STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255308	A. BUILDING _____ B. WING _____	08/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEMORIAL STONE COUNTY NURSING & REHABILITATION CTR	1436 EAST CENTRAL AVENUE WIGGINS, MS 39577

(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 survey from 8/2/21 through 8/5/21. During the survey the SA determined the facility was not in compliance with the Medicare and Medicaid Requirements for participation. The SA cited deficiencies at F-656 and F-697 at a "G" level for a resident who was not assessed for pain prior to wound care and experienced pain during treatment. The facility was licensed for 59 beds and had a census of 42 at the time of survey.	F 000		
F 656 SS=G	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will	F 656		8/24/21

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

Electronically Signed | 08/24/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255308	A. BUILDING _____ B. WING _____	08/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEMORIAL STONE COUNTY NURSING & REHABILITATION CTR	1436 EAST CENTRAL AVENUE WIGGINS, MS 39577

(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 656	Continued From page 1 provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, record review and facility policy review, the facility failed to follow the Comprehensive Care Plan by not providing pain medication prior to wound care for one (1) of three (3) wound care plans reviewed, Resident #31. Findings Include: Review of the facility's policy, "Care Plans - Comprehensive", revision date June 2021, revealed, "An individualized comprehensive person-centered care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident...Policy Interpretation and Implementation: Our facility's Care	F 656	The Care Plan nurse implemented the Comprehensive Care Plan for alteration in comfort related to mild pain, arthritis, history of muscle spasms and history of wounds. The care plan goal is Resident #31 will express relief of pain after receiving pain reliving measures. Interventions included to allow adequate time for pain medications to take effect prior to resuming care and or treatment. Resident #31 was assessed and medicated for pain on 8/4/21 at 11:30 am with Ultram 50mg as ordered by Licensed Practical Nurse #1 and confirmed pain relief. The care plan for resident #31 was revised on 8/4/21 to reflect pain medication changes of Ultram regimen as ordered to ensure pain management compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255308	A. BUILDING _____ B. WING _____	08/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEMORIAL STONE COUNTY NURSING & REHABILITATION CTR	1436 EAST CENTRAL AVENUE WIGGINS, MS 39577

(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 656	Continued From page 2 Planning/Interdisciplinary Team, in coordination with the resident, his/her familial representative (sponsor), develops and maintains a comprehensive care plan. The comprehensive care plan is based on an assessment that includes, but is not limited to, the Minimum Data Set (MDS). The comprehensive care plan must describe the following: a. The services that are to be furnished to attain or maintain the resident's highest practicable physical, and psychological well-being..." A record review of Resident #31's "Comprehensive Care Plan", dated 2/5/21, revealed he has an alteration in comfort related to mild pain, arthritis, a history of muscle spasms, and a history of wounds. The care plan goal is Resident #31 will express relief of pain after receiving pain relieving measures. The care plan interventions include: Pain assessment as needed, allow adequate time for pain medications to take effect prior to resuming care and/or treatment. Medications documented on the care plan include Tylenol and Baclofen and to document effectiveness of these pain medications as needed. On 8/4/21 at 11:05 AM, the SA observed wound care on Resident #31 by Registered Nurse #3 (RN). RN #3 was assisted by Certified Nursing Assistant #1(CNA). RN #3 did not assess Resident #31 for pain prior to beginning wound care. Resident #31 started to complain about pain during the wound care to his left hip. RN #3 continued with the wound care even though Resident #31 had complained of pain. Upon completing the wound care to the left hip, RN #3 began wound treatment to Resident #31's sacrum. Resident #31 had facial grimacing and	F 656	The facility recognizes that all residents receiving wound care could potentially be affected by the deficient practice. All care plans for residents requiring wound care were reviewed by the care plan nurse on 8/6/21 to ensure pain management was addressed and reflected in their current plan of care. The facility will continue to ensure that residents admitting with wounds will be reviewed by the admitting RN to ensure that pain management is address and is reflected in their plan of care. A one-on-one in-service was conducted with RN #3 on 8/4/21 by the DON and ADON regarding following the comprehensive care plan for residents receiving wound care with pain management. All Registered nurses, Licensed Practical Nurses, and Certified Nursing assistants, were in-serviced on 8/5/21 by Director of Nursing and Staff Development Director regarding implementation and following of the care plan. In addition, all nurses were in serviced on 8/5/21 by the Director of Nursing and Staff Development Director regarding following the care plan for residents receiving wound care with pain management. The Director of Nursing, Assistant Director of Nursing, or Staff Development director will conduct weekly wound care observation on 2 residents beginning 8/9/21 for 8 weeks to ensure residents plans of care with pain management is followed. The results of the wound care observations will be brought to the weekly Patients at Risk meeting and the Quality	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255308	A. BUILDING _____ B. WING _____	08/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEMORIAL STONE COUNTY NURSING & REHABILITATION CTR	1436 EAST CENTRAL AVENUE WIGGINS, MS 39577

