STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255287	A. BUILDING _____ B. WING _____	09/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIXIE WHITE HOUSE HEALTH AND REHABILIATION CENTER	538 MENGE AVENUE PASS CHRISTIAN, MS 39571

(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 09/03/19 through 09/05/19. 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 F656 and F690. The facility was licensed for 60 beds and had a census of 59 at the time of survey.	F 000		
F 656 SS=D	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 provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its	F 656		10/11/19

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

Electronically Signed | 09/27/2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 656	Continued From page 1 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 interview, record review and facility policy review, the facility failed to follow Resident #28's Care Plan for incontinent care, for one of three (1 of 3) care plans reviewed. Findings include: Review of the facility's policy titled, "Care Plan-Comprehensive", dated November 2017, revealed the Comprehensive Care Plan was designed to reflect treatment goals and objectives in measurable outcomes that is individualized and person-centered that reflects the resident's goals for desired outcomes. The Care Plan is designed to prevent declines in the resident's status/function. Review of Resident #28's Care Plan revealed a Focus with a Target Date of 12/03/19, for the risk of Urinary Tract Infectoins (UTIs) due to incontinent of bowel and bladder. The	F 656	Responses to the cited deficiencies do not constitute an admission or agreement by the Provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. This Plan of Correction is prepared solely as a matter of compliance with the Federal and State laws. 1.) On 9/7/2019, the Director of Nursing (DON) in-serviced certified nursing assistant #1 (CNA) on incontinence care with return demonstration by following the care plan. 2.) Rounds were performed on all CNAs by the Director of Nursing or Nurse Supervisor on incontinence care to ensure care plan was being followed and to identify any other issues with following the care plan for incontinence care between 9/29/2019 and 10/4/2019.	

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	255287	A. BUILDING _____ B. WING _____	09/05/2019

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F 656	Continued From page 2 Interventnions included provide assistance with incontinent care with one to two staff as needed, and to provide peri care from front to back. An observation of incontinent care for Resident #28, on 09/04/19 at 4:06 PM, revealed Certified Nursing Assistant (CNA) #1 wiped and cleaned the buttock areas after Resident #28 had a Bowel Movement (BM), and then proceeded to turn Resident #28 over and provided incontinent care near the urinary meatus without changing gloves or washing hands. An interview, on 09/04/19 at 4:30 PM, with CNA #1 confirmed she did not follow Resident #28's care plan when she failed to change gloves and/or wash hands in between cleaning the BM and wiping the vaginal area near the urinary meatus. CNA #1 stated this placed Resident #28 at risk for infection and Urinary Tract Infection (UTI). On 09/05/19 at 9:29 AM, an interview with the Director of Nursing, confirmed CNA #1 should have washed her hands and changed gloves after cleaning a BM and before providing incontinent care because of cross contamination. The DON confirmed if a CNA fails to provide care correctly then the resident's care plan is not followed. An interview, on 09/05/19 at 10:45 AM, with the Minimum Data Set (MDS) Registered Nurse (RN) revealed staff should clean a BM first prior to providing incontinent care, and they should change gloves and wash their hands after cleaning a BM. The MDS RN confirmed the care plan is not followed if care is not provided correctly.	F 656	3.) All CNAs will be in-serviced by the Director of Nursing or Nurse Supervisor on providing incontinence care by following the care plan and doing a return demonstration by 10/11/2019. 4.) Random incontinence care observations by the Director of Nursing or Nurse Supervisor will be completed three times per week for four weeks, then quarterly thereafter to ensure care plan is being followed. Results/findings of the incontinence care observations per the care plan will be reported to the Quality Assurance (QA) committee and discussed quarterly at the QA meeting to ensure continued compliance. QA will make recommendation/changes as needed.	

