STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255101	A. BUILDING _____ B. WING _____	C 04/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCOMB NURSING AND REHABILITATION CENTER LLC	415 MARION AVE MCCOMB, MS 39648

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F 000	INITIAL COMMENTS The State Agency (SA) conducted a Complaint Investigation (CI MS #27733) at the facility on 4/07/24. The complaint was investigated related to quality of care for lack of appropriate grooming and not offering water to resident, neglect, and misappropriation of property. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F656, F677 and F692. The facility held a license for 140 beds, with a census of 120 residents.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized	F 656		5/9/25

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

Electronically Signed | 04/28/2025

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F 656	Continued From page 1 rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review, and facility policy review, the facility failed to implement care plan intervention related to activities of daily living (ADL) care and hydration for one (1) of four (4) sampled residents, Resident #1. Findings Included: Review of the facility's policy, "Care Plans", dated 1/15, revealed, " ...Each resident will have a plan of care to identify problems, needs and strengths that will identify how the team will provide care.."	F 656	Please consider this plan of correction as McComb Nursing and Rehabilitation Center, LLC, credible allegation of compliance. This plan of correction constitutes a written allegation of substantial compliance under Federal Medicare and Medicaid requirements. Submission of this plan of correction is not an admission that a deficiency exist or that the facility agrees they were cited correctly. This plan of correction reflects a desire to continuously enhance the quality of care and services provided to our residents and are submitted solely as a	

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F 656	Continued From page 2 Record review of the "Admission Record" revealed the facility admitted Resident #1 on 2/22/24 with current diagnoses including Chronis Obstructive Pulmonary Disease (COPD). Record review of the Comprehensive Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/20/25 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 10, which indicated she had moderate cognitive impairment. Further review revealed Resident #1 was dependent upon staff for ADL care. Record review of the "Order Summary Report" for Resident #1 revealed the resident had physician order listed as "Increase water intake by mouth eight ounces three times daily in between meals three times a day" with Start Date 8/01/24. Record review of the current Care Plan for Resident #1 revealed the resident had a 'Focus' listed as "has the potential for constipation" with 'Interventions' listed as 'Encourage adequate fluid intake'; she had a 'Focus' listed as 'has the potential for complications/fluid volume imbalance' with 'Interventions' listed as 'Encourage adequate fluid intake. Fluids with meals/meds, per hydration cart, and at request'; the resident had 'Focus' listed as 'has a self- care deficit due to impaired mobility' with 'Interventions' listed as 'assist with ADLs (activities of daily living) as indicated ...nail care to be performed by nursing ...one person assistance with eating ...hygiene'. On 4/07/25 at 12:15 PM, an observation revealed Resident #1 had no water, water pitcher or water	F 656	requirement of the provisions of Federal and State Law. Resident #1's Care Plan intervention regarding Activities of Daily Living (ADL) care and hydration was implemented on April 7, 2025 by the Licensed Practical Nurse and the Certified Nursing Assistant. Residents that have Care Plan interventions regarding Activities of Daily Living (ADL) care and hydration interventions have the potential to be affected. Nursing staff were in-serviced by the Director of Nursing, the Nursing Supervisors, the Staff Development Nurse and the Certified Nursing Assistant Coordinator on April 22, 2025 thru April 28, 2025 regarding the importance of implementing Care Plan interventions related to Activities of Daily Living care and hydration. A 100% audit of residents that have care plan interventions for Activities of Daily Living and interventions for hydration was performed on April 7,	

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F 656	Continued From page 3 glass in their room. There was an unopened eight (8) ounce bottle of water and a half-filled gallon labeled water on the top of the resident's chest of drawers, out of reach of the resident. Resident #1 had ten (10) fingernails with a thick, grayish brown substance beneath each nail. On 4/07/25 at 12:22 PM, during an observation, the Medical Records Nurse entered the room and offered to assist Resident #1 with lunch and assisted her to drink the water in her glass. The resident's lunch tray was removed, including fluids from the room. There was no water or fluids, or container left for the resident. On 4/07/25 at 1:25 PM, an interview with the Administrator revealed she was aware that Resident #1 had bottled water in her room out of her reach and no water glass or pitcher. On 4/07/25 at 2:05 PM, an observation revealed Resident #1 did not have any water, glass or pitcher in reach. On 4/07/25 at 2:06 PM, an interview with Licensed Practical Nurse (LPN) #1 revealed she said the staff took ice and water to residents. She reported that fluids for oral intake (PO fluids) were provided on meal trays, with medication administration and in Styrofoam cups for all residents unless contraindicated by the resident's condition based on physician orders and resident's care plan. She confirmed that the nurses were responsible for the supervision of care for assigned residents and the implementation of care plan interventions. She stated that Resident #1 received oral (PO) fluids with her breakfast tray, she was not sure how much of those were consumed. She confirmed	F 656	2025 by the Director of Nursing and the Nursing Supervisors to ensure the care plan interventions were implemented. The Nursing Supervisors and/or the Director of Nursing will observe 15 residents a day beginning on April 22, 2025 for four weeks and then weekly for two consecutive months to ensure Activities of Daily Living and hydration Care Plan interventions are implemented. The Director of Nursing will present the results of the observations to the Quality Assurance Committee on May 9, 2025 and then for two consecutive months. The Quality Assurance Committee will make recommendations as necessary.	