(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 656	Continued From page 3 stated repeatedly that his butt was hurting. RN #3 continued with the wound care to the sacrum and did not stop to offer pain medication to the resident. The SA asked RN #3 if Resident #31 had any pain medication and she replied that she knew he did not have any thing (pain medication) scheduled to take today. RN #3 continued with the dressing change to the sacrum after being asked by SA. RN #3 measured the wound with a ruler and used a cotton tipped applicator to check the depth of the wound. The wound measured 3.50 cm length x 2.50 cm width with depth of 0.2 cm. Resident #31 continued to repeat "my butt hurts really bad". After RN #3 had completed the wound care, Licensed Practical Nurse (LPN) #1 entered the room with Ultram 50 milligram (mg) crushed in chocolate pudding for Resident #31. LPN #1 asked Resident #31 what his pain level was on a scale of one (1) to ten (10) and he replied it was a ten (10). Resident #31 took Ultram in the pudding. RN #3 and CNA #1 asked Resident #31 if they could change his brief after he received his pain medication, but he repeatedly declined and stated his butt was hurting. On 8/5/21 at 1:56 PM, in an interview with RN #3, she stated the Comprehensive Care Plan is used to see what kind of care we are going to provide to the resident. She stated she did not follow the care plan and confirmed that it is very important to follow the care plan. On 8/5/21 at 2:10 PM, in an interview with RN #4, she stated the care plan is used for communicating with the rest of the staff about resident care. She further explained the care plan tells the staff what they should be following and resident orders are on the care plan. RN #4	F 656	Assurance Committee. Corrective action will be monitored and evaluated by the committee. The revision will be developed and approved by the QA committee to ensure the plan of correction is achieved and sustained. The QA committee includes but not limited to the Medical Director, Nurse Practitioner, Administrator, Director of Nursing, Assistant Director of Nursing, Staff Development, Infection Control RN, and at least 2 members of the facility staff.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255308	A. BUILDING _____ B. WING _____	08/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEMORIAL STONE COUNTY NURSING & REHABILITATION CTR	1436 EAST CENTRAL AVENUE WIGGINS, MS 39577

(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 656	Continued From page 4 stated the care plan tells the staff everything that is going on with the resident. She confirmed RN #3 did not follow the care plan regarding wound care. She stated it is very important you follow the care plan. She also confirmed that an assessment for pain should be completed prior to wound care and it is important to follow up with the resident to ensure pain is relieved. On 8/5/21 at 2:24 PM, in an interview with the Assistant Director of Nursing (ADON), she stated the care plan is used for resident care and it tells you how to care for the resident and the goals for residents. She stated it is the process for taking care of the resident for their best interest. She confirmed RN #3 did not follow the care plan. On 8/5/21 at 2:35 PM, in an interview with the Director of Nursing (DON), she stated the care plan is used as a guide for the staff in the care of the resident. She confirmed RN #3 did not follow the care plan and stressed the importance of following the care plan.	F 656		
F 697 SS=G	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record reviews and facility policy review the facility failed to medicate the resident prior to providing wound	F 697	Resident #31 was medicated for pain on 8/4/21 at 11:30 am with Ultram 50mg ordered as a one-time dose by the Nurse	9/8/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255308	A. BUILDING _____ B. WING _____	08/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEMORIAL STONE COUNTY NURSING & REHABILITATION CTR	1436 EAST CENTRAL AVENUE WIGGINS, MS 39577

