

MSDH - Health Facilities Licensure and Certification

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>24LA</b>                         | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>09/24/2021</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>LAKEVIEW NURSING CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>16411 ROBINSON ROAD</b><br><b>GULFPORT, MS 39503</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                           | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG                                                                              | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| M 000                                                              | Initial Comments<br><br>The State Survey Agency (SSA) conducted six (6) complaint investigations, CI #17522, CI # 17852, CI #18016, CI #18047, CI# 18048 and CI # 18077 at the facility from 9/20/21 to 9/24/21. During the survey the SSA determined the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements. The SSA substantiated CI #17852 for pressure ulcers, CI #18016 for diversion of medication, CI #18048 for not providing incontinent care in a timely manner and CI #18077 for failing to prevent the resident from ant bites. The facility unsubstantiated CI #17522 for infection control and social distancing, and CI #18047 for carrying out physician orders and notification of the Resident Representative. The SSA cited M500, M610, M615 and M970. The facility held a license for 100 beds with a census of 79. | M 000                                                                                            |                                                                                                                          |                                                                    |
| M 500                                                              | 45.17.2 Residents' Rights<br><br>Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility:<br><br>1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents;<br><br>2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for                                                                                                                                                       | M 500                                                                                            |                                                                                                                          | 11/23/21                                                           |

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

10/29/21

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| M 500                                                              | Continued From page 1<br><br>services covered by the facility's basic per diem rate;<br><br>3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action;<br><br>4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record;<br><br>5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, | M 500                                                                    |                                                                                                                          |  |                                                                    |

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| M 500                                                              | <p>Continued From page 2</p> <p>regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;</p> <p>6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;</p> <p>7. is free from mental and physical abuse;</p> <p>8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint;</p> <p>9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract;</p> <p>10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;</p> | M 500                                                                    |                                                                                                                          |  |                                                                    |

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| M 500                                                              | Continued From page 3<br><br>11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;<br><br>12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);<br><br>13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);<br><br>14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);<br><br>15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and<br><br>16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available | M 500                                                                    |                                                                                                                          |  |                                                                    |

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| M 500                                                              | <p>Continued From page 4</p> <p>choice. The facility shall encourage and assist in the fullest exercise of these rights.</p> <p>This Statute is not met as evidenced by:<br/>Level II</p> <p>Based on observations, staff and resident interviews, and facility policy review the facility failed to provide incontinent care in a timely manner and ensure a pressure reducing cushion was in use resulting in the occurrence of a Stage I pressure injury. The facility failed to ensure residents rights to be free from misappropriation of property as evidenced by diversion of medication for five (5) of 14 residents reviewed for abuse and neglect. Resident #5, Resident #8, Resident #10, Resident #11, and Resident #12.</p> <p>Findings include:</p> <p>Record review of the facility's policy "Abuse, Neglect, and Exploitation/Misappropriation Policy" with a revised date of 03/19/2020 revealed, "It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. Definitions:... "Neglect" means failure of the facility, its employees, or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress... Policy Explanation and Compliance Guidelines: 1.c. Include training of new and existing staff on activities that constitute abuse, neglect... The components of the facility abuse prohibition plan are discussed herein: I. Screening ... II. Employee Training A. New</p> | M 500                                                                                      | <p>1. The care plan for resident #2 was reviewed by the director of nursing and quality assurance on 09/23/2021. No revisions were needed.</p> <p>The care plan for resident #5 was reviewed by the director of nursing and quality assurance on 09/23/2021. No revisions were needed.</p> <p>The care plan for resident #10 was reviewed by the director of nursing and quality assurance on 09/23/2021. No revisions were needed.</p> <p>2. All residents are at risk for this deficient practice.</p> <p>3. An Incontinent care log was implemented on 10/28/2021. The Incontinent care log will include: Resident name, room #, soiled, unsoiled, how many briefs, how many pads, pressure reducing device in use, assigned staff member, resolution, nurse name, date, time, supervisor notified.</p> <p>The certified nurse assistant will be notified of resident incontinence care issues.</p> <p>The medication nurse will be responsible to provide incontinence checks with each med pass throughout each shift and document findings and resolution on the incontinence care log. The medication nurse will be responsible to notify the certified nursing assistant of any resident's with incontinence and supervise the</p> |                                                                    |

