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	25A418	A. BUILDING _____ B. WING _____	11/19/2021

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JAMES T CHAMPION	1455 NORTH LAKELAND DRIVE MERIDIAN, MS 39307

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual survey at the facility from 11/16/21 through 11/19/21. 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 F-656 and F-880. The facility was licensed for 60 beds and had a census of 54 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	F 656		12/29/21

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

Electronically Signed | 12/08/2021

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F 656	Continued From page 1 findings of the PASARR, it must indicate its 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 interviews, record review and facility policy review the facility failed to follow the care plan for one (1) of (14) care plans reviewed. Resident #28. Findings Include: Record review of the facility's policy, "Interdisciplinary Care Plan", revision date August 2020, revealed "1. POLICY It is the policy of (Formal Name of Facility) to develop a written individualized care plan that meets the needs and choices of each resident as well as address the strengths, weakness, and goals identified by the resident's assessment,reassessment and results of diagnostic testing. The entire health record should be considered the "Plan of Care". 2. PURPOSE The purpose of this policy is to establish measurable guidelines for using the assessments to develop a care plan that meets the resident's needs, choices and addresses their	F 656	Disclaimer: Completion and response to Licensure Violation Report for James T. Champion Nursing Facility (JTCNF) in no way represents agreement of the statement of deficiencies herein stated. A. How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. On November 18, 2021 Resident #28 was assessed by the Director of Nursing (RN). No harm was noted. On November 18, 2021 the Director of Nursing (RN)conferenced Certified Nursing Assistant #1 on the deficient practice of not following the care plan for Resident #28.	

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F 656	Continued From page 2 strengths, weaknesses and goals in order to enhance the quality of care provided". Resident #28 On 11/18/21 at 2:40 PM, in an observation of Resident #28, the State Agency (SA) entered resident's room as peri-care was being was being provided by Certified Nursing Assistant #1 (CNA) and assisted by CNA #2. The SA observed a pack of peri wipes lying directly on the bed with no barrier under the wipes. CNA #1 pulled wipes out of the packet and cleaned the resident's buttocks. CNA #1 asked CNA #2 to get the trash the can so she could dispose of the soiled wipes. CNA #2 retrieved a garbage can, while wearing gloves, and placed the garbage can beside the bed. CNA #2 did not remove her gloves and wash her hands after retrieving the garbage can. She returned to Resident #28's side and continued to hold the resident in place. Resident #28 was soiled with feces. CNA #2 pulled the resident over and her gloves became soiled with feces. CNA #2 removed her gloves and put on clean gloves but did not wash her hands. CNA #2 continued to assist CNA #1 by holding the resident in place for care. CNA #1 finished providing peri care to resident's buttocks and placed a clean brief on the resident and began to secure the brief. The SA asked CNA #2 if she had cleaned the vaginal area. CNA #1 then removed resident's brief from the front perineal area and began to wipe the resident's groin area. SA observed resident and noted feces was visible in the groin and vaginal area. CNA #1 did not wash hands or change gloves throughout the entire peri care observation. On 11/18/21 at 4:20 PM, in an interview with CNA	F 656	On November 18, 2021 the Director of Nursing (RN) provided one on one training with Certified Nursing Assistant #1 on Policy #NHD400-02 Interdisciplinary Care Plan emphasizing the importance of following the care plan/care guide for Resident #28. On November 18, 2021 the Director of Nursing (RN) conferenced Certified Nursing Assistant #2 on the deficient practice of not following the care plan for Resident #28. On November 18, 2021 the Director of Nursing (RN) provided one on one training with Certified Nursing Assistant #2 on Policy #NHD400-02 Interdisciplinary Care Plan emphasizing the importance of following the care plan/care guide for Resident #28. B. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. All residents have the potential to be affected by the same deficient practice if the Care Plan is not being followed. All Certified Nursing Assistants, Licensed Practical Nurses, and Registered Nurses will receive in service on following the Interdisciplinary Care Plan beginning on December 6, 2021. C. What measures will be put into place, or systemic changes made to ensure that	