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F 656	Continued From page 4 that the resident received PO fluid with administration of medications and that Resident #1 did not have water provided during the morning of 4/07/25. She stated, "We dropped the ball there with the water." She said she believed that ice and water were to be provided at 10:00 AM and 2:00 PM. She confirmed that she had not provided any other PO fluids for Resident #1 on 4/07/25 and she was not sure of the amount of PO fluids consumed by Resident #1 on 4/07/25, she stated, "I can't say, I didn't give her any before lunch. On 4/07/25 at 2:30 PM, an observation revealed Resident did not have any water, glass or pitcher in reach and Certified Nurse's Aide (CNA) #1 brought a Styrofoam cup of ice water with straw to Resident #1. On 4/07/25 at 3:00 PM an interview with the Director of Nurses (DON) revealed she said that making sure residents were well hydrated was important and that she expected resident care plans to be followed because it was very important to implement interventions which were in place to address issues the residents had. She said that all nurses had access to resident care plans and all CNAs had access to resident care instructions in each resident's Kardex, which had interventions pulled from the residents' care plans. On 4/07/25 at 4:30 PM an interview with the Administrator revealed she stated that implementation of residents' care plans was very important to ensure appropriate care was provided for each resident.	F 656		
F 677 SS=D	ADL Care Provided for Dependent Residents	F 677		5/9/25

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F 677	Continued From page 5 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, interviews, record reviews, and facility policy review, the facility failed to provide activities of daily living (ADL) care, specifically nail care, for a dependent resident for one (1) of four (4) sampled residents, Resident #1. Findings Included: Review of the facility's policy titled, "A.M. Care", dated 10/09, revealed, " ...A.M. (Morning) Care will be given to residents daily ...Procedure ...10. Provide nail care as needed ..." Record review of the "Admission Record" revealed the facility admitted Resident #1 on 2/22/24 with current diagnoses including Chronis Obstructive Pulmonary Disease (COPD).a Record review of the Comprehensive Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/20/25 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 10, which indicated she had moderate cognitive impairment. Further review revealed Resident #1 was dependent upon staff for ADL care. On 4/07/25 at 12:15 PM, an observation revealed Resident #1 had ten fingernails with thick grayish brown substance beneath each nail.	F 677	Resident # 1 was provided nail care on April 7, 2025 by the Licensed Practical Nurse. Residents that require assistance with Activities of Daily Living (ADL) care have the potential to be affected. Nursing staff were in-serviced by the Director of Nursing, the Nursing Supervisors, the Staff Development Nurse and the Certified Nursing Assistant Coordinator on April 8, 2025 thru April 18, 2025 regarding providing nail care to residents. A 100% audit of residents fingernails was performed on April 7, 2025 by the Director of Nursing and Nursing Supervisors to ensure residents nails were clean. Certified Nursing Assistants were checked off with return demonstration by the Certified Nursing Assistant Coordinator and Nursing Supervisors regarding providing nail care on April 22, 2025 thru April 28, 2025. The Nursing Supervisors, and/or the Director of Nursing will observe 15 residents fingernails a day beginning on April 8, 2025 for four weeks and then weekly for two consecutive months to ensure resident fingernails are clean. The	

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F 677	Continued From page 6 On 4/07/25 at 2:30 PM, during an observation and interview, Licensed Practical Nurse (LPN) #1 reviewed the fingernails of Resident #1 and described them as dirty and removed chunks of a grayish brown substance from beneath each of the resident's fingernails with an orange stick. Resident #1 indicated she preferred her fingernails to be their length, but did not like them to be dirty. On 4/07/25 at 3:00 PM, an interview with the Director of Nurses (DON) revealed she expected staff to perform resident nail care for residents. On 4/07/25 at 4:00 PM an interview with CNA #3 revealed that personal hygiene, including fingernail care and grooming was to be provided to all residents each shift as needed. On 4/07/25 at 4:30 PM an interview with the Administrator revealed it was very important to ensure appropriate care was provided for each resident including grooming, including fingernail care.	F 677	Director of Nursing will present the results of the observations to the Quality Assurance Committee on May 9, 2025 and then for two consecutive months. The Quality Assurance Committee will make recommendations as necessary.	
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or	F 692		5/9/25

