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M 000	Initial Comments The State Agency (SA) conducted an annual re-certification survey with one (1) complaint investigation (CI) MS # 29016 at the facility from 5/19/25-5/22/25. During the survey, the SA determined the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm and cited M225, M500, M610, and M1570. There were no deficiencies cited for CI MS#29016 related to environment, rodents, Quality of Care and treatment. The census at the time of the survey was 61 and the facility is licensed for 66 beds.	M 000		
M 225	45.4.1 Nursing Facility Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements: 1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio. 2. Each facility shall have the following licensed personnel as a minimum: a. Seven (7) day coverage on the day shift by a registered nurse. b. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day	M 225		6/20/25

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M 225	Continued From page 1 shift and be responsible for all nursing services in the facility. c. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing services, who shall be a registered nurse. d. A registered nurse or licensed practical nurse shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse. e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse. f. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse. 3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements. 4. There shall be at least two (2) employees in the facility at all times in the event of an emergency. This Statute is not met as evidenced by: Level II Pattern Based on observation, staff and resident interviews, record review and facility policy review, the facility failed to ensure there was	M 225	A full staffing review was conducted on May 22, 2025 by the Director of Nursing to identify and address any staffing gaps. Adjustments to current staff schedules	

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M 225	Continued From page 2 sufficient nursing staff to assist the residents in needs resulting in dependent residents not receiving Activities of Daily Living (ADL) care for 2 of 61 residents review for ADL care.(Resident #8 and #53) The facility also failed to meet the minimum staffing requirement ratio of 2.8 hours of direct nursing care per resident per twenty-four (24) hours for 16 of 39 days reviewed. Findings include: Review of facility's policy titled, "Staffing" with review date 10/22 revealed, "Policy Statement Our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment..." Record review of the Payroll Based Journal Staffing Data Report for Fiscal Year Quarter 1 2025 (October 1 - December 31)," revealed, "Excessively Low Weekend Staffing Triggered = Weekend Staffing data is excessively low." Review of Staffing Grid for 10/1/24 - 12/31/24 revealed that weekend staffing for 16 of 39 days reviewed were below the state minimum of 2.8 Per Patient Day (PPD). Record review of facility's staffing grid for 5/7/25 - 5/19/25 revealed weekend staffing needs not met for 5/18/25 as evidenced by (AEB) 2.5 PPD. During an observation and interview on 5/19/25 at 6:30 PM with Resident #53 revealed one-fourth inch (1/4") facial hair and mild body odor. Resident #53 stated his shower days were Monday/Wednesday/Friday (M/W/F), but he did not receive his shower today. He verbalized, "I	M 225	were made to ensure providing as closely adequate coverage as possible for all shifts. Additional support staff were pulled from the facilitys administrative pool to provide immediate assistance on uncovered shifts and to ensure resident care needs were met without interruption. All residents have the potential to be affected by staffing shortages. A comprehensive review of staffing patterns, call-ins, and shift coverage was completed on May 22, 2025 by the Director of Nursing and the Administrator. No unmet resident care needs were identified during this review. However, trends indicating staffing shortages on weekends and night shifts were identified. To address these trends, a job fair was held on May 22, 2025 by the Business office manager/Human Resources, and job postings were placed across multiple recruitment platforms, including Indeed, on May 22, 2025 by the business office manager/Human Resources. A wage and benefit analysis was also conducted on May 27, 2025 by Corporate Human Resources manager to ensure competitiveness in the current job market, with changes to certified nursing assistant, licensed practical nurses, and registered nurses receiving competitive wage adjustments. The Director of Nursing, in coordination with the Administrator, established an on-call staff list 06/03/2025 to improve shift coverage and reduce last-minute call-in impacts. Daily stand-up meetings beginning 06/03/2025 now include a	