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F 656	Continued From page 3 #1, she confirmed when she wiped the vaginal and groin area, there was feces in the groin area. CNA #1 stated, "I might not have wiped too good. I am supposed to wipe till I see the wipes are clean." CNA #1 said the resident can get an infection from her not changing gloves. She stated the resident can get a yeast infection or a Urinary Tract Infection (UTI) or something like that from the resident not getting good peri care. She stated she did not follow the care plan. On 11/18/21 at 4:35 PM, in an interview with CNA #2 confirmed there was feces on the wipes when CNA #1 wiped the groin area. She stated when she got feces on her gloves, she should have removed gloves, washed her hands, and put on clean gloves. She stated by her not changing gloves and washing her hands, the resident can get an infection and get sick. On 11/19/21 at 9:27 AM, in an interview with RN #3, Minimum Data Set (MDS)/Care Plan Nurse, she stated she wants staff to follow the care plan. She stated the care plan is a blueprint for the care that is to be provided to the resident and by staff not doing care correctly, it could cause the resident to get a UTI, skin breakdown, have discomfort, and in some cases, can cause severe harm to the resident. Record review of the Face Sheet revealed Resident #28 was admitted to the facility on 10/8/2014, with diagnoses that included Alzheimer's Disease, Degenerative Disease of Nervous System, and Primary General Osteo (Arthritis). Record review of the "Physician Orders" for the month of November 2021 revealed an order with	F 656	the deficient practice does not recur. On December 6, 2021 the Nurse Educator (RN) began in servicing all Certified Nursing Assistants, Licensed Practical Nurses, and Registered Nurses on Interdisciplinary Care Plan Policy #NHD400-02. On December 6, 2021 the Nurse Educator (RN) provided training to all Certified Nursing Assistants, Licensed Practical Nurses, and Registered Nurses using the video "The Care Plan & The CNA" on YouTube, https://youtu.be/pOQO6TpapP8 presented by 4yourcna.com. All Certified Nursing Assistants, Licensed Practical Nurses, and Registered Nurses that view the video will be tested for understanding. All in services/trainings will be completed by 12/29/21. D. Indicate how the facility plans to monitor its performance to make sure solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the Quality Assurance system. On December 3, 2021, a Quality Assurance Meeting was held to discuss the deficient practice of Certified Nursing Assistants not following the care plan.	

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F 656	Continued From page 4 an order date of 6/25/21 to "Check and change per protocol for incontinence - Keep clean and dry..." Record review of the "Care Plan" with a Problem Onset date of 1/13/2021, revealed, "Resident has potential for skin breakdown, infection, and pain ...limited mobility, and incontinence of bowel and bladder". The care plan goal revealed "Resident will have no skin breakdown nor infection with multiple protective measures ...". Care plan approaches included " ...Check and change per protocol for incontinence-keep clean and dry ..." Record review of the Quarterly MDS with a Assessment Reference Date (ARD) of 9/20/21, Section C revealed a Brief Interview for Mental Status (BIMS) score of 99, which indicated Resident #28 was not able to complete the interview. A review of Section G revealed the resident is totally dependent on staff for toilet use and personal hygiene and Section H revealed the resident is always incontinence of bowel and bladder.	F 656	The Quality Assurance Team determined that the Nursing Supervisors (RN's) would begin monitoring the Certified Nursing Assistants during incontinent care to ensure that the care plan is being followed. Beginning on December 6, 2021, Nursing Supervisors (RN's) implemented monitoring 10% of residents during incontinent care to ensure the care plan is being followed for residents receiving care. This monitoring will be done weekly times four weeks for 100% compliance. Then observations will be monthly times three months for 100% compliance. These observations will continue until 100% compliance is met for three consecutive months. The monitoring observations completed by the Nursing Supervisors (RN's) will be forwarded to the Quality Assurance Nurse for review. The Quality Assurance Nurse will discuss all findings in the monthly Quality Assurance Meetings beginning December 15, 2021. The Quality Assurance Committee will continue reviewing the monitoring observations in the Monthly Quality Assurance Meetings for three months or until 100% compliance is met for three consecutive months.	
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an	F 880		12/29/21