(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 697	Continued From page 5 care for one (1) of three (3) wound care observations Resident #31. Findings Include: Review of the facility's policy, "Pain Management ", dated 2020, revealed, "Policy: The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences... The facility will utilize a systematic approach for recognition, assessment, treatment and monitoring of pain...1. In order to help a resident attain or maintain his/her highest practicable level of physical, mental, and psychosocial well-being and to prevent or manage pain, the facility will: a. Recognize when the resident is experiencing pain and identify circumstances when the pain can be anticipated. b. Evaluate the resident for pain upon admission, during ongoing scheduled assessments, and when a significant change in condition or status occurs (e.g., after a fall, change in behavior or mental status, new pain, or an exacerbation of pain) c. Manage or prevent pain, consistent with the comprehensive assessment and plan of care, current professional standards of practice, and the resident's goals and preferences...3. Facility staff will be aware of verbal descriptors a resident may use to report or describe their pain. Descriptors include but are not limited to: d. Hurting or aching...Pain Assessment:...2. Based on professional standards of practice, an assessment or evaluation of pain by the appropriate members of the interdisciplinary teams (e.g., nurses, practitioner, pharmacists,	F 697	Practitioner. Resident #31 interviewed by Licensed Practical Nurse #1 and confirmed pain relief. On 8/4/21 orders were received for Ultram 50mg every 12 hours as needed for pain. Prior to receiving wound care, Resident #31 will be assessed for pain as stated in the Plan of Care. The facility recognizes that all residents receiving wound care could potentially be affected by the deficient practice. All residents requiring wound care were reviewed on 8/4/21 by the Assistant Director of Nursing for a current pain management regimen. All residents receiving wound care were assessed for pain on 8/4/21 by RN #3 and medicated if needed. Prior to receiving wound care, Residents will be assessed for pain as stated in the plan of care. A one-on-one in-service was conducted by the Director of Nursing and Assistant Director of Nursing on 8/4/21 with RN #3 regarding assessment of pain prior to administering wound care and proper procedure for addressing pain when residents verbalize pain during wound care. All Registered Nurses, Licensed Practical Nurses, and Certified Nursing Assistants (100%) were in-serviced on 8/5/21 by the director of nursing on pain management, pain assessment to include prior to and during wound care. One-on-one wound care observation was completed with RN#3 on 8/5/21 by the Assistant Director of Nursing. The Director of Nursing, Assistant Director of Nursing or Staff Development Director, will conduct weekly wound care	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255308	A. BUILDING _____ B. WING _____	08/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEMORIAL STONE COUNTY NURSING & REHABILITATION CTR	1436 EAST CENTRAL AVENUE WIGGINS, MS 39577