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F 656	Continued From page 3 Record review revealed the facility admitted Resident #28, on 07/9/18 with the included diagnoses of Cardiomyopathy, Atrial Fibrillation, Hypertension (High Blood Pressure) and Chronic Obstructive Pulmonary Disease (COPD). Review of the Significant Change MDS, with the Assessment Reference Date (ARD) of 08/21/19, revealed Resident #28 scored a three (3) on the Brief Interview for Mental Status (BIMS) that indicated severe cognitive impairment. This assessment noted Resident #28 was always incontinent under section HO200 for bowel and bladder.	F 656		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon	F 690		10/11/19

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	255287	A. BUILDING _____ B. WING _____	09/05/2019

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F 690	Continued From page 4 as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review and facility policy review, the facility failed to provide Resident #28's incontinent care in a manner to prevent the possibility of a Urinary Tract Infection (UTI) and/or cross contamination for one (1) of three (3) care observations. Findings include: Review of the facility's policy titled, "Perineal Care", dated December 2017, revealed the policy did not address changing gloves and washing hands should they become contaminated with feces prior to providing care near the urinary meatus. An observation of incontinent care for Resident #28, on 09/04/19 at 4:06 PM, revealed Certified Nursing Assistant (CNA) #1 wiped and cleaned the buttock areas after Resident #28 had a Bowel Movement (BM) and then proceeded to turn Resident #28 over. CNA #1 provided incontinent	F 690	1.) On 9/7/2019, the Director of Nursing (DON) in-serviced certified nursing assistant #1 (CNA) on incontinence care with return demonstration. Resident assessed on 9/5/2019 with no adverse findings. 2.) Rounds were performed by monitoring incontinence care by the Director of Nursing or Nurse Supervisor to determine any other issues with providing incontinence care between 9/29/2019 and 10/4/2019. 3.) All CNAs will be in-serviced on providing incontinence care by the DON or Nurse Supervisor between 9/5/2019 and 10/11/2019. 4.) Random incontinence care observations by the Director of Nursing or Nurse Supervisor will be completed three	

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F 690	Continued From page 5 care near the urinary meatus without changing gloves or washing hands. CNA #1 wore the same gloves she used to clean Resident #28's BM to provide the incontinent care. An interview, on 09/04/19 at 4:30 PM, with CNA #1 confirmed she did not change gloves and/or wash hands in between cleaning the BM and wiping the vaginal area near the urinary meatus for Resident #28. CNA #1 confirmed this placed Resident #28 at risk for infection and Urinary Tract Infection (UTI). An interview, on 09/04/19 at 4:30 PM, with CNA #2, revealed she confirmed CNA #1 wiped the BM then turned Resident #28 over and then wiped the vaginal area and did not change gloves or wash her hands. Brief Interview for Mental Status (BIMS) that indicated severe cognitive impairment. This assessment noted Resident #28 was always incontinent under section HO200 for bowel and bladder. An interview, on 09/05/19 at 9:29 AM, with the Director of Nursing (DON), revealed she stated CNA #1 should have washed her hands and changed gloves after cleaning the BM and before providing the incontinent care because of cross contamination. The DON confirmed all CNAs are trained to do this all the time. In an interview, on 09/05/19 at 10:45 AM, with the Minimum Data Set (MDS) Registered Nurse (RN), she revealed staff should clean a BM first prior to providing incontinent care and they should change gloves and wash their hands after cleaning a BM.	F 690	times per week for four weeks, then quarterly thereafter. Results/findings of the incontinence care observations will be reported to the Quality Assurance (QA) committee and discussed quarterly at the QA meeting to ensure continued compliance. QA will make recommendations/changes as needed.	

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F 690	Continued From page 6 Record review revealed the facility admitted Resident #28, on 07/9/18, with the included diagnoses of Atrial Fibrillation, Cardiomyopathy, Hypertension (High Blood Pressure) and Chronic Obstructive Pulmonary Disease (COPD). Review of the Significant Change MDS, with the Assessment Reference Date (ARD) of 08/21/19, revealed Resident #28 scored 3 on the Basic Interview for Mental Status (BIMS), which indicated severe cognitive impairment. Further review of the MDS revealed Resident #28 was always incontinent of bowel and bladder.	F 690		

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	255287	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**09/05/2019**

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K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	K 000		

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

Electronically Signed | 09/19/2019

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E 000	Initial Comments ********** Survey conducted on 09/05/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were cited.	E 000		

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