STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255095	A. BUILDING _____ B. WING _____	C 01/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE CENTER OF LAUREL	935 WEST DR LAUREL, MS 39440

(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 and four (4) complaint investigations at the facility from 1/3/22 through 1/6/22. Complaint Investigations (CI) MS # 17654 related to verbal abuse, CI MS #18036 related to Activities of Daily Living (ADL) care and abuse, and CI MS #18184 related to ADL care, medications not being given, and personal property missing were unsubstantiated. CI MS # 17957 was substantiated related to incontinent care. During the survey, the SA determined that the facility was not in compliance with the requirements for participation for Medicare and Medicaid. The SA cited deficiencies at F644, F657, F689, F690, and F880. The facility census was 77 and they were licensed for 119 beds.	F 000		
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's	F 657		2/7/22

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

Electronically Signed | 01/28/2022

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F 657	Continued From page 1 medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review and facility policy review the facility failed to ensure a comprehensive person-centered care plan was revised to accurately reflect the Resident's continence status for one (1) of (23) care plans reviewed. Resident #42. Findings include: Review of the facility's "Comprehensive Care Plan Policy", revealed it is the policy of this facility to develop, revise and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment. The facility's policy also revealed the comprehensive care plan will be reviewed and revised periodically, on an ongoing basis to reflect the services provided or arranged and must be consistent with each resident written plan of care. The facility shall use the results of the assessment to develop, review, and revise the resident's comprehensive plan of care. The	F 657	By submitting the enclosed materials, we are not admitting to the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceeding and submit these responses pursuant to our regulatory obligations. on 1/6/2022 Resident #42's incontinent care plan was modified by The Facility Director of Nursing to reflect incontinent status of resident 82 out of 82 residents have the potential to be affected by this deficient practice On 1/6/2022 The Facility Administrator in serviced the Director of Nursing, Registered Nurse Case Manager, and Licensed Practical Assessment Nurse on the Care Planning Process Policy. On 1/6/2022 The facility held a QA meeting with no changes related to current policies relating to care plan process. Beginning 1/10/2022 The facility Director	

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F 657	Continued From page 2 facility shall follow the care plan. Record review of the comprehensive care plan with a problem onset dated 10/20/21 revealed Resident #42 is at risk for urinary incontinence. The goal is for Resident # 42 is to remain continent through the next review 1/20/22. The facility's approaches included to evaluate Resident #42's bladder control and pattern PRN (as needed). Observation on 01/04/22 at 03:29 PM, of incontinent care with Certified Nursing Assistant (CNA) #1 revealed the CNA failed to change wipes with each stroke. CNA #1 also cleansed the penis with the same wipe wiping multiple times in the same area. CNA #1 also failed to cleanse Resident #42 with the wipes from front to back. During an interview on 01/06/22 at 03:58 PM, with the Director of Nursing (DON) confirmed the facility failed to revise the care plan to reflect the resident's incontinent episodes. During an interview on 01/06/22 at 04:22 PM, with Registered Nurse (RN) #1 confirmed she failed to revise the residents care plan to reflect the resident having incontinent episodes. RN #1 said she thought the resident was still continent of bowel and bladder. RN #1 also confirmed the resident's care plan did not reflect the resident's current bladder status at this time. During an interview on 01/06/22 at 05:12 PM with CNA #1 confirmed Resident #42 has incontinent episodes all the time. Record review of Resident #42's five (5) day	F 657	of Nursing and/or the Registered Nurse Case Manager will review at least 10 incontinent care plans weekly for 4 weeks and 5 incontinent care plans monthly for 3 months to ensure accuracy. Any incontinent care plan that does not reflect residents current incontinence status will be modified by the Director of Nursing and or Nurse Case Manager. On 1/24/2022 The Quality Assurance Committee began evaluating audits/documentation completed monthly for 3 months and make recommendations and changes to ensure compliance.	