(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 697	Continued From page 6 and anyone else with direct contact with the resident) may necessitate gathering the following information, as applicable to the resident:...b. Asking the patient to rate the intensity of his/her pain using a numerical scale, a verbal or visual descriptor that is appropriate and preferred by the resident". Review of Resident #31's Physician Orders, dated August 2021, revealed orders for the following, Acetaminophen 325 milligram (mg) tablet 650 MG by mouth every four (4) hours as needed for pain/ fever, dated 7/14/21; Pressure ulcer of sacral region, stage 2 to sacrum wound, cleanse with normal saline, pat dry, apply promogram to wound bed, cover with dry foam dressing, change every 72 hours; Pressure ulcer of left ankle, unstageable to left malleolus wound cleanse with normal saline pat dry, apply promogran to wound bed. Cover with dry foam dressing. Change every 72 hours, dated 7/30/21; Pressure ulcer of the left hip stage 2 Santyl ointment cleanse left hip wound with normal saline pat dry using 4X4 gauze, apply Santyl to wound bed daily and cover with dry dressing, dated 8/4/21. On 8/4/21 at 11:05 AM, the SA observed wound care on Resident #31 by Registered Nurse #3 (RN). RN #3 was assisted by Certified Nursing Assistant #1(CNA). RN #3 did not assess Resident #31 for pain prior to beginning wound care. Resident #31 started to complain about pain during the wound care to his left hip. RN #3 continued with the wound care even though Resident #31 had complained of pain. Upon completing the wound care to the left hip, RN #3 began wound treatment to Resident #31's sacrum. Resident #31 had facial grimacing and	F 697	observations on 2 residents beginning 8/9/21 for 8 weeks to ensure compliance with pain management. The results of the wound care observations will be discussed at the Patients at Risk meeting weekly beginning on August 13, 2021 and lasting for 8 weeks. The results of the wound care observations will be discussed at the Quality Assurance Committee Meeting and corrective action will be monitored and evaluated by the committee. The Quality Assurance Committee meets at least quarterly and more often as needed, the revisions will be developed and approved by the Quality Assurance Committee to ensure the plan of correction is achieved and sustained. A Quality Assurance meeting was held on August 26, 2021. The next Quality Assurance meeting is scheduled for September 23, 2021. The QA committee includes but not limited to the Medical Director, Nurse Practitioner, Administrator, Director of Nursing, Assistant Director of Nursing, Staff Development, Infection Control RN, and at least 2 members of the facility staff.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255308	A. BUILDING _____ B. WING _____	08/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEMORIAL STONE COUNTY NURSING & REHABILITATION CTR	1436 EAST CENTRAL AVENUE WIGGINS, MS 39577

(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 697	Continued From page 7	F 697		

stated repeatedly that his butt was hurting. RN #3 continued with the wound care to the sacrum and did not stop to offer pain medication to the resident. The SA asked RN #3 if Resident #31 had any pain medication and she replied that she knew he did not have any thing (pain medication) scheduled to take today. RN #3 continued with the dressing change to the sacrum after being asked by SA. RN #3 measured the wound with a ruler and used a cotton tipped applicator to check the depth of the wound. The wound measured 3.50 cm length x 2.50 cm width with depth of 0.2 cm. Resident #31 continued to repeat "my butt hurts really bad". After RN #3 had completed the wound care, Licensed Practical Nurse (LPN) #1 entered the room with Ultram 50 milligram (mg) crushed in chocolate pudding for Resident #31. LPN #1 asked Resident #31 what his pain level was on a scale of one (1) to ten (10) and he replied it was a ten (10). Resident #31 took the Ultram in the pudding. RN #3 and CNA #1 asked Resident #31 if they could change his brief after he received his pain medication, but he repeatedly declined and stated his butt was hurting.

A review of the August 2021 Medication Administration Record (MAR) revealed Resident #31 did not receive any pain medication prior to wound care by RN #3 on 8/4/21.

On 8/4/21 at 5:03 PM, in an interview with RN #3, the Wound Care Nurse, she admitted she should have asked Resident # 31 about his pain his level before she started wound care. She stated she does not know why she did not ask the resident. She stated, "I don't if it was because I was nervous", and that she continued with wound care because she did not want to leave the wound

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255308	A. BUILDING _____ B. WING _____	08/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEMORIAL STONE COUNTY NURSING & REHABILITATION CTR	1436 EAST CENTRAL AVENUE WIGGINS, MS 39577

(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 697	Continued From page 8	F 697		

open. She stated it is more important that the resident not be in pain during wound care than being concerned about the wound being uncovered. She stated she should have stopped the wound care and got the resident some pain medication immediately. She confirmed that pain can have a negative effect on the resident and she knew he did not have any scheduled or routine pain medications ordered by the physician.

