MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05BE	A. BUILDING: _____ B. WING _____	C 05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHLAND HEALTH AND REHABILITATION	16056 BOUNDRY DRIVE ASHLAND, MS 38603

(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 # 28434 at the facility on 5/07/25. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and deficiencies were cited at M610. The facility held a license for 60 beds at the time of survey, and the facility census was 60.	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: Level II Based on observation, staff interview, record review, and facility policy review, the facility failed to provide oral care for one (1) of three (3) residents requiring assistance with activities of daily living (ADLs). Resident #3 Findings Include: Review of the facility policy titled "Oral Care," with a revision date of 6/2022, revealed under "Standard: It is the standard of this facility that	M 610	F677 1. On 5/7/25, the Certified Nursing Assistant immediately performed mouth care on Resident #3. Registered Nurse Supervisor obtained an order for moisturizing lip balm to lips every shift and as needed on Resident #3 on 5/7/25. 2. Sixty (60) residents out of a total census of sixty (60) had the potential to be affected due to care plan and tasks not being specific on oral care. 3. On 5/7/25, the Director of Nurses and	6/13/25

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M 610	Continued From page 1 every resident will receive oral care at least twice daily, and as needed." Additionally revealed under "Process: ... 10. Inspect the resident's mouth, teeth and gums for open areas of irritation; notify the supervising nurse immediately of any problems noted or any complaints by the resident. 11. Apply lip balm to the resident's lips and use lemon and glycerin swabs to lubricate the resident's mouth ..." A telephone interview with a confidential source on 5/06/25 at 1:32 PM revealed Resident #3 was admitted to the facility after suffering a stroke and explained the resident had lost function of the left side of her body. The source revealed that the resident only received hydration through a feeding tube and reported the resident's lips were dry and cracked, and the skin was peeling to the point of bleeding. On 5/07/25 at 8:40 AM an observation of Resident #3 revealed she was sitting in her wheelchair in the hallway, that she was alert but confused and did not answer questions appropriately. Her lower lip was observed to be dry and cracked with peeling skin. On 5/07/25 at 10:05 AM an observation of Resident #3 revealed she was lying in bed and her lower lip remained dry and cracked with peeling skin. An interview with Licensed Practical Nurse (LPN) #1 on 5/07/25 at 10:17 AM revealed she was aware of Resident #3's dry lips and explained that she noticed it last week after a family member reported it. She stated, "It was dry and irritated and had started to bleed." She explained it was bleeding, but we thought the family member may have wiped it and caused it to bleed.	M 610	Assistant Director of Nurses updated the task of Oral Care on all residents to provide the documentation on the certified nurses assistant plan of care of task completion. On 5/7/25, Inservice was initiated by Director of Nurses and Nurse Educator on oral care being resident specific on each residents Activity of Daily Living care plan and tasks were updated on all residents showing that oral care has been provided every shift and as needed according to certified nursing assistant documentation. 4. Audits will be conducted starting on 5/12/25, weekly for four (4) weeks, then monthly for three (3) months on five (5) residents to ensure oral care was documented on tasks and resident Activities of Daily Living are completed and the plan of care was followed. The Director of Nurses is responsible for monitoring and compliance. Beginning on 6/12/25, all findings on audits will be submitted to the Quality Assurance Performance Improvement for review and recommendation monthly for three (3) months.	

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M 610	Continued From page 2	M 610		

Furthermore, she revealed she notified the supervisor and knew that lip hydration was provided. LPN #1 confirmed she did not document this information in the notes and was unsure if anything was put into place for the issue.

Record review of the "Activities of Daily Living Task" for Resident #3 revealed there was no task set up for staff to complete oral care/hygiene and apply lip hydration.

On 5/07/25 at 10:35 AM an interview with Certified Nurse Aide (CNA) #1 revealed she did not perform oral care on Resident #3. She explained that the resident wore dentures, and she was able to wash them in the sink herself. CNA #1 confirmed she was aware of the resident's dry lips and revealed that she had not applied a moisturizer but explained that she did notify License Practical Nurse (LPN) #1 the previous weekend that her lips were dry and cracked.

On 5/07/25 at 10:58 AM an interview with Registered Nurse (RN) #1 revealed they had not initiated any treatment for Resident #3's lower lip and confirmed the lower lip was dry and peeling skin. She revealed that she tried to wash it with a warm wash cloth this morning, and it began bleeding. RN #1 confirmed the resident should have had oral care and a moisturizer applied to her lips and recognized this would be discomforting for the resident.

An interview with the Administrator (ADM) on 5/07/25 at 12:20 PM revealed she saw Resident #3's lips yesterday and stopped by the desk and told the staff to do something about it. She confirmed the aide task was not set up to provide

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M 610	Continued From page 3 oral care, and verbalized it should have been. The ADM explained it was important to have proper oral care and lip moisturizer applied, especially when a resident was receiving nutrition through a feeding tube. Record review of the "Admission Record" revealed the facility admitted Resident #3 on 2/18/25 with medical diagnoses that included Nontraumatic Intracranial Hemorrhage in the Cortical Hemisphere, Hemiplegia and Hemiparesis following Cerebral Infarction affecting Left Non-Dominant side, and Encounter for Attention to Gastrostomy. Record review of the "Brief Interview for Mental Status (BIMS) Evaluation" dated 5/6/25 revealed a summary score of 8, which indicated Resident #3 was moderately cognitively impaired.	M 610		