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M 225	Continued From page 3 guess they don't have enough girls working today." Resident #53 confirmed they normally shaved him while he's in the shower and he preferred to be clean shaven. He also revealed that they normally changed his sheets too, but that had not been done either. Resident #53 further stated, "I hope no one has to get close to me today because I haven't had a shower since Friday." A record review of Resident #53's Admission Record revealed that the resident was admitted to the facility on 4/17/24, with diagnoses that included Unspecified Dementia, Unspecified Lack of Coordination, and Muscle Weakness. A record review of Resident #53's MDS revealed an ARD of 4/17/25, and in Section C, a BIMS score of 14, which indicated that the resident was cognitively intact. An observation and interview on 5/20/25 at 3:20 PM with CNA #1 confirmed that Resident #8 had long, dirty fingernails with a brown substance underneath. She revealed that nails were supposed to be cleaned and trimmed on shower days, and that Resident #8's shower day was M/W/F. She further revealed that due to a staffing shortage yesterday (5/19/25) that Resident #8 did not receive his shower on day shift. Resident #8 stated he had not had a shower since 05/16/25. An observation revealed that Resident #8 had the same clothing on today as he did yesterday and now his shirt had food stains throughout the front of it. A record review of Resident #8's Admission Record revealed the resident was admitted to the facility on 10/6/24, with diagnoses that included Unspecified Sequelae of Cerebral Infarction, Type	M 225	dedicated staffing review segment to proactively identify upcoming shortages. Open shifts are addressed during these meetings and assigned in real time. The Business Office Manager will present all new applicants during stand-up meetings for immediate review and hiring decisions by the interdisciplinary team. Beginning 06/09/2025, the Administrator will conduct weekly staffing audits for four consecutive weeks, followed by biweekly audits for an additional two months. Staffing reports will be reviewed during the Quality Assurance and Performance Improvement committee meetings monthly, with the first meeting being held 06/19/2025, for a period of three months to monitor progress, identify patterns, and revise staffing strategies as needed to maintain compliance and ensure sufficient coverage for all resident care	

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M 225	Continued From page 4 II Diabetes Mellitus with other Diabetic Kidney Complication, and Need for Assistance with Personal Care. A record review of Resident #8's MDS revealed an Assessment Reference Date (ARD) of 4/1/25 and, in Section C, a Brief Interview for Mental Status (BIMS) score of 9 which indicated the resident had moderate cognitive impairment. During an interview with Certified Nursing Assistant (CNA) #3 on 5/20/25 at 3:02 PM, she stated there had been a call-in the previous day, which caused them to have to pull a shower aide to cover floor duties. She further verbalized that when such situations arise, the remaining shower aide was responsible for providing showers to residents in rooms 1 through 10, while the night shift staff was tasked with handling the remaining residents. CNA #3 confirmed that this staffing issue sometimes resulted in residents not receiving their showers on their scheduled shower days and not getting their bed linens changed. She confirmed that bed linens were supposed to be changed routinely on shower days. During an interview on 5/20/25 at 3:46 PM, with the Director of Nursing (DON), revealed that the facility has been actively seeking to fill these open positions by utilizing platforms on social media, as well as hosting job fairs. Despite these efforts, she expressed difficulty in attracting and retaining qualified staff. An interview on 5/21/25 at 9:08 AM with Registered Nurse (RN) #1, she revealed that she recently moved to the floor from Minimum Data Set (MDS) Nurse due to staffing problems. She confirmed that the facility had been struggling	M 225		

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M 225	Continued From page 5 with staffing recently and stated, "We struggle a little bit, but we make do." RN #1 verbalized that the facility had participated in several job fairs, posted openings on social media, handed out flyers to local businesses and churches, etc. She further revealed that corporate held a job fair recently and had no nursing or CNA applicants/prospects to show up. RN #1 stated, "to say we are struggling is putting it mildly." She confirmed the pay scale for CNAs was low there and they were the backbone of the facility. An interview on 5/21/25 at 9:19 AM with CNA #4 (shower aide) she revealed that she was pulled from the shower team to work the floor often due to staff call ins, which meant residents would miss their shower days. She confirmed that this leaves only one (1) shower aide for the entire building which sometimes caused showers and other things to be missed.	M 225		
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,	M 500		6/20/25

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M 500	Continued From page 6	M 500		

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 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

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M 500	Continued From page 7 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 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;	M 500		

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M 500	Continued From page 8 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, 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	M 500		