On 8/4/21 at 5:14 PM, in an interview with License Practical Nurse #1 (LPN), Admissions Coordinator, stated she contacted the Nurse Practitioner (NP) because she felt as if the resident needed something for pain and that is why she gave him the Ultram 50 mg. The Ultram 50 was a one time order. She stated she went back to check on the resident after giving him medication and he was fine. She stated RN#3 should have given him pain medication as soon as Resident #31 complained of pain. She stated she felt like the Tylenol that was ordered would not help with the pain and she believed something was hurting him since he said his pain level was a 10. She stated it is unusual for Resident #31 to yell out during wound care. She confirmed RN #3 should have stopped the care and gave the resident pain medication when he first complained of pain. She stated that during wound care when a resident is in pain, it can cause the resident to have mental changes. She stated the resident's wound cannot heal properly if he is in pain during care and may cause a resident to refuse wound care the next time. She stated when a resident refuses wound care that it can lead to an infection.

On 8/4/21 at 5:43 PM, in an interview with RN#1,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255308	A. BUILDING _____ B. WING _____	08/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEMORIAL STONE COUNTY NURSING & REHABILITATION CTR	1436 EAST CENTRAL AVENUE WIGGINS, MS 39577

(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 697	Continued From page 9	F 697		

Director of Nursing (DON), stated she spoke with RN #3 regarding giving pain medication prior to wound treatments. She stated RN #3 told her she felt bad because she did not stop the wound care when Resident #31 was in pain. She stated RN #3 should have assessed the resident for pain before starting wound care. She stated when a nurse is doing wound care and the resident is in pain, the nurse should stop the wound care, and give pain medication, and then proceed after the resident has received medication. She stated the wound care nurse should have asked the resident's LPN to administer his pain medication and then let her know so that she may provide wound care. She stated by not administering pain medication before wound care., Resident #31 will probably refuse wound care.

On 8/4/21 at 5:54 PM, in an interview with RN #2, the Assistant Director of Nursing (ADON), she stated if she was doing wound care on a resident and they complained of pain, she would stop and get an order for pain medication, and after she gave the pain medication, she would wait until the medication became effective before continuing wound care. She stated RN #3, should have stopped the wound care and called the NP. RN #2 stated she completed a wound care check off (competency) with RN #3 and confirmed that was trained to assess residents for pain prior to beginning wound care. RN #2 confirmed RN #3 should have assessed the resident for pain before beginning wound care. She stated doing wound care on a resident in pain can cause the resident to have emotional pain.

Review of Resident #31's Face Sheet revealed an initial admission date of 2/2/21 and a readmission date of 7/14/21. Medical diagnoses

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255308	A. BUILDING _____ B. WING _____	08/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEMORIAL STONE COUNTY NURSING & REHABILITATION CTR	1436 EAST CENTRAL AVENUE WIGGINS, MS 39577

(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 697	Continued From page 10	F 697		

include Pressure Ulcer of the left ankle, unstageable, Pressure Ulcer of the sacral region, stage 2, Muscle Spasms, Pressure induced deep tissue damage of the left hip and Anxiety Disorder.

Review of Resident #31's "Comprehensive Care Plan", dated 2/5/21, with a goal target date of 11/4/21, revealed he has an alteration in comfort related to mild pain, arthritis, a history of muscle spasms, and a history of wounds. The care plan goal is that the resident will express relief of pain after receiving pain reliving measures. The care plan interventions include pain assessment as needed, allow adequate time for pain medications to take effect prior to resuming care and/or treatment. Pain medications include: Tylenol and Baclofen and to document the effectiveness of pain medication as needed.

Record review of Physician orders, dated 8/4/21, revealed Ultram 50mg PO (by mouth) q (every) 12 hours PRN (as needed) was ordered at 11:30 AM.

A review of the facility's Emergency Drug Kit sign out slip reveals Ultram 50 mg was signed out on 8/4/21.

Record review of the MAR revealed Ultram 50 mg was given at 11:30 AM.

A Review of the significant change Minimum Data Set (MDS) with an Assessment Record Date (ARD)date of 7/20/21, revealed a Brief Interview of Mental Status (BIMS) score of seven (7). A BIMS of 7 indicates Moderately Cognitive Impaired.