions(EBP) protocols including but not limited to Gown and glove use during high contact resident care activities, by Infection Prevention(IP) RN. On 4/11/2025, at the start of shift, CNA #2 received in-service education on Hand Hygiene/handwashing by Infection Prevention RN. On 4/11/2025, the Infection Prevention RN performed observations/checkoffs on EBP and hand hygiene throughout the shift for LPN#1, CNA#1 and CNA#2. 2. All residents with Enhanced Barrier Precautions with high contact care activities have the potential to be affected. 3. On 4/11/2025, Education/in-service	

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F 880	Continued From page 6 On 04/10/25 at 11:12 AM, during an observation of wound care for Resident #1 provided by Licensed Practical Nurse (LPN) #1 (Wound Care Nurse), assisted by Certified Nursing Assistant (CNA) #1, revealed they did not follow Enhanced Barrier Precautions. LPN #1 performed wound care without a gown, and CNA #1 assisted by turning Resident #1 without wearing a gown. On 04/10/25 at 2:18 PM, in an interview, CNA #1 stated it slipped her mind to put on a gown while assisting LPN #1 with wound care. She stated she should have applied a gown to protect the wound and acknowledged prior training on Enhanced Barrier Precautions. On 04/10/25 at 2:08 PM, during an observation of incontinent care for Resident #4 provided by CNA #2, she exited the room wearing a gown from prior wound care, removed it in the hallway, and returned to the room with supplies. She did not wash hands or don a new gown but applied gloves and began peri care. Resident #4 had feces in the brief. CNA removed soiled gloves three times but did not perform hand hygiene between glove changes. She continued to provide care, pulling wipes from the package with soiled gloves. CNA #2 finished care, removed gloves, and washed hands before exiting the room. On 04/10/25 at 2:23 PM, in an interview, LPN #1 stated she forgot to wear a gown during Resident #1's wound care. On 04/10/25 at 2:41 PM, in an interview, CNA #2 stated she should have worn a gown and washed her hands before and during care. She confirmed that she used soiled gloves to handle wipes and	F 880	and observation checkoffs were initiated by the Infection Prevention RN and/or Staff Development Coordinator, on EBP and hand hygiene for all direct resident care staff. Education and Check-offs to be completed by 5/7/2025. EBP and hand hygiene education/training for direct care staff upon hire and quarterly beginning on 4/14/2025, by the Infection Prevention RN and/or Staff Development Coordinator. 4. Beginning on 4/14/2025, a Licensed Nurse will monitor/observe resident care activities for EBP and hand hygiene of three (3) residents with EBP, weekly times three (3) weeks, then monthly times two (2) months. To ensure compliance with EBP precautions and prevention potential spread of infection. The DON will submit and report findings to the Quality Assurance Performance Improvement (QAPI) Committee on a monthly basis x two (2) Months, for review, revisions or resolution of plan. The QAPI committee review of the plan occurred 04/15/2025, the next review is scheduled for 5/13/2025.	

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F 880	Continued From page 7	F 880		

acknowledged the resident could get an infection from the care provided.

On 04/10/25 at 4:52 PM, in an interview, Registered Nurse (RN) 1 (Infection Prevention Nurse) she confirmed that LPN #1, CNA #1 and CNA #2 should have worn gowns before starting care, placing the residents at risk of infection and potential spread to others. She also stated CNA #2 failed to follow proper hand hygiene during incontinent care. The last EBP training was conducted in January 2025.

On 04/10/25 at 5:31 PM, in an interview, the Director of Nursing (DON) stated LPN #1, and the CNAs should have applied gowns prior to care, and that when residents are on EBP, extra precautions are required. She acknowledged possible infection spread due to improper gown use and hand hygiene lapses.

Resident #1:

Record review of the admission record revealed admission date: 06/12/24. Diagnoses: Heart Failure and Type 2 Diabetes Mellitus with Hyperglycemia.

A record review of Resident #1 Order Summary Report revealed an order dated 4/8/25 "Cleanse stage IV pressure injury to sacrum with Dakins Solution, pat dry. Apply collagen then hydrofera blue and secure with silicone foam dressing every other day and as needed."

A record review of Resident #1 Minimum Dat Set (MDS) with Assessment Reference Date of 3/13/25 revealed a Brief Interview for Mental

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F 880	Continued From page 8	F 880		

Status (BIMS) score of 11, which indicates the resident had moderate cognitive impairment.

Resident #4:

Record review of the admission record revealed an admission date of 02/26/25 with diagnoses of Essential Hypertension and Type 2 Diabetes Mellitus without complications.

Record review of the Order Summary Report for Resident #4 revealed an order dated 4/4/25 "Cleanse with Dakin's solution, pat dry. Apply Mupirocin to wound bed and cover with alginate and silicone sacral border dressing daily and prn (as needed), one time a day related to Pressure Ulcer of Sacral Region, Stage 3."

Record review of the MDS with ARD: 03/5/25 revealed BIMS score 99 indicating the resident was unable to complete the interview.