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F 880	Continued From page 5	F 880		

infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

§483.80(a) Infection prevention and control program.
The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and

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F 880	Continued From page 6 (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review and facility policy review, the facility failed to prevent the possible spread of infection during incontinent care for one (1) of five (5) incontinent care observations. Resident #28. Findings Include: Record review of the facility's policy," Hand Hygiene", with a revision date of March 2021, revealed "1. POLICY It is the policy of (Formal Name of Facility) that employees will use proper hand hygiene techniques to prevent the spread of infectious diseases...PROCEDURE 3. C.	F 880	Disclaimer: Completion and response to Licensure Violation Report for James T. Champion Nursing Facility (JTCNF) in no way represents agreement of the statement of deficiencies herein stated. A. How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. On November 18, 2021 Resident #28 was assessed by the Director of Nursing (RN). No harm was noted.	

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F 880	Continued From page 7 Employees must always wash hands:...(8) after removing gloves. (9) After touching objects that may be contaminated with disease causing microorganisms.." Record review of the facility's policy, "Infection Prevention Statement of Purpose", with a Reauthorized date of September 2021, revealed "1. POLICY It is the policy of (formal Name of Facility) to provide comprehensive infection prevention services aimed at surveillance, prevention and control of infections to all Individuals Receiving Services (IRS)/residents, employees, and visitors while always striving to improve quality of care..." Record review of the facility's policy, "Incontinence Perineal Care" with a revised date of October 2020 revealed "1. POLICY It is the policy of (Formal Name of Facility) to provide incontinence/perineal care every two hours and as soiling occurs...3. D. Clean the surface where barrier will be placed with hospital approved disinfectant per manufacturer's recommendations. Apply barrier to surface...G. Female: Starting at the front of the perineal area, wash genital area, moving front to back, separate labia and wash all skin folds..." On 11/18/21 at 2:40 PM, in an observation of Resident #28, the State Agency (SA) entered resident's room as peri-care was being was being provided by Certified Nursing Assistant #1 (CNA) and assisted by CNA #2. The SA observed a pack of peri wipes lying directly on the bed with no barrier under the wipes. CNA #1 pulled wipes out of the packet and cleaned the resident's buttocks. CNA #1 asked CNA #2 to get the trash the can so she could dispose of the soiled wipes.	F 880	On November 18, 2021 the Director of Nursing (RN) conferenced Certified Nursing Assistant #1 on the deficient practice of not following policies and procedure that prevent the possible spread of infection during incontinent care for Resident #28. On November 18, 2021 the Director of Nursing (RN) provided one on one training with Certified Nursing Assistant #1 regarding the deficient infection control practice for Resident #28 on the following: 1. Infection Control Policy #109-01 2. Incontinence/Perineal Care Policy #109-06 3. Hand Hygiene Policy #109-08 On November 18, 2021 the Director of Nursing (RN) conferenced Certified Nursing Assistant #2 on the deficient practice of not following policies and procedure that prevent the possible spread of infection during incontinent care for Resident #28. On November 18, 2021 the Director of Nursing (RN) provided one on one training with Certified Nursing Assistant #2 regarding the deficient infection control practice for Resident #28 on the following: 1. Infection Control Policy #109-01 2. Incontinence/Perineal Care Policy #109-06 3. Hand Hygiene Policy #109-08	

