STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255267	A. BUILDING _____ B. WING _____	R-C 06/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARKSDALE NURSING CENTER	**1120 RITCHIE AVE CLARKSDALE, MS 38614**

(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 Based on administrative review by the Centers for Medicare and Medicaid Services, this 2567 was amended to include tag F842. Complaint Investigation (CI) MS #17663 was conducted by the State Agency (SA) on 03-23-2021 through 03-31-2021. During the survey, the facility was found to not be in compliance with regulations implemented by the Centers for Medicare and Medicaid (CMS). CI MS #17663 was substantiated, related to Resident Neglect, and Quality of Care and Treatment, with deficiencies cited at F600, F693, F760 and F842. The SA identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) that began on 03-03-2021 when the facility failed to provide goods and services to residents related to enteral feedings, water flushes, and diabetic medications necessary to avoid physical harm and the resident was hospitalized with hyperglycemia. The facility's failure to follow CMS guidelines for preventing resident neglect resulted in three (3) residents not receiving adequate enteral feedings and water flushes daily, and five (5) residents not receiving insulin as ordered for their Diabetes. These actions resulted in the hospitalization of two (2) residents for critical Glucose levels, with one passing away. These actions placed all residents receiving enteral feedings and requiring insulin in a situation that was likely to cause serious harm, injury, impairment, and further death. On 03-26-2021 at 2:45 PM, the SA notified the	{F 000}		

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

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{F 000}	Continued From page 1	{F 000}		

Administrator of the Immediate Jeopardy (IJ) and SQC and the IJ template was provided to the Administrator.

The IJ and SQC existed at:

§483.12 Freedom from Abuse, Neglect, and Exploitation (F600)
§483.25(g)(5) Enteral Nutrition (F693)
§483.45(f)(2) Residents are free of any significant medication errors (F760)

IJ existed at:

§483.70 (i) Medical Records (F842) - Scope and Severity - "K"

The facility submitted an acceptable Removal Plan on 03-30-2021, at 11:30 AM, in which the facility alleged all corrective actions to remove the IJ were completed on 03-30-2021 and the IJ was removed on 03-30-2021.

The State Agency (SA) validated the Removal Plan on 03-31-2021, and determined the IJ was removed on 03-30-2021, prior to exit. Therefore, the scope and severity for 42 CFR(s): §483.12 Freedom from Abuse, Neglect, and Exploitation (F600), 42 CFR(s): §483.25(g)(5) Enteral Nutrition (F693), and 42 CFR(s): §483.45(f)(2) Residents are free of any significant medication errors (F760) and §483.70 (i) Medical Records (F842) were lowered from a "K" to an "E" while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements.

The facility had a census of 54 with license for 72

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{F 000}	Continued From page 2 beds.	{F 000}		