STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255206	A. BUILDING _____ B. WING _____	C 02/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AURORA HEALTH AND REHABILITATION	310 EMERALD DRIVE COLUMBUS, MS 39702

(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 a complaint survey for CI MS #16986, CI MS #17223, CI MS #17227, and CI MS #17314 at the facility from 02/24/21 through 02/26/21. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid. The SA substantiated CI MS #17314 and CI MS #17227 for quality of care regarding pressure ulcers and cited F686 at the "G" level. CI MS #16986 was not substantiated for Neglect, and CI MS #17223 was not substantiated for pressure sores, infection control, and environment. The census at the time of suvey was 81.	F 000		
F 686 SS=G	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 staff interview, record review, observation and facility policy review, the facility failed to prevent the development of pressure ulcers and the worsening of existing pressure	F 686	Preparation and/or execution of this plan do not constitute admission or agreement by the provider the deficiency exist. This response is also not to be considered as	4/9/21

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

Electronically Signed | 04/01/2021

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F 686	Continued From page 1 ulcers for one (1) of five (5) residents reviewed, (Resident #1). Findings include: Review of the facility's policy titled, "Skin Management Standards - Routine Preventative Care", last updated 11/2017, revealed, "According to AHCPR (Agency for Healthcare Policy and Research) Prevention and Treatment of Pressure Ulcers: 1. All individuals at risk should have a systematic skin inspection at least once a week, paying particular attention to the bony prominences. Vanguard requires...a minimum skin check of at least weekly by a licensed nurse. Findings will be documented in the medical record." Resident #1 Review of Resident #1's "Long Term Care Evaluation V4's" which include the weekly skin assessments revealed the following: 07/06/2020 - skin assessment completed. 07/25/2020 - skin assessment completed - nineteen (19) days between assessments. 08/22/2020 - skin assessment completed - twenty-eight (28) days between assessments. 09/05/2020 - skin assessment completed - fourteen (14) days between assessments. 09/13/2020 - skin assessment completed. 09/21/2020 - skin assessment completed. 10/11/2020 - skin assessment completed - twenty (20) days between assessments. 10/19/2020 - skin assessment completed. 10/25/2020 - skin assessment completed. 11/08/2020 - skin assessment completed - 14 days between assessments. 11/22/2020 - skin assessment completed - 14	F 686	an admission of fault by the facility, its employee, agents or the other individuals who may be discussed in this response and plan of correction. This plan of corrections is submitted as the facility□s credible allegation of compliance. 1. Immediate action taken for the resident found to have been affected includes: -On 2/26/2021 a systematic skin inspection was completed by the Director of Nursing and the Administrator on Resident #1 and no new pressure ulcers were identified. 2. Identification of other resident having the potential to be affected was accomplished by: -All facility residents have the potential to be affected by the stated deficient practice of having a systemic skin inspection at least once a week by a licensed nurse. On 3/1/2021-3/2/2021 a systematic skin inspection was completed by the Director of Nursing and the Administrator on all facility residents and no new pressure ulcers were identified. 3. Actions taken/systems put into place to reduce the risk of future occurrence include: -On 3/1/2021, the Director of Nursing, Nurse Educator and Administrator reviewed the facility policy for Skin Management Standard Routine Preventative Care. No changes to the policy are indicated at this time. -On 2/27/2021, the Director of Nursing updated the weekly skin inspection schedule for all facility residents and placed a copy on each medication cart.	

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F 686	Continued From page 2 days between assessments. 12/06/2020 - skin assessment completed - 14 days between assessments. 12/20/2020 - skin assessment completed - 14 days between assessments. 12/26/2020 - skin assessment completed. 01/03/2021 - skin assessment completed. 01/09/2021 - skin assessment completed. 01/17/2021 - skin assessment completed. 01/26/2021 - skin assessment completed. 01/31/2021 - skin assessment completed 02/14/2021 - skin assessment completed - 15 days between assessments. Review of Resident #1's "Weekly Wound Evaluations" revealed the following: 07/16/2020 - a stage II pressure ulcer was noted to the right buttock 07/23/2020 - a stage III pressure ulcer was noted to the right elbow Both wounds were found in the 19 days of missed weekly skin assessments between 07/06/2020 and 07/25/2020. 08/16/2020 - a Deep Tissue Injury (DTI) was noted to the right heel 08/16/2020 - an Unstageable pressure ulcer was noted to the left heel Both wounds were found in the 28 days of missed weekly skin assessments between 07/25/2020 and 08/22/2020. Review of Resident #1's medical record revealed a nurses note dated 8/30/2020, that stated, the wound on Resident #1's left heel now has an odor and is being cultured. This occurred in the 14 days of missed weekly skin assessments between 08/22/2020 and 09/05/2020.	F 686	-On 2/27/2021-3/1/2021, the Director of Nursing added the weekly skin inspection schedule to each facility resident□s Medication Administration Record to prompt the Licensed Nurse that the skin inspection was due on that date. -On 3/1/2021, an in-service was initiated by the Director of Nursing and the Nurse Educator for Registered Nurses and Licensed Practical Nurses on the facility policy for Skin Management Standard Routine Preventative Care to include special focus on all individuals at risk should have a systematic skin inspection at least once a week by a licensed nurse, paying particular attention to the bony prominences. This in-service includes that the weekly skin inspection schedule was updated and placed on each medication cart and the new procedure of signing the completion of weekly skin inspection on the resident□s Medication Administrator Record. 4. How the corrective actions will be monitored to ensure the practice will not recur: -The Director of Nursing or Unit Manager will conduct quality assurance audits to validate proper and consistent procedure of ensuring that the skin inspections are completed weekly on each resident as per facility policy. These audits will be done on five (5) residents and occur at least weekly for eight (8) weeks, then bi-weekly for four (4) months, then monthly or until the stated deficient practice has been resolved and/or until 100% compliance is achieved. Audits began on 3/8/2021.	

