STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	24GC	A. BUILDING: _____ B. WING _____	04/23/2021

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BOYINGTON HEALTH AND REHABILITATION	1530 BROAD AVE GULFPORT, MS 39501

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M 000	Initial Comments The State Agency conducted an annual recertification along with 5 complaint(s), MS #17682, MS#17673, MS#17647, MS#17635 and MS#17576 from (04/20/21) to (04/23/21). During the survey, the SA determined that the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm. The SA substantiated MS 17576 for leaving residents soiled for extended period of time and cited M 500. The SA did not substantiate MS #17647 for misappropriation, MS #17682 for unqualified personnel and MS #17673 MS for failing to provide appropriate wound care and #17635 for medical records and staffing with no citations related to the complaint. The SA also cited M 655, M 740, and M 815during the survey.	M 000		
M 655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This Statute is not met as evidenced by: Level II Based on observations, interviews, record reviews, and facility nursing service procedure review the facility failed to provide podiatry services for three (3) of 23 residents. (Resident #26, Resident #35, and Resident #103) Findings include	M 655	1. Resident #26, #103 and #35 were assessed for nail care on April 23, 2021 by Assistant Director of Nursing, LPN Unit Manager and RN Unit Manager. On April 23, 2021, Wound Care Nurse Practitioner, provided nail care for Resident #26, #103 and #35.	6/13/21

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M 655	Continued From page 1 The facility's, "Fingernails/Toenails, Care of" procedure, dated 11/2001, revealed "The purposes of this procedure are to clean the nail bed, to keep nails trimmed/ to prevent infections. Key Procedural Points: (1). Nails can be cleaned during bath care. (2). Unless otherwise permitted, do not trim the nails of diabetic residents or residents with circulatory impairments". Resident #26 Review of Resident #26's Admission Record revealed Resident #26 was admitted on 8/3/2017with diagnoses of Heart Disease, Dementia, Anemia, Thrombocytopenia, Hypertension, and Type 2 Diabetes Mellitus. Resident #26 was admitted to Hospice services on 10/13/20 for Alzheimer's disease, early onset. Review of Resident #26's Quarterly Minimum Data Set (MDS), dated 1/20/2021, revealed Resident #26 required extensive assistance with one-person physical assist for personal hygiene and resident was unable to complete a cognitive assessment because resident was not interviewable. Review of Resident #26's Comprehensive Care Plan intervention initiated 2/12/2018 revealed an intervention for "Podiatrist consult prn" (as needed) and "Podiatry at in house clinic for thick toenails". Review of Resident #26's Physician Orders revealed a current order for "Xarelto 20 milligrams(mg) every (q) hour of sleep (hs)", and "Metformin 1000 mg two times daily". On 04/20/21 at 11:57 AM, Resident # 26 was	M 655	2. On April 26, 2021 all residents were observed for need of nail care. Residents that need nail care will be arranged to see a podiatrist. 3. Facility obtained Podiatry Contract on May 20, 2021 to begin services on May 28, 2021. Director of Nursing educated CNA#3, LPN#2, LPN#1 on facility policy "Foot Care" on May 11, 2021. Staff Development RN educated nursing staff on facility policy "Foot Care" beginning April 23, 2021 and ending April 28, 2021. 4. Director of Nursing or Assistant Director of Nursing will monitor five (5) residents weekly for proper toe nail care times three (3) weeks then monthly times three (3) months and quarterly thereafter. Monitoring for proper toe nail care began on May 5, 2021. Any Adverse findings will be brought to the monthly Quality Assurance / Performance Improvement Committee for re-evaluation of action plan by Director of Nursing for continued compliance quarterly. ADHOC Quality Assurance Meeting was held on April 30, 2021.	

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M 655	Continued From page 2	M 655		

lying in bed. Resident #26's toenails were visible and were long and thick and had a yellow apperance noted to the toenails.

On 04/23/21 at 9:50 AM, Resident # 26 was lying in bed on his/her right side with her feet uncovered. Her toenails remain untrimmed, with yellow discoloration noted.

Review of Resident #26's paper chart revealed a Podiatry Progress Note dated 11-15-19 that indicated resident with "elongated/deformed/thickened/fungus nails with yellow nail plates".

During an interview with Licensed Practical Nurse (LPN) #1 on 4/23/21 at 9:50 AM, regarding Resident #26's toenails, LPN #1 stated "Usually podiatry does the nails. I have no time to do nails."

