STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	67CI	A. BUILDING: _____ B. WING _____	04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIANOLA REHABILITATION AND HEALTHCARE CE	401 HIGHWAY 82 WEST INDIANOLA, MS 38751

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M 000	Initial Comments The State Agency (SA) conducted an annual re-certification survey at the facility from 4/22/25 through 4/24/25. During the survey, the SA determined the facility was not in compliance with the requirements of the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm. The SA identified non-compliance and cited M500, M610 and M705. The census at the time of the survey was 68 and the facility is licensed for 75 beds.	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	M 500		5/20/25

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M 500	Continued From page 1 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 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	M 500		

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M 500	Continued From page 2	M 500		

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;

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,

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M 500	Continued From page 3 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); 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 Pattern Based on resident and staff interviews, record review, and facility policy review, the facility failed to promptly resolve resident grievances related to food quality and temperature (Residents #11,	M 500	M500 45.17.2 Residents' Rights * On 4/28/2025, a Food Committee Meeting was held with residents to review the new menus that would be	

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M 500	Continued From page 4 #14, #21, #25, and #46) and failed to ensure that a resident's call light was within reach (Resident #14) for five (5) of 30 sampled residents. Findings Include: Review of the facility policy titled "Resident Rights" with a revision date of 4/2017 revealed under, "...p. Voice grievances and suggest changes in policies and services to staff, advocates or outside representatives without fear or restraint, interference, coercion, discrimination, or reprisal and the facility shall make prompt efforts to address grievances including with the respect to the behavior of other residents;" Review of the facility policy titled "Filing Grievances/Complaints," revised 6/2024 revealed under, "Policy Statement: Our facility will assist residents, their representatives (sponsors), other interested family members, or advocates in filing grievances or complaints when such request are made..." An interview with Resident #21 (Resident Council president) on 4/22/25 at 10:55 AM revealed they (the residents) have been discussing concerns with the food quality and temperature (cold food) in the previous monthly meetings. During a Resident Council meeting held on 4/22/25 at 2:45 PM, Resident #11, #14, #21, #25, and #46 all agreed the main concern from the previous council meetings was the food and continued to be an ongoing problem. The residents verbalized the food was not good, and Resident #14 stated, "It's garbage." Resident #11 stated, "We may have one good meal once or twice a week." She explained that the vegetables were always mushy and overcooked. All the	M 500	implemented and served beginning 5/5/20225. Residents #14, #21, and #25 attended the meeting along with eighteen (18) other residents. New Menus were discussed, and options and substitutions were put in place for items that they did not want to eat. Residents were educated on other options available if the menu is not satisfactory to their liking, such as Alternate Menu and Bistro Menu. During the Food Committee Meeting on 4/28/2025, Tilapia was changed to Catfish, and Zucchini was changed to Lima Beans on the menus; Residents approved of these two changes. Resident #51 requested no broccoli to be served with her meals. Resident #21 requested that he did not want Roasted Potatoes of any kind. Resident #25 requested that she wanted dry cereal for breakfast and a cup of ice cream and a dessert with lunch and dinner. Resident #14 requested she would like a small side salad with no cucumbers every day for lunch and dinner. Resident #14 also would like more Tacos. All these requests were added to their Food Preference Cards and implemented in the next meals. Resident #46 and Resident #11 chose not to attend the Food Committee Meeting and menus were reviewed privately in their rooms by the Dietary Manager. Resident #11 requested a chef salad to be served every other night and substitute sandwiches for salad or alternative menu item. Resident #46 did not have any menu changes and stated that he preferred to order from Bistro Menu on days he did not like the selection from main menu. On 4/24/2025, Resident #14’s call light	