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F 686	Continued From page 3 On 09/08/2020, Resident #1 received an order for Cipro 500 milligrams (mg) two times a day for 14 days for a wound infection to the left heel. Further review of the "Weekly Wound Evaluations" revealed on 09/28/2020 a new Suspected Deep Tissue Injury (SDTI) was noted to his right lateral heel. This wound was found during the 20 days of missed skin assessments between 09/21/2020 and 10/11/2020. On 02/26/2021, at 3:40 PM, wound care was observed for Resident #1's multiple wounds to his bilateral feet and sacrum. All wounds appear clean and are healing. There are no signs and symptoms currently of infection. There was no break in infection control techniques by RN #1, and the resident did not appear to experience any discomfort during the treatment session. Review of Resident #1's Minimum Data Set (MDS) assessments revealed he had not been discharged from the facility since February of 2020, which would have equated for missed weekly assessments. During an interview with the Director of Nursing (DON) on 02/26/2021, at 2:45 PM, she stated the nurses were supposed to do a skin assessment weekly as part of the assessments within the "Long Term Care Evaluations". She reviewed the Skin Assessment Log with the State Agency (SA) and verified there were several weeks between assessments, and there were no other places within the chart the documentation should occur. She indicated there seemed to be a pattern to the missed assessment, and that his wounds were all found within the weeks the assessments were not completed.	F 686	Negative findings will be addressed immediately. -The Director of Nursing or Unit Manager will conduct quality assurance audits to validate proper and consistent procedure of ensuring that the Licensed Nurse is signing off the resident□s Medication Administration Record with the completion of the weekly skin inspection. These audits will be completed on five (5) residents and occur at least five (5) times a week for one (1) week, then three (3) times a week for two (2) weeks, then one (1) time a week for four (4) weeks or until the stated deficient practice has been resolved and/or until 100% compliance is achieved. Negative findings will be addressed immediately. -The Director of Nursing and Administrator will review the data obtained from the quality assurance audits, analyzing for patterns/trends and reporting monthly in Quality Assurance/Performance Improvement meetings. The Quality Assurance/Performance Improvement Committee will make recommendations as needed. Stated deficient practice of having a systemic skin inspection at least once a week by a licensed nurse and audit findings to date were reviewed on 3/24/2021 during the facility□s QA meeting. Audit findings will be reviewed in the facility's QA meeting monthly for four (4) months.	

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F 686	Continued From page 4	F 686		

During an interview with the MDS/Care Plan nurse, she stated there was no other place within the electronic medical record for the nurses to document weekly skin assessments other than within the "Long Term Care Evaluation V4" assessment, unless they were a skilled resident, and Resident #1 was not skilled.

The facility's failure to do weekly skin assessments for Resident #1 resulted in a Stage II pressure ulcer to his right buttock, a stage III pressure ulcer to his right elbow, Deep Tissue Injury (DTI) pressure ulcer to his right heel, and an unstageable pressure ulcer to his left heel that became infected and required antibiotics for 14 days.

Review of the Admission Record for Resident #1 revealed the resident was admitted to the facility on 07/16/2013 with diagnoses of Anxiety, Dementia with Behaviors, Depression, Anorexia, Gastroesophageal Reflux Disease (GERD), Insomnia, Alzheimer's Disease, and Osteoarthritis.

Review Resident #1's last annual MDS dated 02/04/2021 revealed a Brief Interview of Mental Status (BIMS) score of five (5). Resident #1 required total assistance of two staff members for his Activities of Daily Living (ADL's). Resident #1 is always incontinent of bowel and bladder.