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M 500	Continued From page 9 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: Based on staff and resident interviews, record review, and facility policy review, the facility failed: 1)to make prompt efforts to resolve a grievance from resident council meetings and communicate steps towards a resolution of a grievance concerning sheets not being changed on shower day for three (3) of six (6) meeting minutes reviewed. Meeting dates of 3/11/25, 4/7/25, and 5/6/25; and 2) the facility failed to honor a resident's right to make healthcare decisions for one (1) of twenty-four residents reviewed for Advance Directives (Resident #53). Findings include: Record review of facility's policy titled, "Grievances and Complaints", dated 2/14/23, revealed, "Process - Social Services will act as the grievance officer for the facility and oversee the grievance process. ... Upon receipt of a grievance, Social Services will complete a written report within 5 (five) working days of the filed grievance and determine what corrective actions, if any, should be taken... Social Services must notify the person who filed the grievance, within 10 working days of the filed grievance, in the form of a report. Copies of this report will be available to the person filing the grievance at any time. If filer is not satisfied with the results of the investigation, the filer may file a report with the local ombudsman. Contact information for the local ombudsman should be easily accessible and visible in the facility..."	M 500	All residents were observed by Director of Nursing on May 27, 2025, to assess the need for sheet changes. No residents were identified as needing immediate linen changes. All residents have the potential to be affected. A one hundred percent audit of all resident bed linens was completed on May 27, 2025, by the Director of Nursing. There were no additional negative findings identified during this review. An in-service training began on May 27, 2025, and will be completed by June 15, 2025. This training provided by the Director of Nursing and includes the expectation that certified nursing assistants assigned to showers are responsible for stripping and changing the bed linens on the scheduled shower day. If the certified nursing assistant responsible for showers is not available, certified nursing assistants working on the floor will ensure that bed linens are changed according to protocol. The shower/bath exception report will be reviewed in daily in clinical meetings by the Director of Nursing. Social Service Director informed resident council on 06/02/25 of the plan of correction. Beginning May 27, 2025, the Director of Nursing will observe the bed linens of four residents per day, five days a week for two	

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M 500	Continued From page 10 During the Resident Council meeting held on 5/20/25 at 3:00 PM, the Resident Council President stated there was a concern for several months regarding the bed sheets not being changed on the residents' shower days. Other members present as well as the president stated this had been a concern, but felt the situation had recently improved. They all agreed that other concerns expressed by the council members were addressed and corrected timely, but the concern with sheets not being changed took longer than it should have to resolve. During an interview on 5/21/25 at 10:20 AM, the Director of Nursing (DON) revealed the residents expressed a grievance of the sheets not getting changed on shower days during the last three Resident Council meetings and the facility failed to timely resolve this concern. She acknowledged the residents had the right to voice a grievance in resident council and the staff had the responsibility to address the concern and follow up with the resolution reported back to the council members. She acknowledged there had been changes in staff roles and positions, and following the grievance process to ensure the concern was resolved timely was overlooked. She confirmed the facility failed to follow the grievance process for a concern voiced in Resident Council in a timely manner. During an interview on 5/21/25 at 2:00 PM, the Activity Director stated she was new to the role of Activity Director, and she attended the Resident Council meeting in April and May and the bed sheets not being changed was mentioned during those meetings. She revealed that in the May meeting, the residents stated the concern with sheets not being changed had improved but still was an occasional concern. She stated the	M 500	weeks. Following this, observations will occur three days a week for four weeks, then two days a week for an additional two weeks, and one day a week for 4 weeks. Any negative findings will be brought to the Quality Assurance and Performance Improvement committee meetings for review beginning 06/19/25, for revision, and resolution for a minimum of three months to ensure continued compliance. Resolution of greivences will be discussed for 3 months in resident council with the first meeting beginning 06/17/25. The Social Worker met with Resident #53 on 05/21/25 to discuss and document his preferences regarding code status. The care plan and advanced directive form was updated on 05/21/25 to align with resident's code status wish. The Code Status form was updated by Social Service Director on 05/21/25. The Admission Coordinator and RN Supervisor reviewed Resident #53 chart on 05/21/25 to confirm that the updated code status is clearly documented and communicated to the interdisciplinary team. All residents have the potential to be affected. A one hundred percent audit for residents of a Brief Interview for Mental Status greater than or equal to a 10 began on 05/21/25 and was completed 05/30/25 by the Social Service Director with one resident requesting a code status change. Education was provided to the social services director by the Administrator on 05/21/25, regarding code status and	