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F 880	Continued From page 8 CNA #2 retrieved a garbage can, while wearing gloves, and placed the garbage can beside the bed. CNA #2 did not remove her gloves and wash her hands after retrieving the garbage can. She returned to Resident #28's side and continued to hold the resident in place. Resident #28 was soiled with feces. CNA #2 pulled the resident over and her gloves became soiled with feces. CNA #2 removed her gloves and put on clean gloves but did not wash her hands. CNA #2 continued to assist CNA #1 by holding the resident in place for care. CNA #1 finished providing peri care to resident's buttocks and placed a clean brief on the resident and began to secure the brief. The SA asked CNA #2 if she had cleaned the vaginal area. CNA #1 then removed resident's brief from the front perineal area and began to wipe the resident's groin area. SA observed resident and noted feces was visible in the groin and vaginal area. CNA #1 did not wash hand or change gloves throughout the entire peri care observation. On 11/18/21 at 4:20 PM, in an interview with CNA #1, she stated she should have had a barrier in place and that she should have gathered all supplies and put them on a barrier before starting care. She stated the wipes are not supposed to be on the table and not on the bed. She confirmed she should have had the garbage can by the bed and she should have removed her gloves after cleaning the buttocks, washed her hands, and applied clean gloves. She stated she guessed she was not thinking while providing peri care. CNA #1 admitted the resident can get a Urinary Tract Infection (UTI) from not changing gloves and a yeast infection or something like that from resident not getting good peri care. She confirmed when she wiped the vaginal and groin	F 880	B. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. All residents have the potential to be affected by the same deficient practice if the Infection Prevention and Control policies and procedures are not being followed. All Certified Nursing Assistant, Licensed Practical Nurses, and Registered Nurses will receive in service on Infection Prevention policies and procedures beginning on December 6, 2021. C. What measures will be put into place, or systemic changes made to ensure that the deficient practice does not recur. On December 6, 2021 the Nurse Educator (RN) began in servicing all Certified Nursing Assistants, Licensed Practical Nurses, and Registered Nurses on the following: 1. Infection Control Policy #109-01 2. Incontinence/Perineal Care Policy #109-06 3. Hand Hygiene Policy #109-08 All Certified Nursing Assistants, Licensed Practical Nurses, and Registered Nurses receiving the above in service training will perform a return demonstration evaluated by the Nurse Educator (RN) for proficiency. On December 6, 2021 the Nurse Educator	

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F 880	Continued From page 9 area, there was feces in the groin area. CNA #1 stated, "I might not have wiped too good" and "I am supposed to wipe till I see wipes are clean". CNA #1 said the resident can get an Urinary Tract Infection (UTI) from her not changing gloves. She stated the resident can get a yeast infection or something like that from the resident not getting good peri care. On 11/18/21 at 4:35 PM, in an interview with CNA #2, she stated the CNA's were supposed to have all items on a barrier. She also stated when she gave CNA #1 the garbage can, she did not think about removing her gloves and washing hands. She confirmed that she changed her gloves, but did not wash her hands. She stated when she got feces on her gloves, she should have removed her gloves, washed her hands, and put on clean gloves. She confirmed that by not changing her gloves and washing her hands the resident could get an infection. She confirmed there was feces on the wipes when CNA #1 wiped the groin area. On 11/18/21 at 4:55 PM, in an interview with Registered Nurse #2 (RN)/ Infection Control Nurse, she stated the CNAs placed the resident at risk for infection by placing the pack of wipes on the bed and not providing a barrier. She stated CNA #2 should have washed hands and applied clean gloves after moving the garbage can. She confirmed the actions of the CNAs could cause the resident to get an UTI or have skin breakdown from not being clean properly. RN #2 confirmed she is responsible for CNA skill check-offs. She stated she completed the skills check-off in October. She stated she completes peri care audits monthly and watches the CNAs provide care to the residents monthly.	F 880	(RN) started training with a video, "Fight Germs. Wash Hands" by CDC. The video is being viewed by all staff. The Nurse Educator (RN) will test all staff for understanding. All in service/training will be completed by 12/29/21. D. Indicate how the facility plans to monitor its performance to make sure solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the Quality Assurance system. On December 3, 2021, a Quality Assurance Meeting was held to discuss the deficient practice of Certified Nursing Assistants not following the Infection and Prevention Control policies and procedures. The Quality Assurance Team determined that the Nursing Supervisors (RN's) would begin monitoring the Certified Nursing Assistants during incontinent care to ensure that the Infection Prevention and Control policies and procedure are being followed for Residents receiving care. Beginning on December 6, 2021, Nursing Supervisors (RN's) implemented monitoring 10% of residents during incontinent care to ensure the care plan is being followed for residents receiving care. This monitoring will be done weekly	

