STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A414	A. BUILDING _____ B. WING _____	05/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
METHODIST SPECIALTY CARE CENTER	1 LAYFAIR DRIVE SUITE 500 FLOWOOD, MS 39232

(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 an annual recertification at the facility from 05/18/25 through 05/21/25 During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F690. The facility held a license for 60 beds with a census of 60	F 000		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore	F 690		6/18/25

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

Electronically Signed | 06/02/2025

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 690	Continued From page 1 continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record reviews, and facility policy review, the facility failed to ensure one (1) of two (2) residents observed for incontinent care (Resident #41) received appropriate incontinence care to prevent the potential for urinary tract infections and skin breakdown. Specifically, staff failed to completely cleanse the resident during perineal care, resulting in fecal matter remaining on the resident's skin and in the perineal area. Findings Include: A review of the facility's policy titled "Perineal Care," revised 05/21/25, revealed: "to cleanse and dry the perineal area to promote comfort, prevent infection and skin irritation, and to emphasize good perineal hygiene." On 05/18/25 at 11:59 AM, Resident #41 was observed in bed with a tracheostomy in place. A strong odor of feces was noted in the room. On 05/19/25 at 11:36 AM, Resident #41 was observed in a wheelchair with eyes closed. A strong fecal odor remained in the room. On 05/19/25 at 1:20 PM, an observation of	F 690	This Plan of Correction is being submitted in accordance with specific regulatory requirements. It should not be construed as an admission of any deficiency cited. 1. On 5/19/2025, Certified Nursing Assistant (C.N.A.) #1 and Certified Nursing Assistant (C.N.A.) #2 were observed providing peri care to resident #41 and did not provide appropriate incontinent care. C.N.A. #1 AND C.N.A. #2 were immediately educated by the Director of Nursing on the facilities policy and practice guideline for perineal care. 2. Although no other residents were affected by the cited deficient practice, the facility has determined that all residents that have been identified as incontinent according to Section H of the MDS have the potential to be affected. 3. All Certified Nursing Assistants (C.N.A.s) were in-serviced by the Director of Nursing, the Certified Nursing Assistant Supervisor, and/or the Nursing Supervisors on the facilities practice	

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F 690	Continued From page 2 perineal care was conducted by Certified Nursing Assistant (CNA) #1, assisted by CNA #2. The CNAs used a total lift to transfer the resident from a specialized motorized wheelchair to the bed. A moderate amount of yellow feces was observed in the wheelchair. CNA #1 wiped the vaginal area front to back several times and assisted the resident onto her right side. CNA #2 wiped the buttocks front to back. The CNAs then turned the resident and applied a clean brief. The State Agency (SA) surveyor observed feces on the resident's lower left thigh and requested the CNAs check for cleanliness. Upon turning the resident to her right side, the CNAs wiped the left thigh two times, and each wipe revealed feces. CNA #1 then re-cleaned the vaginal area, wiping six additional times until no feces remained. A clean brief was reapplied following this care. On 05/19/25 at 1:52 PM, during an interview, CNA #2 stated it is very important that Resident #41 receive thorough perineal care to prevent odor and bed sores. She confirmed that feces were left on the resident's thigh and vaginal area after the initial cleaning. She admitted she did not see the feces but acknowledged that CNA #1 wiped the vaginal area six additional times to remove it. On 05/19/25 at 1:58 PM, during an interview, CNA #1 stated, "It is very, very important that the care is done completely." She confirmed that she left feces in the vaginal area and that she had to wipe it six additional times to properly clean the resident. She stated, "I did not provide care properly." On 05/21/25 at 9:40 AM, during an interview, the Director of Nursing (DON) stated that CNAs	F 690	guidelines and policy for perineal care beginning on 05/19/2025, to be completed by June 10, 2025. C.N.A. #1 was observed on 05/21/2025 and C.N.A. #2 was observed on 05/20/2025, to ensure perineal care was performed correctly. 4. The Director of Nursing (DON), the Certified Nursing Assistant Supervisor, and/or the Nursing Supervisor will complete audits of C.N.A.s performing peri-care, beginning the week of May 19, 2025, six audits weekly for two weeks, then three audits weekly for two weeks. Findings of observations will be brought to the Quality Assurance Committee by the Director of Nursing, and/or the the Certified Nursing Assistant Supervisor on June 18, 2025 to ensure substantial compliance has been achieved. Audits will continue three audits weekly for 4 weeks by the Director of Nursing, Certified Nursing Assistant Supervisor and/or Nursing Supervisors. Findings of these observations will be presented to the Quality Assurance committee on July 23, 2025 to ensure continued substantial compliance Corrective action completion date: 6/18/2025	

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F 690	Continued From page 3	F 690		

should provide a bath when a resident has a significant amount of stool. She confirmed that Resident #41 should have been cleaned thoroughly, and failure to do so could lead to infection and skin breakdown. She added that her expectation is that staff do "a great job keeping residents clean and dry" and confirmed that the facility has high expectations for staff performance.

A record review of Resident #41's Admission Record revealed an original admission date of 01/10/23 with a diagnosis of Neurogenic bowel, not elsewhere classified.

A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/25/25 revealed the resident was severely cognitively impaired and was totally dependent on staff for toilet hygiene, per Section GG.