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M 500	Continued From page 11 process she followed for a grievance during resident Council was to provide copies of the concerns to the Social Worker who was the grievance officer, and the Social Worker would give the information to the department heads of each area of concern. She stated that once the grievance process was discussed by other areas, she was informed of what resolution was found and she would discuss the grievance and resolution in the next meeting. An interview on 5/22/25 at 9:40 AM with the Social Worker revealed she was the grievance officer in the facility, and she was notified of concerns from the Resident Council group. These concerns were given to the appropriate department head and the department heads would in-service and put a plan in place to resolve the grievance. She acknowledged the Director of Nursing and the Activity Director were new to these roles and she was also new to the social service role and these changes in staffing could have affected the communication of the grievance. She confirmed the facility failed to follow the grievance process timely to resolve the issue of the bed sheets not being changed. Record review of "Resident Council Minutes" dated 3/11/25, revealed, "Sheets not changed on shower days". Record review of "Resident Council Minutes" dated 4/7/25, revealed, "Shower days - sheets still not being changed". Record review of "Resident Council Minutes" dated 5/6/25, revealed, "Still not changing sheets after showers". Record review of "Guidelines for Documentation of Resident Council Responses" dated April 7, 2025, revealed for nursing, "Day shift not changing sheets". Director of Nursing addressed	M 500	advance directives documentation. Education was provided by the Administrator to the interdiscplinary team on 06/04/25 regarding code status and advance directive documentation. Education to medical records will be provided by the Administrator regarding code status and advance directives documentation on 06/04/25. Social Services Director upon admission will ensure code status of resident is documented and medical records will audit all new admissions, significant changes, and quarterly along with the Minimum Data Set schedule. On 06/03/25, Social Services Director began reviewing of five charts a week for four weeks, then two charts for eight weeks. The audit results will be reported to the Quality Assurance and Performance Improvement Committee for review for three months, with the first Quality Assurance and Performance Improvement Committee meeting being held on 06/19/2025, for review or resolution of the plan.	

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M 500	Continued From page 12	M 500		

and wrote comment, "Shower team will strip beds on shower days". Record review of "Guidelines for Documentation of Resident Council Responses" dated 5/6/25, revealed for nursing "Sheets not changed". This was noted and dated 5/12/25 by the DON. No comments were noted.

Advance Directives

A review of the facility policy titled "Advance Directives," with a revision date of 11/2022, revealed: "Decision-Making Capacity upon admission, the interdisciplinary team assesses the resident's decision-making capacity and identifies the primary decision-maker if the resident is determined not to have decision-making capacity ..."

A review of the facility policy titled "Resident Rights," with a revision date of 11/28/2016, revealed, "(a) Residents' Rights. The resident has a right to... self-determination ..."

During an interview with Resident #53 on 05/21/25, at 8:05 AM, he was asked about his code status, and resident stated that he would like staff to "do everything possible to save his life." He confirmed that no one in the facility had ever asked him about his wishes related to code status.

Record review of the Code Status form for Resident #53 revealed "Do Not Attempt Resuscitation" signed by the resident representative on 04/10/24.

During an interview with the Admission Coordinator at 10:05 AM on 05/21/25, she confirmed that Resident #53 had a high Brief Interview for Mental Status (BIMS), and that staff

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M 500	Continued From page 13 should have asked him about his choice related to Cardiopulmonary Resuscitation (CPR) status and should have updated his record accordingly and stated, "At the end of the day, it should be the resident's choice." During an interview with Registered Nurse (RN) #1 on 05/21/25, at 4:14 PM, she confirmed that Resident #53 had a high BIMS score and should have been asked what he preferred his code status to be. She acknowledged that by failing to ask the resident about his wishes, staff did not allow him to exercise autonomy and self-determination. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/17/25, revealed his BIMS score was a 14, indicating that the resident was cognitively intact. Record review of the Admission Record revealed the facility admitted Resident #53 on 04/17/24, with a medical diagnosis including Essential (Primary) Hypertension.	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; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting.	M 610		6/20/25