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| M 500                                                              | <p>Continued From page 5</p> <p>employees will be educated on abuse, neglect, exploitation, and misappropriation of resident property during initial orientation. B. Existing staff will receive annual education through planned in-services and as needed ...III. Prevention of abuse, neglect, and exploitation ... IV. Identification of Abuse, Neglect, and Exploitation ... V. Investigation of Alleged Abuse, Neglect, and Exploitation ...VI. Protection of Resident ...VII. Reporting/Response ... VIII Actions ..."</p> <p>During an observation and interview on 09/23/21 at 1:20 PM, Resident #5 explained she was gotten up around 4:00 AM by night shift. She explained she was soaked all morning until right before lunch and had dried bowel movement (BM) on her. She explained now after sitting too long in her wheelchair, soaked in urine and BM with no cushion, she now has redness and maybe a sore on her buttocks. She explained she has not received a shower since Tuesday. She reported when the Certified Nursing Assistant (CNA) did clean her up before lunch, her buttocks felt rough and raw. She explained I also got up yesterday at 4:00 AM and sat up all day in the wheelchair soaked in urine. She reported this happens frequently. State Survey Agency (SSA) noted a strong smell of urine in the room.</p> <p>On 09/23/21 at 1:30 PM, the SSA asked the Director of Nursing (DON) if she would do an incontinent check with Resident #5. As soon as the DON entered Resident #5's side of the room, Resident #5 began telling the DON about how she sat up in the wheelchair in a soaked brief with urine all day yesterday and today with dried BM. She explained to the DON how her bottom felt rough and raw. SSA observed the DON do an</p> | M 500                                                                                      | <p>corrective action.</p> <p>The charge nurse will monitor logs for completion and verify resolutions daily. The incontinence log will be brought to the daily interdisciplinary meeting for discussion and resolution beginning on 11/1/2021 and will end on 02/01/2022.</p> <p>A Bathing Record log will be added to the current assignment book on 10/28/2021. The bathing record log will include: Room numbers column, shower, bed bath, or refused column, and certified nurse assistant and nurse signature column. The assigned certified nursing assistant will document if a shower or bath provided and will sign for verification. The medication nurse will be notified of completion or refusal of showers. The medication nurse will sign for verification and document refusals in the nurse's notes. The charge nurse will monitor the Bathing Record for completion of daily assigned Baths and sign they are completed for the shift.</p> <p>A directed in-service training on Activities of Daily Living Policy, Bathing a Resident Policy, and Comprehensive Care Plan Policy was given by Mississippi Gulf Coast Community College Registered Nursing instructor for all current staff beginning 11/06/2021 and will be completed on 11/08/2021. After completion of directed in-service, the staff development nurse will in-service all new facility nursing staff and contract personnel, during the orientation process</p> |                                                                    |

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| M 500                                                              | <p>Continued From page 6</p> <p>incontinent check on Resident #5 and observed two (2) briefs on the resident and the brief was soaked. The DON and SSA observed moderate redness to both buttocks and an area to the left buttock was red and non-blanchable. There was a strong smell of urine noted in the room.</p> <p>During an interview on 09/23/21 at 1:50 PM, with CNA #3, she explained Resident #5 was up today when she started her shift. She explained the resident had been up in wheelchair all morning and she put her to bed just before lunch. When asked had she checked Resident #5 for incontinence at any time this morning, she explained no. When asked if the resident had dried BM on her when she went to change her, she explained Resident #5 had a little dried BM up near her back when she changed her and she noticed resident's buttocks were really red. When asked did she put two (2) briefs on Resident #5 after cleaning her up, she explained she did. When asked if applying two (2) briefs on a resident or not checking a resident for incontinence for over two (2) hours could cause harm or be neglect, CNA #3 did not reply.</p> <p>On 09/23/21 at 2:30 PM, during an interview with Registered Nurse (RN) #1, 400/500-Hall Nurse Supervisor, she explained CNA #3 did report to her right before lunch that Resident #5's bottom was red. She explained she did go look at Resident #5's bottom with the DON. When asked what she observed when she assessed Resident #5, she explained both of the resident's buttocks were red and on the left buttock there was a non-blanchable area around the buttock cheek.</p> <p>On 09/24/21 at 11:10 AM, during a phone interview with the Nurse Practitioner (NP), when asked regarding what could double briefs on a</p> | M 500                                                                                      | <p>on Activities of Daily Living Policy, Bathing a Resident Policy, and Comprehensive Care plan Policy beginning 11/09/2021.</p> <p>4. The charge nurse will maintain and monitor the shower and incontinence logs for completion and resolution daily. The incontinence log will be brought to the daily interdisciplinary meeting daily for daily discussion and resolution beginning on 11/1/2021 and will end on 02/01/2022. To ensure improvements are sustained quality assurance nurse will review all incontinence and shower logs weekly beginning on 11/08/2021. The audit and logs will be presented for review at the monthly quality assurance meeting starting on 11/16/2021 to make recommendations and changes as needed and will end on 02/01/2022.</p> <p>5. All corrective action will be completed on 11/23/2021.</p> |                                                                    |

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| M 500                                                              | <p>Continued From page 7</p> <p>resident or not providing incontinent care at least every two (2) hours cause with a resident, the NP explained both situations could cause tissue breakdown due to the moisture and could lead to a pressure wound.</p> <p>On 09/24/21 at 12:00 PM, during an interview with DON, when asked regarding the incident of her finding Resident #5 with two (2) briefs on, she confirmed there were two (2) briefs on Resident #5 and explained that is never acceptable in the building. When asked if a resident is left for long periods of time incontinent and/or double briefed could that be considered neglect, she replied, "It could." When asked to describe what she observed on Resident #5 when she removed the two briefs, she explained the resident's buttocks were severely red and there was one non-blanchable area to the resident's left buttock.</p> <p>On 09/27/2021 at 12:30 PM, during a phone interview with RN #1, when asked regarding a CNA applying two (2) briefs on a resident, she explained that is not allowed in the facility. When asked if this could be considered neglect and if there could be any negative outcome, she explained it could cause skin breakdown.</p> <p>Record review of Resident #5's Face Sheet revealed the facility admitted Resident #5 on 07/15/21 with the diagnoses of Hemiplegia following Cerebral infarction affecting left nondominant side, Type 2 Diabetes Mellitus with Diabetic Neuropathy, Muscle Weakness, and Fibromyalgia.</p> <p>Record review of Resident #5's Admission Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 07/22/21, Section C revealed Resident #5 had a Brief Interview for</p> | M 500                                                                    |                                                                                                                          |  |                                                                    |