During an interview with LPN #2 on 4/23/21 at 9:50 AM, regarding toenail care, LPN #2 stated nails are evaluated on Wednesday and Sunday by the Certified Nursing Assistants (CNAs) and they report any issues with skin or nails on a Body Audit Form that is kept in a binder at the nurse's station. LPN #2 stated a Licensed Nurse Weekly Skin Observation is performed by nurses in the electronic health record and nurses perform all toenail care for all residents. LPN #2 stated the CNA's can do toenail care for all nondiabetic residents and Registered Nurses (RNs) are required to perform diabetic nail care for those residents. LPN #2 stated there is no routine schedule or physician order for nurses to perform resident nail care. LPN #2 stated all requests for physician appointments including Podiatry are sent to the transportation aid and they schedule all appointments.

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M 655	Continued From page 3 Review of Resident #26's Body Audit Form dated 3/18/21 revealed one (1) Change in Skin Condition Notification Form completed by assigned CNA and did not indicate any issues with toenails. There were no other recent Body Audit Forms noted. Review of Resident #26's Licensed Nurse Weekly Skin Observation dated 3/26/21 revealed the resident does have skin issues, "no new; just already existing" completed by assigned Nurse. There were no other recent Licensed Nurse Weekly Skin Observations noted. In an interview with the Director of Nursing (DON) on 4/22/21 at 1:19 PM, the DON stated nail care is performed one time weekly on a certain day but is unsure of the exact day of the week. The DON states he will let State Agency (SA) know which day nail care is performed. The DON stated the facility has recently received a contract with a Podiatrist and the DON will let SA know if Podiatrist has begun visits to facility or when the Doctor is scheduled to begin in house visits. The DON stated the CNA's can do nail care unless the resident is a diabetic. If diabetic, an RN, usually the treatment nurse, performs toenail care. The DON stated he will have to check to see where the records indicating completed nail care are located and he will provide a copy when located. During a follow up interview on 4/23/21 at 12:43 PM with the DON regarding toenail care documentation, he stated there is no documentation of weekly nail care recorded as they do not record or document on resident nail care.	M 655		

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M 655	Continued From page 4 During an interview with the Administrator on 4/22/21 at 02:00 PM, she stated the facility does not currently have a signed contract with a podiatrist. The Administrator stated the facility is in the process of securing a signed contract and the facility will set up an outside appointment with podiatry for residents as needed. In an interview with the Social Services Director on 4/22/21 at 2:07 PM, she states nurses give her Physician's orders to set up podiatry appointments as needed. The Social Services director stated she has only set up one appointment recently for a podiatry visit, but the resident has since been discharged from the facility. The Social Services director stated there are no pending appointments for podiatry at this time. The Social Services director stated if a resident complains of nail issues, she will ask an RN to cut resident's toenails She stated sometimes residents will let the physician know during rounds when nail care is needed. The Social Services director also stated CNA's look at nails during baths. Resident #103 Review of Resident #103's Admission Record revealed she was admitted on 2/12/2017, and has diagnoses of Heart Disease, Anxiety Disorder, Epilepsy, Hypertension, and Chronic Embolism and Thrombosis of Unspecified Vein. Review of Resident #103's Quarterly MDS, dated 3//27/2021, revealed the resident required supervision and setup assistance for personal hygiene. Her Brief Interview for Mental Status (BIMS) summary score was 15 indicating Resident #103 was cognitively intact.	M 655		

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M 655	Continued From page 5 Review of Resident #103's Comprehensive Care Plan revealed an intervention initiated 1/18/2018 for "Follow up appointment with (Podiatrist)". Review of Resident #26's Physician Orders dated 2/27/21 revealed an order for "Xarelto." On 4/20/21 at 10:15 AM, Resident # 103 was noted sitting in her wheelchair in her room. The Speech Therapist was in the room working with Resident # 103 on cognition puzzles on a tablet. During an interview with Resident # 103 on 4/20/21 at 10:15 AM, the resident voiced concern about needing a podiatry physician because her toenails are long, and it is hard to put her shoes on her feet. On 4/20/21 at 4:45 PM, Resident # 103 was sitting in the resident's room in the wheelchair. During an interview with Resident #103 on 4/20/21 at 4:45 PM, the resident stated her toenails are long and cause discomfort. Resident # 103 removed her shoes and SA observed the resident's toenails to be long, thick, and yellow. On 4/21/21 at 2:30 PM, Resident # 103 was sitting in her wheelchair in her room. During an interview on 4/21/21 at 2:30 PM, Resident # 103 stated her nails have not been trimmed and voiced concern related to when a podiatrist will be able to come into the facility. The resident stated the shoes she is wearing are wide and her nails are still causing discomfort. She removed her shoes and her right great toenail was long and curving to the side. The resident stated the reason her shoes are causing discomfort is because the nails grow long and turn/curve to the side. Resident # 103 also stated she has a history of ingrown toenails.	M 655		