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M 500	Continued From page 5 residents said they had discussed the food concerns in the Resident Council and also in the monthly food committee meeting. They verbalized that nothing gets done about it. Resident #14 revealed the dietary manager asked her about the food, and she told her, "It's terrible." Residents #11 and #25 revealed they would like more variety of foods and explained the facility serves the same thing over and over. Resident #11 explained that they get too many carbohydrates in a day and sometimes get mashed potatoes and french fries at the same meal. She revealed the french fries were always served cold. She stated, "The cold foods are not cold, and the hot foods are not hot." Furthermore, she revealed they were served tea with no ice and stated, "I just try to eat enough to live." The residents verbalized they would like more tacos and stated they had discussed this with dietary, but this had not been implemented. Resident #46 revealed he used to get a sandwich for supper, and he liked that, but the facility cut that out. Resident #21 (Resident Council president) stated, "The Easter Sunday meal was good, but we only have one Easter a year." He explained that all the other meals were poured out of a can. He stated, "These people can't cook." They all agreed they would like to have more fresh fruit and vegetables. Resident #21 revealed that he had suggested having a CNA (certified nurse aide) that floated on the hall to help deliver trays faster. He explained that he believed the food was getting cold because staff got delayed in the rooms. Record review of the "Resident Council Minutes" dated 1/07/25, 2/03/25, 3/03/25, and 4/07/25 revealed there was no documentation regarding resident food complaints.	M 500	was placed within reach by Assistant Director of Nursing (ADON). Beginning on 4/24/2025 an in-service was initiated by the Staff Development Coordinator with all staff on the call light policy with emphasis on ensuring call light is accessible to the residents. On 4/24/2024, ADON provided Resident #23 nail care which entailed fingernails cleaned, trimmed, and filed. CNA #1 provided Resident #23 with a bath and shampooed and styled hair. On 4/24/2025, ADON provided Resident #62 with nail care which entailed fingernails cleaned, trimmed, and filed. CNA #2 provided Resident #62 with a bath and hair was shampooed and styled. One on One/Counseling Record was performed by DON with CNA #1 and CNA #2 on 4/24/2025 on how to find the Kardex in PCC to identify resident's preference and assistance needed for ADL care. The care plan for Resident #23 was revised on 4/25/2025 to include fingernail care for non-diabetic residents consisting of cleaning of nails, trimming of nails and filing of nails for Resident when needed by CNA. The care plan for Resident #62 was revised on 4/25/2025 to include fingernail care for non-diabetic residents consisting of cleaning of nails, trimming of nails and filing of nails for Resident when needed by CNA. * 68 residents residing in the facility have the potential to be affected. * On 4/24/2025, in-services began with all staff members of the policy titled "Filing Grievances/Complaints" and "Resident	

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M 500	Continued From page 6 An interview with the Activities Director (AD) on 4/23/25 at 8:10 AM revealed the residents had told her in previous Resident Council meetings the food was not good, and they were not satisfied. She revealed that she went and got the dietary manager to come and talk to the residents. She explained that she did not write anything up on the food complaints and allowed the dietary manager to write up the residents' concerns in her notebook. The AD revealed she was not aware of what the dietary department had done about the complaints. Record review of the "Food Committee Meeting Minutes" dated 12/27/24 revealed under, "How can we improve your dining experience?" Change the menus to something interesting was indicated. Documentation lacked details identifying which residents made complaints or what actions were taken to address the concern. Record review of the "Food Committee Meeting Minutes" dated 2/28/25 revealed under, "What would you like to see instead?" Less mashed potatoes, more diced potatoes were indicated. Documentation lacked details identifying which residents made complaints or what actions were taken to address the concern. Record review of the "Food Committee Meeting Minutes" dated 3/28/25 revealed under, "What would you like to see instead?" Fresh fruits and vegetables were documented. Also revealed under, "Are foods served at the proper temperature?" No was indicated with additional comments, "Resident asked could the facility purchase a heating cart." There was a lack of documentation to identify the residents that made complaints or what actions were taken to resolve the issues that were discussed.	M 500	Rights". On 4/25/2025, grievance forms began on food complaints for Resident #14, 21, 25, 46, and 11. On 4/25/2025, the Administrator met with the Activities Director to discuss that all verbal discussions, whether positive or negative, during Resident Council Meetings should be documented and included in the Resident Council Minutes. All minutes should be reviewed and signed by the Administrator and any complaints should be made to the Facility Grievance Officer. The Activities Director understood the process and agreed to follow the protocol going forward. On 4/25/2025, the Administrator met with the Dietary Manager that all verbal discussions, whether positive or negative, during Food Committee Meetings should be documented and included in the Food Committee Minutes. All minutes should be reviewed and signed by the Administrator and any complaints should be made to the Facility Grievance Officer. The Dietary Manager understood the process and agreed to follow the protocol going forward. On 5/6/2025, new insulated dome covers, and insulated bases were ordered for each resident to assist in temperature control of meals. On 5/6/2025, new carafe lids were ordered to replace carafe lids to assist in temperature control of coffee. Beginning 4/24/2025, in-service was initiated by Staff Development Coordinator with all staff on the call light policy with emphasis on ensuring call light is accessible to the residents. On 4/24/2025, an audit of all rooms was performed to ensure call lights were within reach of each resident. On	