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| M 500                                                              | <p>Continued From page 8</p> <p>Mental Status (BIMS) score of 12, which indicated Resident #5 had moderate cognitive impairment. Section G of the MDS revealed Resident #5 required extensive assistance of two-person assist for bed mobility, transfers, dressing, toilet use, and personal hygiene. Section H revealed Resident #5 was always incontinent of bowel and bladder.</p> <p>Record review of Resident #5's Physician Orders for September 2021 revealed an order with a start date of 7/16/21 for "Pressure reducing chair cushion for wheelchair in place and functioning properly, check q (every) day (gel cushion)" and a new order dated 09/23/21 to "Cleanse both buttocks with wound cleanser/normal saline, pat dry, apply barrier cream and cover with silicone bordered dressing daily and as needed."</p> <p>Record review of Resident #5's two (2) Wound Assessment Reports dated 09/23/21 revealed irritation/excoriation to left buttock that appeared red or darker pink, moderate irritation, with measurements 9.5 cm (centimeters) length x 4.0 cm width and Stage one (1) Pressure Ulcer to left buttock, left outer aspect of the excoriation, with measurements 2.0 cm length x 3.0 cm width. Both areas were identified on 9/23/21.</p> <p>Record review of Resident #5 's Care Plan, undated, revealed "Problem: (Formal Name) needs assist with ADLs r/t CVA w/(with) left non-dominant hemiparesis ...Interventions: Toilet/incont care q 2 hrs &amp; PRN using skin barriers as needed, Observe for skin breakdown/redness during care &amp; report to nurse qs (every shift) ...Provide AM &amp; PM care ensuring all needs are met daily to maintain proper appearance, hygiene, well groomed ..."</p> | M 500                                                                                            |                                                                                                                          |                                                                    |

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| M 500                                                              | <p>Continued From page 9</p> <p>Record review of Resident #5 ' s Care Plan, undated, revealed "Problem: Resident is at risk for skin breakdown r/t decreased functional mobility, diabetes, left sided hemiparesis, incont of B&amp;B (bowel and bladder) ...Interventions ...Pressure reducing cushion chair ...Sponge bath/Shower on designated days ...</p> <p>Record review of Resident #5 ' s Care Plan, onset date 9/23/2021, revealed "Problem: I have acquired a pressure area and have areas of excoriation and redness ....1.) Left buttock-irritation/excoriation, 2.) Left buttock-non-blanchable stage I, 3.) Right buttock-irritation/excoriation ...Interventions: Treatment as ordered ...Provide pressure relief to areas: mattress, cushion ...Provide incontinent care every 2 hours and prn (as needed) ..."</p> <p>Record review of facility's in-service titled, "Abuse, Neglect, and Exploitation Policies" dated 12/20 revealed CNA #3's signature.</p> <p>Review of the facility's "Drug Diversion Policy and Response" dated 03/19/20 revealed the purpose to provide guidelines for the identification, reporting, and investigation of suspected drug diversion by Lakeview Nursing Center, employees, patients, and visitors. The facility's policy reveals the prevention of drug diversion is essential to the safety of Lakeview Nursing Center patients an in the individual responsibility of every Lakeview Nursing Center Policies. Employees are required to report known or suspected incidents of drug diversion by employees, patients, and visitors. All suspected incidents of drug diversion will be thoroughly investigated, and drug test will be conducted. Suspicion of drug diversion may arise from a variety of circumstances, including but not limited</p> | M 500                                                                                            |                                                                                                                          |                                                                    |

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| M 500                                                              | <p>Continued From page 10</p> <p>to a witness incident of probable drug diversion, behaviors that man indicate an impaired individual, suspicious activity identified during routine monitoring and/or proactive surveillance, self-disclosure of drug diversion by an individual, notification of suspected drug diversion from an external source, The Quality Assurance Department will manage investigation of all reports of suspected drug diversions, and conduct an Emergency Quality Assurance Meeting. The Lakeview leadership will receive prompt notification of incidents of probable drug diversion. Drug diversion is grounds for corrective action. In most cases the expected outcome will be termination of employment or corrective action deemed appropriate by the administration of Lakeview, Medical Director and Pharmacy Director.</p> <p>Review of the facility's, "Drug Administration Policy," revised 03/2019 reveal the purpose is to ensure proper medication administration, documentation, tracking, and disposal of routine and controlled substances. Drugs are signed in by the nurse when delivered. Controlled medications are signed in by two (2) nurses when delivered. All drugs are given by physician's orders. These are recorded on electronic medication administration record (eMAR), which is used as orders. The eMAR should reflect the written physician's order. There is a stock bin on each medication cart for resident medications. It is the medication nurse responsibility, the license nurse dispensing the drug to check the eMARS for orders, find correct card, punch pills into the medication cup. The nurse will give to the appropriate resident, initial on the eMAR. If there is a discrepancy the licensed nurse must call the Medical Doctor immediately for clarification order. Physicians' orders written daily and must be</p> | M 500                                                                                            |                                                                                                                          |                                                                    |