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F 880	Continued From page 10 On 11/18/21 at 5:16 PM, in an interview with Director of Nursing (DON), she stated the CNAs are supposed to have a barrier set up before starting care. and not having a barrier is an infection risk for the resident. She confirmed that CNA #2 should have removed her gloves, washed her hands, and put on clean gloves after she moved the garbage can. She stated by CNA #2 not changing her gloves, the resident can get an infection. She also stated that by CNA #2 not cleaning the resident properly, it could cause the resident to get an UTI or skin breakdown. The DON confirmed that CNA #1 should have changed her gloves if they were visibly soiled. She stated the CNA should have put down barrier, and pulled all wipes needed out of the pack before starting care and that pulling wipes out pack while cleaning the resident is an infection control issue. On 11/19/21 at 9:27 AM, in an interview with RN #3 Minimum Data Set (MDS)/Care Plan Nurse, she stated by staff not doing care correctly, it could cause the resident to get a UTI, skin breakdown, or have discomfort. On 11/19/21 at 9:32 AM, in an interview with RN #1/Professional Development Nurse/Nurse Educator, she stated the "CNAs knew better". She confirmed the CNAs should have had a barrier in place and their actions could cause the resident to have skin breakdown, dignity issues, infection, skin integrity issues and discomfort. Record review of the Face Sheet revealed Resident #28 was admitted to the facility on 10/8/2014 with diagnoses that included Alzheimer's Disease, Degenerative Disease of Nervous System, Primary General (osteo)	F 880	times four weeks for 100% compliance. Then observations will be monthly times three months for 100% compliance. These observations will continue until 100% compliance is met for three consecutive months. The monitoring observations completed by the Nursing Supervisors (RN's) will be forwarded to the Quality Assurance Nurse for review. The Quality Assurance Nurse will discuss all findings in the monthly Quality Assurance Meetings beginning December 15, 2021. The Quality Assurance Committee will continue reviewing the monitoring observations in the Monthly Quality Assurance Meetings for three months or until 100% compliance is met for three consecutive months.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A418	A. BUILDING _____ B. WING _____	11/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JAMES T CHAMPION	1455 NORTH LAKELAND DRIVE MERIDIAN, MS 39307

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F 880	Continued From page 11	F 880		

Arthritis.

Record review of the "Physician Orders" for the month of November 2021 revealed an order with an order date of 6/25/21 to "Check and change per protocol for incontinence - Keep clean and dry..."

Record review of the Quarterly MDS with a Assessment Reference Date (ARD) of 9/20/21, Section C revealed a Brief Interview for Mental Status (BIMS) score of 99, which indicated Resident #28 was unable to complete the interview. A review of Section G revealed the resident is totally dependent on staff for toilet use and personal hygiene and Section H revealed the resident is always incontinence of bowel and bladder.

Record review of a "Staff Development Program Record" with the "Title of Program" listed as "Infection Prevention: Focus on Perineal Care" dated 10/21/21, revealed CNA #1's signature which confirmed she attended the training.

Record review of "CNA Annual Competency Check-Off List" dated 4/22/21, revealed CNA #1's initials on"Incontinent/Perineal Care" and "Infection Prevention".

Record review of "CNA Annual Competency Check-Off List" dated 8/25/21, revealed CNA #2's initials on"Incontinent/Perineal Care" and "Infection Prevention".

Record review of "CNA Skills Checklist" dated 8/25/21 ...SKILL ... Male and Female Pericare/Incontinent Care revealed CNA #1's signature dated 4/21/21 and initials under the met

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F 880	Continued From page 12 column.	F 880		