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M 500	Continued From page 7 An interview with the Administrator (ADM) on 4/23/25 at 12:15 PM revealed she was aware of some food concerns. She explained the residents wanted more of a variety of potatoes, so the kitchen has been changing up and doing roasted potatoes, au gratin potatoes, and others. She revealed that at one time the residents were complaining about the vegetables being too soft. The ADM explained that she went to the kitchen and found that staff were cooking the vegetables around 9 to 10 in the morning and then placed them on the steam table until they were served. She revealed they had tried multiple things to fix Resident #21's food concerns and tried to focus on what he liked. The ADM stated, "I understand they all like different things." She confirmed she was aware of the complaints regarding cold food from time to time. An interview with the Dietary Manager (DM) on 4/23/25 at 1:10 PM, revealed she goes to the monthly Resident Council meetings, and she has been writing down the resident food concerns. She explained that she documented the residents' concerns in a notebook and confirmed a grievance was not completed. She revealed they (the staff) did not have any documentation to prove the residents' food concerns were addressed or what action they took to correct and resolve their issues. An interview with the Regional Dietary Manager (RDM) on 4/23/25 at 2:30 PM revealed she knew the residents had complained about cold food in a previous Resident Council meeting. She revealed she was unsure why the food complaints were not written up as a grievance. She acknowledged they (staff) did not have a paper trail to track what was done to resolve the residents' complaints	M 500	4/24/2025, the Staff Development Coordinator initiated in-services with nursing staff on policies for “Care Plans, Comprehensive Person-Centered”, “ADL-Care and Personal Hygiene”, and “Activities of Daily Living (ADL), Supporting”. On 4/24/2024, One on One/Counselling Record was performed with ADON by DON on resident nail care and following the plan of care and documenting refusals. On 4/24/2024, One on One/Counselling Record was performed with RN Supervisor by DON on resident nail care and following the plan of care and documenting refusals. Beginning 4/24/2025 an audit was conducted throughout the building to ensure all residents had proper nail care and hygiene. On 4/25/2025, fingernail care for non-diabetic Residents was added to the Plan of Care (POC) for Certified Nursing Assistant (CNA) to clean, trim, and file nails when needed. On 4/25/2025, diabetic nail care was added to the POC for CNA to clean and file as needed. On 4/25/2025, diabetic nail care was added to the Treatment Administration Record (TAR) for LPN/RN nursing staff to assess the need two (2) times a week for cleaning, trimming, and filing of nails. * Beginning 4/24/2025 ADON (B Wing) and RN Supervisor (A Wing) will conduct observations rounds for call lights being accessible for fifteen (15) residents two (2) times a week for four (4) weeks, and then monthly for three (3) months and quarterly thereafter to ensure the call light policy and procedures are being followed and	