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| M 500                                                              | <p>Continued From page 11</p> <p>promptly recorded on the eMAR or paper copy correctly. The resident representative will be notified, and documentation of this procedure happens at this time.</p> <p>Review of the facility's, "Controlled Medication Policy", revised 3/19/20 reveal the purpose to track and trend-controlled medications coming into and out of the facility by pharmacy representatives and employees and to monitor and prevent any altering, tampering and misappropriation of controlled medications within the facility. The facility policy reveals upon receiving, removal, or destruction of any controlled medications in the facility. Two (2) or more, license nurses must verify by count and signage, using the pharmacy manifest sheets, narcotic count sheet, and controlled destruction log. The administration documentation of controlled medications by licensed nurses that administer controlled medication will document administration in the following areas: Medication Administration Record (MAR) and resident narcotic record book. If the facility suspects an inaccurate controlled medications count: The nurse relinquishing keys and the nurse accepting the keys will: recount the medication, search the medication cart to see if the medicine spilled out or was misplaced, see if any other resident received the same medication on the shift. If so, was the medication accidentally taken from the wrong container, complete the incident report and notify immediate supervisor and/or Director of Nursing (DON). The DON will then notify: The Administrator, Pharmacy consultant, and quality assurance department to begin an investigation. (Refer to: Drug Diversion Policy &amp; response) Depending upon the results of the investigation, the following employee action may be taken: a written reprimand may be issued, the employee</p> | M 500                                                                    |                                                                                                                          |  |                                                                    |

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| M 500                                                              | <p>Continued From page 12</p> <p>may be allowed to work under supervision (the supervision will observe the distribution of all narcotics), the employee may be allowed to work but not carry the keys, the employee may be suspended or terminated.</p> <p>Resident #8</p> <p>Record review of Resident #8's Face Sheet revealed the resident was admitted to the facility on 3/24/2017, with the diagnoses that included Osteomyelitis, Hypertension, Neuromuscular Dysfunction of Bladder, and Pain.</p> <p>Record review of the significant change Minimum Data Set (MDS) with the Assessment Reference Date (ARD) of 07/06/21 revealed Resident#8 had a Brief Interview for Mental Status (BIMS) score of 8 that indicated Resident #8 has moderate cognitive impairment.</p> <p>Review of the facility's, "Physicians Orders", July 2021 revealed Resident #8 had an order start date of 12/13/17 for Norco-10-325 milligrams (mg) by mouth (po) every 4 hours (hrs) as needed for pain.</p> <p>Record review of the Controlled Drug Record and Medication Administration Record for 7/1/21 revealed LPN #1 signed out an extra Norco (hydrocodone-acetaminophen) 10-325 mg at 10:32 PM. The nurse did not document the extra dose as administered on the Medication Administration Record (MAR). Record review of the meeting notes from the facility Emergency Meeting for the investigation of possible drug diversion by LPN #1 dated 8/17/21 revealed there is no documentation of the doctor ordering an extra dose of medication for break through pain on the nurses' notes.</p> | M 500                                                                    |                                                                                                                          |  |                                                                    |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LAKEVIEW NURSING CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>16411 ROBINSON ROAD</b><br><b>GULFPORT, MS 39503</b> |                                                                                                                          |                                                                    |
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| M 500                                                              | <p>Continued From page 13</p> <p>Resident #10</p> <p>Record review of Resident #10's Face Sheet revealed the resident was admitted to the facility on 3/21/2018, with diagnoses that included Major Depressive Disorder, Cerebral Infarction, and Muscle Weakness.</p> <p>Record review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/05/21 revealed Resident#10 had a Brief Interview for Mental Status (BIMS) score of 15 that indicated Resident #10 is cognitively intact.</p> <p>Review of the facility's, "Physicians Orders", dated August 2021, revealed Resident #10 had an order for Norco 10-325 mg orally every 4 hours as needed for pain.</p> <p>Record review of the facility's, "Controlled Drug Record", dated 8/9/21 revealed LPN #1 signed out a Norco 10-325 mg tablet at 7:00 AM, 11:00 AM, 15:00 (3:00 PM) and 19:53 (7:53PM). LPN #1 did not document those medications on the MARS. A Norco was signed out at 15:00 (3PM) and LPN #1 signed out a Norco 10-325 mg tablet at 15:25. There were no additional orders written to administer an extra dose.</p> <p>Record review of the facility's "Controlled Drug Record", dated 8/15/21, revealed LPN #1 signed out a Norco 10-325 mg tablet at 07:58 AM and at 15:06 (3:06 PM). Neither of these were not documented on the MAR.</p> <p>Record review of the August 2021 Physician Orders revealed there were orders for an extra dose.</p> | M 500                                                                                            |                                                                                                                          |                                                                    |

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| M 500                                                              | <p>Continued From page 14</p> <p>Resident #11</p> <p>Record review of Resident #11's Face Sheet revealed the facility admitted the resident on 7/26/2021, with diagnoses that included Displaced Oblique FX (fracture) shaft of the left femur, Nondisplaced Unspecified Condyle Fracture lower end right femur, and Osteoporosis.</p> <p>Record review of the admission MDS with an ARD of 08/02/21 revealed Resident #11 had a Brief Interview for Mental Status (BIMS) score of 15 that indicated Resident #11 is cognitively intact.</p> <p>Record review of the facility's, "Physicians Orders", dated August 2021 with a start date of 7/30/21 revealed Resident #11 had an order for Ativan 0.5 mg po at bedtime (anxiety).</p> <p>Record review of the facility's "Control Drug Record", dated August 12, 2021, revealed LPN #1 signed out two Ativan 0.5 mg tablets at 21:58 (9:58 PM).</p> <p>Record review of the MAR for 8/12/21 revealed the extra tablet was not documented as administered.</p> <p>Record review of the nurse's notes for 8/12/21 revealed no documentation of an extra dose of Ativan being administered to Resident #11.</p> <p>Record review of the August 2021 Physicians Orders revealed there was not an order written for the second tablet.</p> <p>Resident #12</p> | M 500                                                                                            |                                                                                                                          |                                                                    |