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M 655	Continued From page 6 During an interview with Resident #103 on 04/22/21 at 11:29 AM, the resident stated no one has trimmed her nails and she has to sleep with her feet out from under the sheet because her nails are so long, they get caught on the covers. On 4/22/21 at 11:29 AM, Resident #103's nails were observed to be long and thick. During an interview with Resident #103 on 4/23/21 at 9:44 AM, the resident stated that a CNA came into her room last night to perform fingernail care. Resident #103 stated she refused the fingernail care, and told the aide she needed toenail care. The resident stated the aide left her room and did not return. The resident stated that she did not receive toenail care. The resident voiced concern regarding her history of ingrown toenails and if an aide would be qualified to deal with ingrown toenails. During an interview with LPN #2 on 4/23/21 at 9:50 AM, regarding toenail care, LPN #2 stated nails are evaluated on Wednesday and Sunday by the Certified Nursing Assistants (CNAs) and they report any issues with skin or nails on a Body Audit Form that is kept in a binder at the nurse's station. LPN #2 stated a Licensed Nurse Weekly Skin Observation is performed by nurses in the electronic health record and nurses perform all toenail care for all residents. LPN #2 stated the CNA's can do toenail care for all nondiabetic residents and Registered Nurses (RNs) are required to perform diabetic nail care for those residents. LPN #2 stated there is no routine schedule or physician order for nurses to perform resident nail care. LPN #2 stated all requests for physician appointments including Podiatry are sent to the transportation aid and she schedules all appointments.	M 655		

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M 655	Continued From page 7 Review of Resident #103's Body Audit Form dated 3/16/21 revealed one (1) change in skin condition notification form dated 3/16/21 completed by assigned CNA and indicated Resident # 103's "middle toe is black and blue" but no other toenail issues addressed. There were no other recent Body Audit Forms noted. Review of Resident #103's Licensed Weekly Skin Assessment dated 2/23/21 and completed by assigned LPN revealed "no issues". There were no other recent Licensed Nurse Weekly Skin Observations noted. In an interview with the Director of Nursing (DON) during a follow up interview on 4/23/21 at 12:43 PM, with the DON regarding toenail care documentation, he stated there is no documentation of weekly nail care recorded as they do not record or document on resident nail care. Resident #35 At 08:30 AM on 04/22/2021, observed CNA #3 providing activities of daily living care SA observed Resident # 35 with very dry skin to lower extremities, two toes on right foot missing, and left great toenail broken down into a quick. All other toenails of Resident #35's are long and curved. On 04/22/2021 at 8:50 AM, in an interview with Resident # 35, she explained that her toenail got caught in the bed or something and broke. She complained of toe pain when touched.	M 655		

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M 655	Continued From page 8 On 04/22/2021 at 08:40 AM, in an interview with CNA #3, she explained CNAs do not clip toenails and CNAs do nail care on Sundays unless residents are diabetics. On 04/23/2021 at 12:00 PM, in an interview with the DON regarding toenails or nail care in general, he explained nails can be done by anyone including nurses or CNAs unless the residents are diabetic. He further explained nail care is mostly done on Sundays and the Nurse Practitioner and Wound Care Nurse can also do nail care. When ask how often toenails are trimmed by Nurse Practitioner and Wound Care Nurse, he explained he does not know for sure but if the aides see a problem the nurse is notified. A record review of Resident #35's Face Sheet revealed the facility initially admitted Resident #35 on 07/16/2019 and readmitted on 1/30/2020 with diagnoses that included End Stage Renal Disease, Type 2 Diabetes Mellitus, High Blood Pressure, and Tubulo-interstitial Nephritis. A record review of the Quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 2/07/2021, Section C revealed Resident #35 had a Brief Interview for Mental Status (BIMS) score of 15 which indicatd Resident #35 is cognitively intact. Section G of the MDS revealed Resident #35 required two (2) persons assist with transfer and one person assist with eating, hygiene, bathing, and toilet use.	M 655		
M 740	45.26 SOCIAL SERVICES AND RESIDENT ACTIVITIES	M 740		6/13/21