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F 657	Continued From page 3 Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/12/21 revealed in Section H that Resident #42 is always continent of bladder. Record review of the Face Sheet revealed Resident #42 was admitted to the facility on 10/07/21 with the diagnoses that included Urinary Tract Infection (UTI), Chronic Obstructive Pulmonary Disease (COPD) and Heart Failure.	F 657		
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 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	F 690		2/7/22

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F 690	Continued From page 4 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 incontinent care utilizing correct technique for one (1) of five (5) incontinent care observations. Resident #42. Findings include: The facility policy, "Perineal Care", revised 10/2018 revealed the purpose is to cleanse the perineum, to eliminate odor, to prevent irritation or infection and to enhance the Resident's dignity and self-esteem. Under male- without catheter the policy revealed while providing perineal care the staff should hold the shaft of the penis with one hand. Using the other hand gently cleanse from the tip to the base of the penis. Use a clean portion of the washcloth or pre-moistened wash wipe after each stroke. Observation on 01/04/22 at 03:29 PM, of incontinent care with CNA #1 revealed the CNA, cleansed the resident's perineal area with one wipe. CNA #1 wiped the same area multiple times without changing the wipes. CNA #1 also cleansed Resident #42's penis with the same wipe, wiping multiple times in the same area. CNA #1 turned Resident #42 over and wiped the	F 690	By submitting the enclosed materials, we are not admitting to the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceeding and submit these responses pursuant to our regulatory obligations. On 1/6/2022 The Director of Nursing assessed Resident # 42 and found no adverse reactions noted relating to deficient practice 79 out of 82 Residents have the potential to be affected by this deficient practice On 1/7/2022 The Director of Nursing in serviced CNA #1 regarding Perineal Policy. On 1/7/2022 the Facility Infection Control Nurse initiated and in service on the Perineal Policy for 7 Registered Nurses, 21 License Practical Nurses, and 35 Certified Nursing Assistants. On 1/6/2022 the Facility held a Quality Assurance Meeting with no changes noted to Perineal Care Policy. on 1/10/2022 The Director of Nursing	

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F 690	Continued From page 5 resident with a wet wipe from back to front. CNA #1 failed to change wipes with each stroke and failed to wipe from front to back while providing incontinent care. During an interview on 01/06/22 at 03:58 PM, with the Director of Nursing (DON) confirmed CNA #1 could have caused an infection. The DON also said Resident #42 could become septic from an infection. The DON stated CNA #1 was trained on the appropriate steps to providing incontinent care. During an interview on 01/06/22 at 05:07 PM, with License Practical Nurse (LPN)#1 confirmed CNA #1 failed to follow the facility policy by cleansing the resident's perineal area with the same wipe and wiping the residents' buttocks from back to front. LPN #1 said CNA #1 has been trained how to provide incontinent care properly, and this could cause urinary tract infections (UTIs). During an interview on 01/06/22 at 05:12 PM, CNA #1 confirmed she failed to change wipes with each stroke while providing perineal care. CNA #1 said she was nervous and was thrown off her regular routine. CNA #1 also said the resident has incontinent episodes all the time. CNA #1 confirmed that by not cleaning the resident appropriately, this could cause the resident to get UTIs. Record review of the Face Sheet revealed Resident #42 was admitted to the facility on 10/07/21 with diagnoses that included Urinary Tract Infection (UTI), Chronic Obstructive Pulmonary Disease (COPD) and Heart Failure. Record review of the five (5) day Minimum Data	F 690	and/or Infection Control Nurse began observations of at least 6 Certified Nursing Assistants performing perineal care for 4 weeks and then observations of at least 4 Certified Nursing Assistants performing perineal care monthly for 3 months. On 1/24/2022 The Quality Assurance Committee began evaluating audits/documentation completed monthly for 3 months and make recommendations and changes to ensure compliance	

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F 690	Continued From page 6 Set (MDS) with an Assessment Reference Date (ARD) of 11/12/21 revealed Resident#42 had a Brief Interview for Mental Status (BIMS) of 15 that indicted Resident #42 is cognitively intact. Record review of Certified Nursing Assistant (CNA) #1 Perineal care in-service dated 11/07/21 revealed CNA #1 was in-serviced on providing perineal care appropriately.	F 690		