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| M 500                                                              | <p>Continued From page 15</p> <p>Record review of the Face Sheet revealed Resident #12 was admitted to the facility on 8/01/2010, with diagnoses that included Osteoporosis without current pathological fractures, Heart Failure and Major Depressive Disorder.</p> <p>Record review of the admission MDS with an ARD of 07/16/21, revealed Resident#12 had a Brief Interview for Mental Status (BIMS) score of 10 that indicated Resident #12 had moderate cognitive impairment.</p> <p>Record review of the facility's, "Physicians Orders", for August 2021 revealed Resident #12 was ordered (Norco) 5-325 mg po two times a day (BID) as needed for pain.</p> <p>Record review of the facility's, "Controlled Drug Record" dated 8/9/21 revealed a Norco 5-325 mg was signed out by LPN #1 at 18:20 (6:20 PM) and 22:17 (10:17 PM).</p> <p>Record review of the August 2021 MAR revealed no documentation that the medication signed out by LPN #1 at 22:17 was administered to Resident #12</p> <p>Record review of the facility's, Controlled Drug Record", dated 8/11/21 revealed a Norco 5-325 mg was signed out 23:47 (11:47PM) by LPN #1.</p> <p>Record review revealed there was no documentation on the August 2021 MAR that the the medication signed out LPN #1 at 23:47 was administered to Resident #12.</p> <p>Record review of the August 2021 Physician Orders revealed there was not an additional order for the extra doses.</p> | M 500                                                                                            |                                                                                                                          |                                                                    |

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| M 500                                                              | <p>Continued From page 16</p> <p>Record review of the facility's "Controlled Drug Record" dated 8/12/21 revealed a Norco 5-325 mg was signed out by LPN #1 at 17:03 (5:03 PM).</p> <p>Record review of the August 2021 MAR revealed no documentation that Resident #12 was administered the medication that was signed out by LPN #1 at 17:03.</p> <p>During an interview on 9/21/21 at 09:00 AM, with the Director of Nursing (DON) confirmed LPN #1 failed to follow the facility policy during Medication Administration. The DON said nobody was holding the staff accountable for not following the facility policies. The DON said the Quality Assurance Department notified her that LPN #1 might be diverting medication. The facility immediately started an investigation. The DON said LPN #1 was drug tested at the facility. The results were negative. The DON said she did not know the test should have been sent out to the lab. The nurse was suspended on 8/16/21 and terminated on 8/19/21. The DON said she reported the alleged diversion to the State Licensing Agency, Attorney General's Office (AG) and the State Board of Nursing. A Quality Assurance Performance Improvement meeting was held 8/17/21.</p> <p>Interview on 9/22/21 at 2:00 PM, with the Medical Doctor (MD) revealed he complained to the Assistant Director of Nursing (ADON) stating that LPN #1 is giving the residents narcotics without an order and keeps coming to him after she has given the residents the medication. The MD said when he looks at the physician's order and nurse's notes, the nurse has not written the orders. The doctor said the nurse became</p> | M 500                                                                                            |                                                                                                                          |                                                                    |

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| M 500                                                              | <p>Continued From page 17</p> <p>suspicious to him and he felt like the facility needed to know. The MD said he talked to the nurse about this several times.</p> <p>Interview on 9/22/21 at 3:15 PM, with the Pharmacy Consultant confirmed LPN #1 was not following the facility policy when administering narcotic medication. The Consultant said he noticed LPN #1 was giving a lot of extra pain medication and antianxiety drugs that is not documented on the MAR. The Consultant said LPN #1 would document it on the narcotic sheets but would not document it on the MARS or write physicians orders for extra medication that was pulled from the narcotic packets. The Consultant also said the nurse did not document why the residents needed the extra medicine. The Consultant said he talked to the ADON about the alleged diversion. The Consultant said when he talked to LPN #1 about the medication, she would look at him as if he was not there. The Consultant said he can guarantee the medication was pulled from the narcotic packets, but he cannot guarantee the residents got the medication because it is not documented on the MAR.</p> <p>Interview on 9/22/21 at 3:30 PM, with Registered Nurse (RN) #2 confirmed LPN #1 failed to follow the facility policy. RN #2 said the ADON reported to her that the MD had concerns about LPN #1 diverting medication. RN #2 said she immediately started an investigation. The DON counseled LPN #1 and suspended her on 8/13/21. The QA team met on 8/17/21 and recommended on-going medication cart audits per pharmacist and to in-service staff on administering narcotics correctly. QA is to monitor narcotic books periodically and give report at the doctors meeting. QA is to monitor narcotic sheets when completed daily. RN #2 said LPN #1 was</p> | M 500                                                                                            |                                                                                                                          |                                                                    |