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M 500	Continued From page 8 regarding food. An interview with the Administrator (ADM) on 4/24/25 at 8:44 AM confirmed that grievances should have been completed on the residents' food concerns so that all the staff were aware of the concerns and could work toward getting the concerns resolved. Record review of the "Admission Record" revealed the facility admitted Resident #11 on 10/03/24. Record review of the "Brief Interview for Mental Status (BIMS)" dated 4/17/25 revealed a summary score of 15, which indicated Resident #11 was cognitively intact. Record review of the "Admission Record" revealed the facility admitted Resident #14 on 7/03/20. Record review of the BIMS dated 4/23/25 revealed a summary score of 15, which indicated Resident #14 was cognitively intact. Record review of the "Admission Record" revealed the facility admitted Resident #21 on 6/08/15. Record review of the BIMS dated 2/27/25 revealed a summary score of 15, which indicated Resident #21 was cognitively intact. Record review of the "Admission Record" revealed the facility admitted Resident #25 on 7/14/24. Record review of the BIMS dated 1/31/25 revealed a summary score of 15, which indicated	M 500	call lights remain within reach. A report will be submitted by the Director of Nursing to the Quality Assurance Performance Improvement meeting beginning on 5/6/2025 for review and recommendations and monthly for three (3) months. Director of Nursing is responsible for monitoring and compliance. The completion date for compliance will be 5/20/2025. Beginning the week of 5/5/2025, weekly Resident Council meetings will meet weekly for 4 weeks. Issues from the previous week's meeting will be presented by the Administrator with solutions to these issues and the issues will be agreed upon by the Residents and Administrator. The Administrator will conduct private interviews with a random selection of five (5) residents and include an interview with Resident #11, # 14, 21, 25, and #46 which will total interviews of ten (10) Residents two (2) times a week for four (4) weeks and then one (1) time a week for four (4) weeks. The Activities Director and Dietary Director will report all negative responses to the Grievance Officer for follow-up and solutions to issues. These interviews will be reviewed and reported by the Administrator monthly in QAPI meetings beginning 5/6/2025 and monthly thereafter as needed. The completion date for compliance will be 5/20/2025. On 4/24/2025, the ADON started an ADL Audit monitoring fifteen (15) residents three (3) times a week for eight (8) weeks and then two (2) times a week for four (4) weeks and then monthly thereafter, for length and cleanliness of fingernails, facial hair, incontinence care, shower/bath and	

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M 500	Continued From page 9 Resident #25 was cognitively intact. Record review of the "Admission Record" revealed the facility admitted Resident #46 on 5/03/21. Record review of the BIMS dated 1/06/25 revealed a summary score of 15, which indicated Resident #46 was cognitively intact. CALL LIGHT RESIDENT #14 Review of the facility policy titled "Answering the Call Light" with a revision date of September 2022 revealed 5. "Ensure that the call light is accessible to the residents ..." An observation and interview with Resident #14 on 4/22/25 at 11:00 AM, revealed the resident sitting on the side of her bed. Her call light cord was hanging from the wall by the foot of her bed and laying on the floor. The call light was not in reach. Resident #14 revealed, "I can't reach it, they don't put it up here where I can. It's always hanging down there." An observation on 4/22/25 at 12:05 PM, and again at 3:09 PM, revealed the call light remains hanging from the wall, inaccessible to the resident An observation and interview on 4/23/25 at 8:25 AM, revealed the call light hanging from the wall, inaccessible to the resident. Resident #14 revealed the call light has been there all night, stating "I guess they think I don't need my call button where I can reach it." During an interview and observation on 4/23/25 at 10:25 AM, Certified Nurse Aide (CNA) #2	M 500	following plan of care. DON will submit a report of the findings to the Quality Assurance Performance Improvement (QAPI) committee beginning on 5/6/2025 for review and recommendations. DON is responsible for monitoring and compliance. The completion date for compliance will be 5/20/2025.	

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M 500	Continued From page 10 confirmed Resident #14's call light was on the floor and inaccessible. She revealed the call light should have been placed on her bed where she could reach it. She stated, "we are always supposed to make sure each resident's call light is where they can reach it." In an interview on 4/23/25 at 10:30 AM, the Assistant Director of Nurses (ADON) confirmed that staff are expected to ensure call lights are always within residents' reach so they can request assistance. This is important for residents' safety and care. During an interview on 4/24/25 at 8:40 AM, the Administrator confirmed that all residents are supposed to always have a call light accessible to them. A review of Resident #14's Admission Record revealed she was admitted to the facility on 07/03/2020 with diagnoses that include Osteoarthritis, Anxiety Disorder, and Convulsions. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1-21-2025 revealed Resident #14 had a Brief Interview for Mental Status (BIMS) score of 15, indicating that the resident is cognitively intact.	M 500		
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;	M 610		5/20/25