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M 610	Continued From page 14 This Statute is not met as evidenced by: Level II Pattern Based on observation, resident and staff interviews, record review, and facility policy review the facility failed to provide Activities of Daily Living (ADL) care for two (2) of 24 residents (Residents #8 and #53) observed during the initial tour. Specifically, the facility failed to ensure nail care was provided for Resident #8, failed to provide shaving for Resident #53, and failed to provide showers for both Residents #8 and #53 in accordance with their scheduled care routines and facility policy. Findings include: Review of facility policy titled, "Bath, Shower/Tub" revised 8/25/14 revealed, "...Purpose: The purposes of this procedure are to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin..." Review of facility policy titled, "Fingernails/Toenails, Care of" revised date 2/18 revealed, "Purpose: The purposes of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections..." Resident #8 On 5/19/25 at 6:43 PM during an observation and interview with Resident #8, it was revealed that the resident was lying in bed wearing a white t-shirt, and his fingernails were one-half inch (1/2") long with a brown substance underneath and jagged edges. The resident confirmed that he preferred his nails to be trimmed short and kept clean.	M 610	Resident number eight was offered and received a shower on May 22, 2025, by the certified nursing assistant assigned to showers. Resident number # 8 nail care performed by the medical records registered nurse on May 22, 2025. The resident was evaluated by the Director of Social Services to assess any psychosocial concerns related to missed bathing, with no negative findings noted. Resident number fifty-three was offered and received a shower on May 22, 2025 by the certified nursing assistant assigned to showers. The resident was also assessed by the Director of Social Services on May 22,2025 and no psychosocial concerns were identified. Resident # 53 received a shave on 05/22/25 by the certified nursing assistant assign to resident's care. All residents have the potential to be affected. A one hundred percent audit was conducted on June 2, 2025 by the RN Supervisor to review if any residents required assistance with personal hygiene, grooming, or bathing. The audit revealed no negative findings. Registered Nurse Supervisor and certified nursing assistants were educated on June 3rd, 2025 by the Director of Nursing regarding adherence to the shower schedule and personal hygiene expectations and will be completed by June 15th. Education will include that any changes to the scheduled showers must be documented. Shower-assigned	

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M 610	Continued From page 15 On 5/20/25 at 3:20 PM an observation and interview with Certified Nursing Assistant (CNA) #1 confirmed that Resident #8 had long, dirty fingernails with a brown substance underneath. She revealed that nails were supposed to be cleaned and trimmed on shower days, and that Resident #8's shower days were Monday, Wednesday, and Friday (M/W/F). She further mentioned that due to a staffing shortage yesterday (5/19/25), that Resident #8 did not receive his shower during the day shift. An observation revealed that Resident #8 was wearing the same clothing today as he did yesterday. CNA #1 confirmed that Resident #8 could develop an infection in his nails or could suffer a skin tear or even a staph infection due to the current condition of his nails. An observation and interview on 5/20/25 at 3:25 PM with Resident #8, it was revealed that the resident was lying in bed wearing the same white t-shirt, which was now covered with food stains and the resident confirmed he had not had a shower since Friday, 5/16/25. During an interview on 5/20/25 at 3:45 PM with the Director of Nursing (DON), she confirmed that nails should be cleaned and trimmed at least weekly and as needed (PRN). She further confirmed that long, dirty nails with jagged edges could cause a skin tear and could lead to infection. A record review of Resident #8's Admission Record revealed he was admitted to the facility on 10/6/24, with diagnoses that included Unspecified Sequelae of Cerebral Infarction, Type II Diabetes Mellitus with other Diabetic Kidney Complication, and Need for Assistance with Personal Care.	M 610	certified nursing assistants will perform bathing and hygiene duties when available; if not, floor staff will assume responsibility. All refusals must be reported to the nurse during the same shift and documented accordingly. Nail care added to the tasks in the EHR to be completed on shower days and shower/bath exception report will be reviewed five times a week in daily stand up meeting by Director of Nurses. The Registered Nurse Supervisor will conduct weekly hygiene and cleanliness audits to begin 06/03/25, on five residents for four weeks, followed by three residents weekly for two weeks, and then one resident weekly for an additional six weeks. These findings will be reported to the Quality Assurance and Performance Improvement committee for review for three months beginning with first Quality Assurance and Performance Improvement committee meeting being 06/19/25, for resolution, and any necessary plan revisions to ensure ongoing compliance with hygiene.	

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M 610	Continued From page 16 A record review of Resident #8's Minimum Data Set (MDS) revealed an Assessment Reference Date (ARD) of 4/1/25 under Section C, revealed a Brief Interview for Mental Status (BIMS) score of 9 which indicated that he had moderate cognitive impairment. Resident #53 On 5/19/25 at 6:30 PM during an observation and interview with Resident #53, it was revealed that he had one-fourth inch (1/4") facial hair and a mild odor. The resident stated his shower days were M/W/F, but he did not receive his shower today. He verbalized, "I guess they don't have enough girls working today." Resident #53 confirmed that they normally shaved him while he's in the shower and that he preferred to be clean-shaven. He further stated, "I hope no one has to get close to me today because I haven't had a shower since Friday." On 5/20/25 at 3:02 PM during an interview with CNA #3, it was revealed that on M/W/F, the odd-numbered rooms received showers and on Tuesday, Thursday, Saturday (T/Th/S), the even-numbered rooms received showers. She revealed that yesterday, 5/19/25, a CNA called in, and they pulled one of the CNAs from the shower team to cover the call-in, which left only one CNA to do showers. CNA #3 revealed that when that happens, the shower aide only gives showers to rooms one through ten during the day shift and rooms eleven through twenty-one were supposed to receive showers during the night shift. CNA #3 further confirmed that linens were normally changed on shower days and revealed that if the residents didn't receive showers on those scheduled days, their linens were not changed	M 610		