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| M 500                                                              | <p>Continued From page 18</p> <p>counseled last year by another DON on not documenting medication on the MAR. RN #2 said she reported to the Administrator and DON that LPN #1 had stopped for a while and in May of 2021 during her monthly narcotic sheet checks she noticed LPN #1 started back pulling narcotics without documenting. RN #2 said the investigation revealed the residents received their routine medication but was unable to determine if the residents received the extra medication pulled from the narcotic medication logs. The residents that are alert and cognitively intact said they did not receive any extra medication from LPN #1. LPN #1 documented the routine narcotics but did not document extra medications that were pulled from the narcotic packet. RN #2 said the Administrator and DON tried to offer LPN#1 a charge nurse position because they could not prove LPN #1 was diverting the medication. The Administrator told LPN #1 that she would have to do better with documenting narcotics when giving them to the residents.</p> <p>Interview on 9/23/21 at 10:00 AM, with Resident #10 who is alert and oriented and is able to make her needs known, confirmed she has not had any breakthrough pain. Resident #10 said her routine pain medicine is enough for her and that she has not had any pain or asked for any extra pain medication.</p> <p>Interview on 9/23/21 at 10:30 AM, with Resident #11 confirmed she has not had any problems with anxiety. Resident #11 said she has not asked any of the nurses for extra anxiety medication.</p> <p>Interview on 9/23/21 at 11:00 AM, with LPN #1 said she has been really depressed and worked a lot of shifts. LPN #1 also said she was overwhelmed because of her bills and is working</p> | M 500                                                                                            |                                                                                                                          |                                                                    |

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| M 500                                                              | Continued From page 19<br><br>all the time. LPN #1 said she does not remember pulling the narcotics from the packet without orders. LPN #1 said the facility did not show her the medication that was missing. LPN #1 said she has been a nurse for 30 years and has never had a problem with giving medication. LPN #1 said she might have forgotten to document some of the medication on the MAR at times because she worked so many shifts, however the residents did receive their medication. LPN #1 said she knows that in nursing school the instructor teaches "if it's not documented then it wasn't done." LPN #1 said she can't prove the Residents got their medication but, "I can assure you they received their medication."<br><br>Record review of the Employee Termination Report for LPN#1 revealed the last day worked was 8/15/21. LPN#1 was suspended on 8/16/21 pending investigation.<br><br>Record review of the Employee Counseling Notice dated 8/19/21 revealed a discharge date of 8/19/21. The nature of the offense was "LPN was found to be giving narcotic medication without MD order to do so". | M 500                                                                                            |                                                                                                                          |                                                                    |
| M 610                                                              | 45.21.2 Activities of daily living<br><br>Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to:<br><br>1. Bath, dressing and grooming;<br><br>2. Transfer and ambulate;<br><br>3. Good nutrition, personal and oral hygiene; and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | M 610                                                                                            |                                                                                                                          | 11/23/21                                                           |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LAKEVIEW NURSING CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>16411 ROBINSON ROAD<br/>GULFPORT, MS 39503</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    |
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| M 610                                                              | <p>Continued From page 20</p> <p>4. Toileting.</p> <p>This Statute is not met as evidenced by:<br/>Level II<br/>Based on observations, staff, family, and resident interviews, record reviews, and facility policy review the facility failed to provide Activities of Daily Living (ADL) care as evidenced by failure to provide baths and incontinent care for three (3) of five (5) residents reviewed for ADLs. Residents #2, #5, and #10.</p> <p>Findings include:</p> <p>Record review of the facility's policy "Activities of Daily Living (ADLs)" with a date reviewed/revised of 03/20/2020 revealed, "Policy: The facility will ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable. This includes the resident's ability to: 1. Bathe, dress, and groom..Policy Explanation and Compliance Guidelines: ....3. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene ....5. The facility will maintain individual objectives of the care plan and periodic review and evaluation."</p> <p>Record review of facility's policy "Bathing a Resident" date reviewed/ revised of 03/03/2020 revealed, "Policy: It is the practice of this facility to assist residents with bathing to maintain proper hygiene...Schedule: Residents may request a shower and be scheduled for the shift to be showered. Report any resident, that refuses a shower, to the Charge nurse or the Medication Nurse, for documentation..."</p> | M 610                                                                                      | <p>1. The care plan for resident #2 was reviewed by the director of nursing and quality assurance on 09/23/2021. No revisions were needed.<br/>The care plan for resident #5 was reviewed by the director of nursing and quality assurance on 09/23/2021. No revisions were needed.<br/>The care plan for resident #10 was reviewed by the director of nursing and quality assurance on 09/23/2021. No revisions were needed.</p> <p>2. All residents are at risk for this deficient practice.</p> <p>3. An Incontinent care log was implemented on 10/28/2021. The Incontinent care log will include: Resident name, room #, soiled, unsoiled, how many briefs, how many pads, pressure reducing device in use, assigned staff member, resolution, nurse name, date, time, supervisor notified.</p> <p>The certified nurse assistant will be notified of resident incontinence care issues.<br/>The medication nurse will be responsible to provide incontinence checks with each med pass throughout each shift and document findings and resolution on the incontinence care log. The medication nurse will be responsible to notify the certified nursing assistant of any resident's with incontinence and supervise the</p> |                                                                    |