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	67CI	A. BUILDING: _____ B. WING _____	04/24/2025

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M 610	Continued From page 11 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 personal hygiene for two (2) of 30 sampled residents. Resident #23 and Resident #62. Findings Include: Review of the facility policy titled "Activities of Daily Living (ADL), Supporting" with a revision date of March 2018, revealed: "Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good grooming and personal hygiene..." Resident #23 An observation on 4/22/25 at 10:45 AM revealed Resident #23's fingernails were approximately one-half (1/2) inch in length past the fingertip and each nail had a brown substance underneath. An observation on 4/23/25 at 10:37 AM revealed no change in Resident #23's fingernails. Record review of the Minimum Data Set (MDS) for Resident #23, with an Assessment Reference Date (ARD) of March 6, 2025, revealed Section GG-Functional Abilities coded "Dependent" for	M 610	M610 45.21.2 Activities of Daily Living " On 4/24/2024, ADON provided Resident #23 nail care which entailed fingernails cleaned, trimmed, and filed. CNA #1 provided Resident #23 with a bath and shampooed and styled hair. ADON provided Resident #62 with nail care which entailed fingernails cleaned, trimmed, and filed. CNA #2 provided Resident #62 with a bath and hair was shampooed and styled. One on One/Counseling Record was performed by DON with CNA #1 and CNA #2 on 4/24/2025 on how to find the Kardex in PCC to identify resident□s preference and assistance needed for ADL care. " 68 residents that reside in the facility have the potential to be affected. " On 4/24/2025, the Staff Development Coordinator initiated in-services with all licensed nursing staff to include how to read and understand the Point Click Care Kardex which shows the electronic care plan chart and provides a plan of care. An audit by ADON was conducted throughout the entire building on 4/24/2025 to ensure all residents had proper nail care and hygiene. Any deficit practices were corrected immediately. " On 4/24/2025, ADON and RN Supervisor began an ADL audit to monitor	

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M 610	Continued From page 12 Personal Hygiene. An interview with Licensed Practical Nurse (LPN) #1, on 4/23/25 at 10:38 AM, confirmed that Resident #23's fingernails were too long and "nasty". She stated it appeared they had not been trimmed or cleaned in a while and confirmed they needed to be. She revealed that improper nail care could lead to a break in the skin that could increase the risk of infection. An interview with the MDS Nurse on 4/23/25 at 10:45 AM, revealed, after reviewing the last 30 days of the "Progress Notes" for Resident #23, no documentation was found regarding nail care or refusals. Record review of the "Progress Notes" for Resident #23 revealed no documentation of refusals for personal hygiene care or nail care from dates 3/22/25 through 4/22/25. An interview with Certified Nursing Assistant (CNA) #1 on 4/24/25 at 8:30 AM, regarding Resident #23's fingernail care, revealed: "He does not refuse any type of ADL care." An interview with the Director of Nursing (DON) on 4/24/25 at 8:34 AM revealed that the facility's expectation is for nursing staff is to keep Resident #23's fingernails trimmed and cleaned. Record review of the "Admission Record" revealed the facility admitted Resident #23 on 2/09/22 with medical diagnoses that included Dementia and Contracture, unspecified joint. Resident #62 On 4/22/25 at 11:04 AM and again at 3:21 PM,	M 610	nails for length and cleanliness, facial hair, incontinence care, shower/bath schedules and following plan of care. This monitoring will be of fifteen (15) residents three (3) times a week for eight (8) weeks, two (2) times a week for four (4) weeks and monthly thereafter. All findings and audits will be discussed and reviewed monthly by DON at Quality Assessment and Performance Improvement (QAPI) meetings beginning on 5/6/2025. Corrective actions will be completed by 5/20/2025 and will be monitored and reported monthly to QAPI meetings by DON.	