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F 692	Continued From page 7 desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review, and facility policy review, the facility failed to provide hydration care and services to one (1) of four (4) sampled residents, Resident #1. Findings Included: Policy review of the facility policy titled 'Water Pitchers/Water Glasses' with review date 10/09 revealed the policy stated, "Each resident will be provided with ice water/tap water at the bedside...Responsibility Nursing Assistants. Record review of the "Admission Record" revealed the facility admitted Resident #1 on 2/22/24 with current diagnoses including Chronis Obstructive Pulmonary Disease (COPD). Record review of the Comprehensive Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/20/25 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 10, which indicated she had moderate cognitive impairment. Further review revealed Resident #1 was dependent upon staff for ADL care.	F 692	Resident # 1 was provided a Styrofoam cup of ice and water and placed within the Resident's reach at bedside on April 7, 2025 by the Certified Nursing Assistant. Residents that require ice and water at bedside have the potential to be affected. Nursing staff were in-serviced by the Director of Nursing, the Nursing Supervisors, the Staff Development Nurse and the Certified Nursing Assistant Coordinator on April 7, 2025 thru April 18, 2025 regarding providing a cup with ice and water within the residents reach at the bedside for residents that require ice and water at bedside. A 100% audit regarding ice and water within reach at residents bedside was performed on April 7, 2025 by the Nursing Supervisors and the Director of Nursing. The Nursing Supervisors, and/or the Director of Nursing will observe 15 residents a day beginning on April 8, 2025 for four weeks and then weekly for two	

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F 692	Continued From page 8 Record review of the "Order Summary Report" for Resident #1 revealed the resident had physician order listed as "Increase water intake by mouth eight ounces three times daily in between meals three times a day" with Start Date 8/01/24. During an observation on 4/07/25 at 12:15 PM, Resident #1 had no water, water pitcher or water glass in their room. There was an unopened eight (8) ounce bottle of water and a half filled gallon labeled water on the top of the resident's chest of drawers, out of reach of the resident. During an observation on 4/07/25 at 12:22 PM, the Medical Records Nurse, entered the room and offered to feed the resident lunch, and assisted the resident to drink the water in her glass. The resident's lunch tray was removed, including fluids from the room, leaving no water or fluids or container left for the resident. The resident consumed all the water in the glass. During an interview on 4/07/25 at 1:20 PM, the Director of Nursing (DON) stated that unless clinically contraindicated, all residents should have fresh water available at all times. During an interview on 4/07/25 at 1:25 PM, the Administrator revealed that she was aware that Resident #1 had bottled water in her room that was out of her reach and had no water glass or pitcher. During an observation on 4/07/25 at 2:05 PM, Resident #1 did not have any water, glass or pitcher in reach.	F 692	consecutive months to ensure a cup with ice and water is within reach at the residents bedside. The Director of Nursing will present the results of the observations to the Quality Assurance Committee on May 9, 2025 and then for two consecutive months. The Quality Assurance Committee will make recommendations as necessary.	

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F 692	Continued From page 9 During an interview on 4/07/25 at 2:06 PM, Licensed Practical Nurse (LPN) #1 revealed she said the staff took ice and water to residents. She reported that fluids for oral intake (PO fluids) were provided on meal trays, with medication administration and in Styrofoam cups for all residents unless contraindicated by the resident's condition based on physician orders. She confirmed that the nurses were responsible for the supervision of care for assigned residents and the implementation of care planned interventions. She stated that Resident #1 received PO fluids with her breakfast tray, she was not sure how much of those were consumed. She confirmed that the resident received PO fluid with administration of medications and that Resident #1 had not had water provided during the morning of 4/07/25. She stated, "We dropped the ball there with the water.". She said she believed that ice and water was to be provided at 10:00 AM and 2:00 PM. She confirmed that she had not provided any other PO fluids for Resident #1 on 4/07/25 and she was not of the mouth of PO fluids consumed by Resident #1 on 4/07/25, she stated, "I can't say, I didn't give her any before lunch. During an interview on 4/07/25 at 3:00 PM, the DON revealed she said that making sure residents were well hydrated was important and that she expected resident care plans to be followed because it was very important to implement interventions which were in place to address issues the residents had. She said that all nurses had access to resident care plans and all CNAs had access to resident care instructions in each resident's Kardex, which had interventions pulled from the residents' care plans.	F 692		

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F 692	Continued From page 10 During an interview on 4/07/25 at 4:00 PM, CNA #3 revealed that it was her understanding that fresh water was to be provided to all residents unless contraindicated at least one time each shift. During an interview on 4/07/25 at 4:30 PM, the Administrator revealed she stated that it was very important to ensure appropriate care was provided for each resident. She confirmed that providing and offering water for all residents was very important and that the facility provided ice and Styrofoam cups and straws for the disbursement of water to all residents for which there was no contraindications.	F 692		