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| M 610                                                              | <p>Continued From page 21</p> <p>In an interview on 09/21/21 at 12:00 PM, Resident #2 reported once he gets up the staff does not check him until he asks to be checked and he tells them he has had a bowel movement. He explained he has had to wait for hours to be changed.</p> <p>Interview on 09/21/21 at 2:35 PM, Resident #2, explained he has been sitting up all day and has not been changed and reported that some days it may take hours before he gets changed.</p> <p>On 09/22/21 at 10:35 AM, during an interview with Resident #2 when asked regarding the care at the facility, he explained he has had a problem with the care several times since he has been at the facility. He explained he did file grievances with the facility regarding care and his friends did too. He explained care did get a little better but the problem still occurred. He explained the nurses won't or don't check behind the Certified Nursing Assistants (CNAs) to make sure they do their job. He explained the facility have had shorter staff and at times it would take all day to change him after a bowel movement. He further explained sometimes he does not get showers or baths and has waited 3 weeks at a time for a shower. He stated, "I probably would not have gotten my shower yesterday if you weren't here to watch." He explained he is scheduled for showers on Tuesday, Thursday, and Saturdays and reported he usually gets only one shower a week.</p> <p>On 09/23/21 at 12:45 PM, during a phone interview with the complainant regarding Resident #2, she explained she had received a phone call from Resident #2 on 09/02/21 around 5:00 PM complaining he had a bowel movement on him since earlier that morning and not received a</p> | M 610                                                                                      | <p>corrective action.</p> <p>The charge nurse will monitor logs for completion and verify resolutions daily. The incontinence log will be brought to the daily interdisciplinary meeting daily for daily discussion and resolution beginning on 11/1/2021 and will end on 02/01/2022.</p> <p>A Bathing Record log will be added to the current assignment book on 10/28/2021. The bathing record log will include: Room numbers column, shower, bed bath, or refused column, and certified nurse assistant and nurse signature column. The assigned certified nursing assistant will document if a shower or bath provided and will sign for verification. The medication nurse will be notified of completion or refusal of showers. The medication nurse will sign for verification and document refusals in the nurse's notes. The charge nurse will monitor the Bathing Record for completion of daily assigned Baths and sign they are completed for the shift.</p> <p>A directed in-service training on Activities of Daily Living Policy, Bathing a Resident Policy, and Comprehensive Care Plan Policy was given by Mississippi Gulf Coast Community College Registered Nursing instructor for all current staff beginning 11/06/2021 and will be completed on 11/08/2021. After completion of directed in-service, the staff development nurse will in-service all new facility nursing staff and contract personnel, during the orientation process</p> |                                                                    |

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| M 610                                                              | <p>Continued From page 22</p> <p>shower.</p> <p>Record review of Resident #2's Detail Admission/Discharge Report revealed the facility initially admitted Resident #2 on 01/17/20 and discharged on 07/15/21 and readmitted to the facility on 07/23/21.</p> <p>Record review of the Face Sheet with an admission date of 7/23/21 revealed Resident #2 had diagnoses of Unspecified abnormalities of gait and mobility, Personal history of COVID-19, Flaccid hemiplegia affecting left nondominant side, Difficulty in walking, Obstructive and reflux uropathy, Muscle weakness, Diabetes mellitus with diabetic neuropathy, Neuromuscular dysfunction of bladder, and Cerebral infarction.</p> <p>Record review of Resident #2's Quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 08/05/21 Section C revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #2 was cognitively intact. Section G of the MDS revealed Resident #2 required extensive assistance of two-person assist with bed mobility and transfers, and one-person assist with dressing, toileting, and personal hygiene. Section H of the MDS revealed Resident #2 had an indwelling catheter and frequently incontinent of bowel.</p> <p>Record review of Resident #2's Care Plan with a Problem Onset date of 01/24/2020 revealed, "Problem/Need: INCONT(incontinent)/SKIN I am incont. of bowel &amp; I have a hx (history) of skin breakdown. I have limited mobility, right hemiparesis, decreased balance, decreased safety awareness ...Approaches ...Sponge bath, shower as scheduled ...Provide Incontinence care</p> | M 610                                                                                      | <p>on Activities of Daily Living Policy, Bathing a Resident Policy, and Comprehensive Care plan Policy beginning 11/09/2021.</p> <p>4. The charge nurse will maintain and monitor the shower and incontinence logs for completion and resolution daily. The incontinence log will be brought to the daily interdisciplinary meeting for discussion and resolution beginning on 11/1/2021 and will end on 02/01/2022. To ensure improvements are sustained quality assurance nurse will review all incontinence and shower logs weekly beginning on 11/08/2021. The audit and logs will be presented for review at the monthly quality assurance meeting starting on 11/16/2021 to make recommendations and changes as needed and will end on 02/01/2022.</p> <p>5. All corrective action will be completed on 11/23/2021.</p> |                                                                    |

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| M 610                                                              | <p>Continued From page 23</p> <p>per perineal care policy as needed ...Assist with toileting/changing q2hrs (every two hours) ..."</p> <p>Record review of Resident #2's Care Plan with a Problem Onset date of 01/24/2020 revealed, "Problem/Need: I need extensive assistance with ADL's, transfers, and toileting r/t (related to) my limited mobility, left side hemiplegia, left hand contracture, and lack of coordination ...Approaches ...Toilet/incont. care q2 hrs &amp; prn (as needed) using skin barriers as needed ...Provide AM &amp; PM care ensuring all needs met daily to maintain proper appearance, hygiene, well groomed ..."</p> <p>Record review of facility's "SHOWERING SCHEDULE (ALL HALLWAYS)" on facility letterhead revealed Resident #2 resided in a room that would be scheduled for a shower on Tuesday, Thursday, and Saturday.</p> <p>Record review of Resident #2's Section G - Functional Status report for bathing revealed, Resident #2 did not receive bathing for eight (8) days in May 2021, eight (8) days in June 2021, eight (8) days in July 2021, and three (3) days in September 2021 up to 09/23/2021. The report revealed in the month August 2021 resident received showers but not on the scheduled days.</p> <p>Resident #5</p> <p>On 09/21/21 at 11:30 AM, during an interview Resident #5, she explained she has had her ups and downs with the care, including incontinent care and showers. She reported she must wait long periods to get changed and has gone days without a shower.</p> | M 610                                                                                            |                                                                                                                          |                                                                    |