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M 610	Continued From page 13	M 610		

observations revealed Resident #62 with unkempt hair that had a wet appearance. Her fingernails were long and jagged, reaching approximately one-half (1/2) inch past the fingertips with a brown substance underneath.

An observation on 4/23/25 at 8:31 AM revealed Resident #62 lying in bed with no change in appearance.

During an interview and observation on 4/23/25 at 10:15 AM, CNA #2 revealed that she was responsible for giving Resident #62 her bed bath, which was supposed to include washing her hair and cleaning underneath her fingernails. She stated, "I took a towel and went over the resident's hair this morning, but I did not wash her hair, and I tried to clean underneath her fingernails." She confirmed the resident had a brown substance under her fingernails and revealed that her hair was dirty, and she should have washed it.

During an interview and observation on 4/23/25 at 10:30 AM, the Assistant Director of Nurses (ADON) confirmed Resident #62's fingernails needed to be cleaned and trimmed and her hair looked greasy and needed washing. She stated that it was her expectation that each resident would be kept clean and presentable.

During an interview on 4/23/25 at 10:40 AM, the DON confirmed that all aspects of personal hygiene for Resident #62 should have been done. She revealed it is both the nurses and the CNA's responsibility.

A record review of Resident #62's Admission Record revealed the resident was admitted to the facility on 4/30/24 with medical diagnoses that

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M 610	Continued From page 14 included Cerebral Infarction, Hemiplegia, Hemiparesis, and Dementia. A record review of the MDS Section GG-Functional Abilities with an ARD of Feb 7, 2025, revealed the resident is Dependent for Personal Hygiene.	M 610		
M 705	45.24.2 Policies and procedures Policies and procedures. Each facility shall have policies and procedures to assure the following: 1. Accurate acquiring; 2. Receiving; 3. Dispensing; 4. Storage; and 5. Administration of all drugs and biologicals. This Statute is not met as evidenced by: Level II Pattern Based on observation, staff interview, and facility policy review, the facility failed to ensure a medication cart was kept locked and attended for one (1) of three (3) survey days. Findings Include: Review of the facility policy titled "Storage of Medications" unrevised, revealed under, "Policy Statement: The facility stores all drugs and biologics in a safe, secure, and orderly manner." Additionally revealed, "9. Unlocked medications carts are not left unattended."	M 705	M705 Policies and Procedures " On 4/22/2025 RN#1 immediately locked the cart. On 4/22/2025 the DON conducted a one-on-one education with RN #1 on always securing the medication cart when the cart is unattended. " 68 residents residing in the facility have the potential to be affected. " An audit was initiated on 4/22/2025 by the DON and ADON of all medication carts and medication rooms were performed to ensure rooms and carts were locked securely. Two medication carts were observed locked, one	5/20/25

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M 705	Continued From page 15 On 4/22/25 at 10:11 AM and again at 1:20 PM, an unlocked medication cart was observed parked in front of the A Hall nurses' station with no staff nearby or in sight. An interview with Registered Nurse (RN) #1 on 4/22/25 at 1:28 PM, confirmed she left the medication cart unlocked and unattended. She revealed the cart should never be left unlocked and explained that a resident could get medication out and overdose. She acknowledged the facility had one wanderer on the hall that could get into the cart and take something. An interview with the Administrator (ADM) on 4/22/25 at 2:38 PM confirmed the medications carts must be locked anytime a nurse stepped away. She acknowledged the risk and revealed that anybody that wanted to take something from the cart could and stated, "There is a large potential there for an incident to occur."	M 705	treatment cart was locked, and medication rooms on A Hall and B Hall were locked securely. On 4/22/2025, the Staff Development Coordinator initiated in-services for licensed nurses on Storage of Medications. " On 4/24/2025, ADON initiated Med Cart/Med Room Audits to monitor storage of medications for the facility. Audits will be done three (3) times a day for four (4) weeks, then two (2) times a day for four (4) weeks, and then daily thereafter. The DON will submit a report on 5/6/2025 and then monthly to the Quality Assurance Performance Improvement committee for review and recommendations. The completion date for compliance will be 5/20/2025.	