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M 740	Continued From page 9 SOCIAL SERVICES AND RESIDENT ACTIVITIES This Statute is not met as evidenced by: Level II Based on staff interviews, record review, and facility policy review, the facility failed to employ a Licensed/Qualified Social Worker for four (4) days of four (4) days of survey. Findings include: Review of the facility's, "Social Services" policy, dated 11/2001 revealed, "The Director of Social Services is a qualified social worker." During an interview with the Social Services Director on 4/22/21 at 2:30 PM, the State Agency (SA) asked for a copy of her social worker qualifications/license. The Social Services Director stated she will provide a copy to the SA. During an interview with the Administrator on 4/22/21 at 3:00 PM to discuss qualifications and license of Social Worker, the Administrator advised SA the previous social worker had been terminated and the facility has recently made a job offer to an applicant who declined the job. The Administrator stated the Social Services Director has two master's degrees and a copy of the degrees were provided to the SA. The Administrator states the current Social Services Director does not have a degree in Social Work and is not a Licensed Social Work. There is no Licensed Social Worker supervising the current Social Services Director. The facility is licensed for 180 beds and currently has a census of 111 residents.	M 740	1. A qualified social worker was hired on April 28, 2021 and began employment on May 19, 2021. Beginning May 19, 2021 and ending May 25, 2021, Licensed Social Worker made rounds to identify any psychosocial concerns with the residents. This social worker Is a licensed social worker with a Masters Degree in Social Work. Rounds were made to identify psychological issues or concerns with the residents by Risk Manager RN on April 23, 2021. No concerns identified. 2. Rounds were made to identify psychological issues or concerns with the residents by Risk Manager RN on April 23, 2021. No concerns identified. At the time of survey, the social workers had a Bachelors Degree in Social Science and Public Health and a Masters Degree in Healthcare Administration with emphasis on Public Health 3. Administrator received training on April 23, 2021 by Director of Operations to describe the qualifications of a Social Worker for a center 120 beds or more. 4. Administrator will monitor the Social Workers Qualifications beginning May 19, 2021, Administrator will monitor Social Worker's qualifications monthly times three months, then quarterly thereafter. Any adverse	

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M 740	Continued From page 10	M 740	findings will be brought to the Quality Assurance / Performance Improvement Committee to ensure continued compliance.	
M 815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This Statute is not met as evidenced by: Level II Based on observation, interview, record review, and facility policy review the facility failed to distribute meals in a safe manner for one (1) of 23 residents. (Resident #26) The facility's, "Principles of Safe Food Handling" policy, dated 11/2017, revealed "... 4.) Chill. Bacteria spread fastest at temperatures between 41 F and 135 F, so chilling food properly is one of the most effective ways to reduce food-borne illness..." Observations on 4/22/21 at 7:30 AM, revealed meal trays being delivered to the 100 hall on a tall, open metal rack. All trays except Resident #26 were delivered to the rooms. The tray for Resident #26 was left on the tall, open metal rack, with food in three (3) individual bowls with plastic lids, no insulating dome was noted covering food on tray with a milk and a mighty shake. Observed Resident #26 lying in bed. State Agency (SA) asked resident how she is doing, and she was noted to be non-interviewable.	M 815	1. Resident #26 - the milk and mighty shake were immediately replaced on April 22, 2021. 2. Rounds were made by the Administrator to identify any other issues with milk temperatures on April 22, 2021, Dietary Department maintains the milk and mighty shakes on ice while on the serving line to ensure proper temperature. 3. Staff Development Registered Nurse educated staff on facility policy "Food Storage, Sanitation and Principle of Safe Food Handling" to include timely passing of resident meal trays beginning April 23, 2021 and ending April 28, 2021. Certified Dietary Manager (CDM) educated Dietary employees on facility policy "Food Storage, Sanitation and Principle of Safe Food Handling" to include timely passing of resident meal trays on April 23, 2021.	6/13/21

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M 815	Continued From page 11 An observation on 4/22/21 at 7:54 AM, revealed Licensed Practical Nurse (LPN) #3 walked down the hallway and into Resident # 26's room. LPN #3 walked out of Resident #26's room and another resident stopped her and asked for coffee. At 7:58 AM, LPN #3 returned to the hallway, retrieved Resident #26's tray from metal rack and took it in to the Resident #26. At 7:59 AM, SA went into Resident #26's room and used a food thermometer to acquire the temperature of Resident #26's milk, as LPN #3 was setting up Resident # 26's meal tray. On 4/22/21 at 7:59 AM the temperature of Resident #26's milk was 53 degrees Fahrenheit (F) and the temperature of the mighty shake was 54 degrees (F). The milk and mighty shake temperature was in the "Danger Zone" indicating temperatures were above 41 degrees Fahrenheit (F). SA asked LPN #3 to confirm temperature readings and she verified readings. During an interview with Registered Nurse (RN) #1 at 8:01 AM, the SA advised RN #1 of the temperature findings and was asked what the harm could be and he states, " if its' not cold enough, bacteria can grow in it or it can spoil ."	M 815	4. Beginning April 28, 2021, Certified Dietary Manager or Administrator will test temperature of the milk or mighty shake on the last tray served on different halls weekly times three (3) weeks, then monthly times three (3) months and quarterly thereafter. Administrator will bring adverse findings to the monthly Quality Assurance / Performance Improvement Committee for review of plan and make necessary changes for continued compliance quarterly. ADHOC Quality Assurance meeting was held on May 5, 2021.	