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M 610	Continued From page 17 either. During an interview on 5/20/25 at 3:05 PM with CNA #1, she confirmed that Resident #53 did not receive his scheduled shower yesterday. During an interview on 5/20/25 at 3:46 PM with the DON, it was confirmed that staffing was a problem, especially over the last two weeks. A record review of Resident #53's Admission Record revealed that the resident was admitted to the facility on 4/17/24, with diagnoses that included Unspecified Dementia, Unspecified Lack of Coordination, and Muscle Weakness. A record review of Resident #53's MDS revealed an ARD of 4/17/25, and in Section C, a BIMS score of 14, which indicated that the resident was cognitively intact.	M 610		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when	M1570		6/20/25

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M1570	Continued From page 18 necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by: Level II Pattern Based on observation, resident and staff interview, record review, and facility policy review, the facility failed to utilize standard precautions with glove use during medication administration for Resident #35 and failed to use Enhanced Barrier Precautions (EBP) during catheter care for Resident #55 for two (2) of six (6) resident care areas observed. Findings include: Record review of facility policy titled, "Medication Administration - General Guidelines" dated 8/25/14, revealed, "...Hand hygiene is performed and gloves are used in accordance with standard precautions for medication administration...". Record review of facility policy titled, "Infection Prevention and Control Program Overview", dated 10/6/17, revealed, "The goals of the infection prevention and control program are to: A. decrease the risk of infection to residents and personnel...". Resident #35	M1570	The facility addressed both incidents upon discovery. For Resident number thirty-five, it was observed that Licensed Practical Nurse number one used an ungloved finger to hold a tablet during splitting, then returned the touched half to the medication bottle and administered the other half to the resident. The remaining medication in the bottle was discarded on May 20, 2025, by Licensed Practical Nurse number one, to prevent future contamination. The resident was assessed by the Director of Nursing for any clinical concerns and by the Director of Social Services on May 22, 2025, for any psychosocial distress. No medical or emotional concerns were identified. The resident was offered education and reassurance regarding safe medication handling and provided the opportunity to ask questions or express concerns by the Director of Nursing on May 22, 2025. For Resident number fifty-five, catheter care was observed to be completed without adherence to evidence-based infection prevention protocols. The resident was re-cleaned using proper technique on May 21, 2025, by the certified nursing assistant	

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M1570	Continued From page 19 During observation of the medication administration pass for Resident #35 on 5/20/25 at 10:10 AM, Licensed Practical Nurse (LPN) #1 prepared medications for administration. The resident had an order for Vitamin B12 250 micrograms (mcg) and a 500 mcg Vitamin B12 was available. LPN #1 used the pill splitter to half the tablet. She placed her ungloved finger on half of the tablet to hold it in the pill splitter, and she dropped the other half into the resident's medication cup. She then picked up the other half of tablet in the pill splitter with her bare finger and placed it back into the medication bottle. During an interview with LPN #1, she confirmed for infection control purposes, she should have disposed of the tablet or worn gloves so her bare hands would not contaminate the medications in the bottle. She stated she had been in-serviced on infection control during medication pass. During an interview on 5/20/25 at 10:40 AM, the facility's Pharmacist stated the facility's nursing staff had been in-serviced on infection control during medication administration. During an interview on 5/21/25 at 10:10 AM, the Director of Nursing (DON) revealed infection control measures were to be used during medication administration. She confirmed the facility failed to ensure safe practices were used to decrease the likelihood of the spread of infection by placing a medication that had been in the nurse's ungloved hands back into the medication bottle. Record review of in-service by the DON and pharmacist titled, "Med Pass - General" dated 4/10/25, revealed LPN #1's signature on the sign-in sheet which indicated she attended the training. The in-service consisted of "Med Pass	M1570	assigned to his care, and the resident was observed by the Director of Nursing for signs and symptoms of infection through May 22, 2025. The Director of Social Services met with the resident on May 22, 2025, to address any potential psychosocial impact. No adverse outcomes or concerns were reported, and the resident was informed of the steps taken to prevent recurrence and promote their safety. All residents have the potential to be affected by lapses in infection prevention. A facility-wide audit was conducted on June 2, 2025, by the Infection Preventionist. This audit included a review of all residents on isolation or identified as high-risk for multidrug-resistant organisms to ensure that Enhanced Barrier Precautions were appropriately implemented and maintained, including Personal Protective Equipment availability and staff adherence. Medication administration practices will be audited by the Medical Records Registered Nurse starting June 3, 2025, to be completed by June 15, 2025, for all licensed nursing staff, focusing on hand hygiene, use of gloves, and prevention of direct hand contact with medications. No additional concerns were identified during the audit. All licensed nursing staff received education on infection prevention protocols on June 3, 2025, by the Infection Preventionist and will be completed by June 15th, 2025. Training covered proper hand hygiene, glove use, safe medication handling, and evidence-based practices	

