

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 57SE	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/07/2025
NAME OF PROVIDER OR SUPPLIER MCCOMB NURSING AND REHABILITATION CENTER I		STREET ADDRESS, CITY, STATE, ZIP CODE 415 MARION AVE MCCOMB, MS 39648		
(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 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 Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement and cited M610.	M 000		
M 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute 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.	M 610	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	5/9/25

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

04/28/25

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M 610	Continued From page 1 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. 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	M 610	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 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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M 610	Continued From page 2 Administrator revealed it was very important to ensure appropriate care was provided for each resident including grooming, including fingernail care.	M 610			