STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255218	A. BUILDING _____ B. WING _____	09/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO MANOR	230 KHAKI STREET IUKA, MS 38852

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey at the facility from 09/12/21 through 09/15/21. During the survey the SA found that the facility was not in compliance with Medicare and Medicaid regulations and cited F686 at a D level related to pressure ulcers. The facility held a license for 105 beds and had a census of 84.	F 000		
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, record review, staff interviews and facility policy review the facility failed to provide treatment to a wound for Resident #29 consistent with the professional standards of practice for one of four wound care observations. Resident #29	F 686	Registered Nurse #1 and the Treatment Nurse were educated on appropriate technique to be used when performing wound care/treatments on a resident by the Director of Nursing on 9/15/21. All residents requiring wound care/treatments have the potential to be affected. No other residents were identified as being affected by this	10/8/21

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

Electronically Signed | 10/01/2021

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F 686	Continued From page 1 Pressure Ulcer/Injury F686 Record review of the facility policy for "Dressing Change Policy and Procedure," dated 08/21 revealed, "Cleanse the area as ordered." An observation on 9/15/21 at 8:50 AM with the treatment nurse (TN) and Registered Nurse (RN) #1 perform wound care on Resident #29. The TN cleaned the wounds on the right second, third, fourth, and fifth toes with normal saline (NS) using a four by four soaked with NS and she used the same four by four to clean all four of the residents wounds. The TN applied betadine using a four by four soaked with betadine and she used the same four by four to apply it to all four wounds. An interview on 9/15/21 at 9:00 AM with the TN revealed that she always treats the wounds on all the toes together because they have the same treatment. When asked if one of the toes had an infection, what could happen, and she replied I guess it could spread to the other toes. The TN revealed that she had never thought of it that way and that she could see where she needed to clean the wounds separately. The TN revealed that the wound on the 4th toe is new and that the Director of Nursing (DON) had put an order in this morning for it. An interview on 9/15/21 at 9:55 AM with RN #1 revealed that she thought that since the wounds were so close together, that if one was infected that they would all get infected anyway. The RN #1 revealed that it makes sense to not treat them all together because it could spread infection to	F 686	deficient practice. The Quality Improvement Nurse in-serviced Licensed Practical Nurses and Registered Nurses on appropriate procedures when providing wound care/treatments as prescribed by Physician on 9/28/21. The Quality Improvement Nurse viewed/discussed Wound Identification video with Registered Nurse #1 and Treatment Nurse on 9/28/21. Beginning 10/1/21, the Director of Nursing or Staff Development Nurse will observe wound care/treatment weekly for four weeks, then monthly for three months. Any concerns will be reported to the Director of Nursing and Administrator with any additional in-servicing completed as needed. Beginning October 4, 2021 the Administrator or Director of Nursing will report any concerns in the Department Head meeting weekly for four weeks, then monthly for three months; Beginning October 5, 2021 the Administrator or Director of Nursing will report any concerns to the Quality Assurance Committee, and then quarterly at each Quality Assurance Committee meeting until substantial compliance is achieved with F Tag 686. If problems or concerns are identified with current corrective action plan, the Quality Assurance Committee will revise the corrective action plan until substantial compliance is achieved.	

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F 686	Continued From page 2	F 686		

the other toes.

An interview on 9/15/21 at 10:15 AM with the DON revealed that the TN had talked to her about the wound care on Resident #29 and that she told the TN that she knew better and that all wounds should be treated separately to prevent the spread of infection.

Record review of the physician orders for Resident #29 revealed an order on 9/15/21 to clean the diabetic ulcer to the 4th toe with NS, pat dry and apply betadine daily until healed. A physician order on 9/10/21 to clean diabetic ulcer to the second and fith toes with NS, pat dry and apply betadine. A physician order on 5/19/21 to clean diabetic ulcer to the third toe with NS, pat dry and apply betadine.

Record review of the Electronic Treatment Record (ETAR) revealed that Resident #29 had wound orders for the right foot for the second, third, fourth and fifth toes to cleanse the areas with NS, pat dry and apply betadine daily until healed.

Record review of the face sheet for Resident #29 revealed that she was admitted to the facility on 2/18/18 with diagnoses of Diabetes, Retention of Urine, Right foot drop, Hypertension and Anxiety.

Record review of the Minimum Data Set (MDS) for Resident #29, with an Assessment Reference Date (ARD) of 7/13/21, had a Brief Interview for Mental Status (BIMS) score of 15, indicating that the resident had full cognitive ability.