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M1570	Continued From page 20 Points" which included, "Infection Control ... Never touch any medication with your bare hands". Record review of Resident #35's "Order Summary Report" revealed an order dated 2/27/25 for Cyanocobalamin Tablet 250 micrograms by mouth daily for B12 deficiency. Record review of Resident #35's "Admission Record" revealed she was admitted to the facility on 11/19/20, with diagnoses that included Alzheimer's Disease, Hypertension, and Osteoporosis. Record review of Resident #35's Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 5/1/25 revealed a Brief Interview for Mental Status (BIMS) score of three (3) which indicated the resident had a severe cognitive impairment. Resident #55 Review of facility policy titled, "Enhanced Barrier Precautions" with no date revealed, "Policy Statement Enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug resistant organisms (MDROs) to residents. Policy Interpretation and Implementation...3. Examples of high-contact resident care activities requiring the use of gown and gloves for EPBs include: ...g. device care ...urinary catheter..." During an observation on 5/21/25 at 9:28 AM of catheter care for Resident # 55 with Certified Nursing Assistants (CNAs) #1 and #2, it was revealed that both CNAs failed to use Enhanced Barrier Precautions (EBP) during catheter care.	M1570	for catheter care. A new protocol was implemented requiring the use of gloves and staff were reminded that medications must never be touched with bare hands. Visual reminders were posted on all medication carts and in treatment areas. For Enhanced Barrier Precautions, PPE stations were reviewed and reorganized to ensure full accessibility, and signage was verified for all applicable residents by the Infection Preventionist on June 3, 2025. Staff competency for both areas was reviewed by staff competency check offs started June 3, 2025, to be completed by June 15, 2025, by the infection preventionist. The Infection Preventionist or Director of Nursing will conduct weekly audits beginnng 06/03/2025 focused on infection control compliance related to medication administration and Enhanced Barrier Precautions. Five observations will be conducted weekly for five weeks, followed by three observations weekly for four weeks and one observation for three weeks. Results will be reviewed during the monthly Quality Assurance and Performance Improvement committee meetings for a period of three months with the first meeting being 06/19/25. Any noncompliance will result in immediate corrective action and additional training as needed to ensure sustained adherence to infection prevention protocols.	

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M1570	Continued From page 21 On 5/21/25 at 9:36 AM, an interview with CNAs #1 and #2 revealed that neither CNA was aware that EBP should have been used during catheter care. CNA #1 stated that EBP are used to prevent the spread of infection between the resident and staff and/or from resident to resident. Additionally, she confirmed that not adhering to the EPB could cause an infection for Resident #55. On 5/21/25 at 9:54 AM, an interview with the DON confirmed that EBP should have been used during catheter care and that the CNAs were trained to do so. She verbalized that EBP were put into place to help prevent the spread of infection and failing to utilize EBP could place Resident #55 at an increased risk for infection. Record review of Order Summary Report for Resident #55 dated 5/21/25, revealed, " ...Catheter care using soap and warm water or wipes every shift ..." Record review of Admission Record for Resident #55 revealed the resident was admitted to the facility on 6/29/24 with diagnoses which included Neuromuscular Dysfunction of Bladder. A record review of Resident #55's MDS with an ARD of 3/1/25, and in Section C, Resident #55 has a BIMS score of 13 which indicates that the resident is cognitively intact.	M1570		