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| M 610                                                              | <p>Continued From page 24</p> <p>On 09/21/21 at 11:35 AM, observed incontinent care on Resident #5 by Certified Nurse Aide (CNA) #1. Observed strong smell of urine and resident's brief very soaked and the incontinent pad was wet.</p> <p>On 09/21/21 at 2:05 PM, during an interview with CNA #1, she reported honestly sometimes it may take longer than two (2) hours to get to the residents. She explained Resident #5 may have been longer than two (2) hours this morning, but she cannot remember if she had checked the resident before peri-care was done with the State Survey Agency (SSA). She further reported Resident #5 receives her showers on Tuesday, Thursday, and Saturday but today she had not been able to give the resident a shower. When asked why Resident #5 did not get a shower, she reported she just never got time to shower Resident #5.</p> <p>Interview on 09/22/21 at 8:45 AM, with Resident #5 when asked the resident regarding a shower/bath yesterday, she explained she did not get a bed bath or shower yesterday and she normally only gets a shower every 3 days and does not get changed frequently.</p> <p>On 09/22/21 at 2:20 PM, observed Resident #5 sitting in her wheelchair on the 100/200 hall with no pressure relieving cushion in her wheelchair. She explained she has been up all day and has not been checked for incontinent care.</p> <p>Observation and interview on 09/22/21 at 4:20 PM, observed Resident #5 sitting in her wheelchair in her room with a strong smell of urine noted. Observed Resident #5's pants soaked with urine. The SSA observed no pressure relieving cushion to Resident #5's</p> | M 610                                                                    |                                                                                                                          |  |                                                                    |

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| M 610                                                              | <p>Continued From page 25</p> <p>wheelchair. Resident #5 explained she has been up in her wheelchair all day since 4:00 AM and not been changed all day. Resident #5 explained she has been waiting for almost two (2) hours to go back to bed.</p> <p>Interview on 09/22/21 at 4:30 PM, with CNA #2, confirmed Resident #5's pants were soaked in urine when she assisted the resident back to bed.</p> <p>On 09/22/21 at 4:35 PM, during an interview with Licensed Practical Nurse (LPN) #2, she explained she has never been told her anything about residents not getting showers. She explained the CNAs discuss among each other during shift change regarding residents and baths/showers. She explained she never follows up with resident and CNAs regarding showers/baths because that is the CNAs job.</p> <p>Interview on 09/23/21 at 1:20 PM, with Resident #5, she explained she was gotten up again around 4:00 AM by night shift. She explained she was soaked all morning until right before lunch and had dried bowel movement (BM) on her. She explained now after sitting too long in her wheelchair soaked in urine and BM and had no cushion in her wheelchair, she now has redness and maybe a sore on her buttocks. She explained she never did get a shower since last week. She explained I also got up yesterday at 4:00 AM and sat up all day in the wheelchair soaked in urine. She reported this happens frequently.</p> <p>On 09/23/24 at 1:30 PM the SSA asked the DON is she would do a random incontinent check with Resident #5. As soon as the DON entered Resident #5's side of the room, Resident #5 began telling the DON about getting up at 4:00 AM for two (2) mornings in a row and how she sat</p> | M 610                                                                                            |                                                                                                                          |                                                                    |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>24LA</b>                         | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>09/24/2021</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>LAKEVIEW NURSING CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>16411 ROBINSON ROAD</b><br><b>GULFPORT, MS 39503</b> |                                                                                                                          |                                                                    |
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| M 610                                                              | <p>Continued From page 26</p> <p>up in the wheelchair in a soaked brief with urine all day yesterday and today with dried BM. SSA observed the DON do an incontinent check on Resident #5 and observed two (2) briefs on the resident and brief soaked. The DON and SSA observed moderate redness to both buttocks and an area to the left buttock red and non-blanchable. There was a strong smell of urine noted in the room.</p> <p>On 09/23/21 at 1:40 PM, during an interview with LPN #3, he explained he was informed Tuesday that Resident #5 did not get a shower on day shift and reported he did not chart resident refused because Resident #5 was to get shower on evening shift.</p> <p>During an interview on 09/23/21 at 1:50 PM, with CNA #3, she explained Resident #5 was up today when she started her shift. She explained resident had been up in wheelchair all morning long and she put her to bed just before lunch. When asked had she checked Resident #5 for incontinence at any time this morning, she explained no because resident went to smoke, and she got busy doing her other residents. When asked if resident had dried BM on her when she went to change her CNA #3 explained Resident #5 had a little dried BM up near her back when she changed her, and she noticed resident's buttocks were really red. When asked if she put two (2) briefs on Resident #5 after cleaning her up, she explained she did.</p> <p>On 09/23/21 at 2:30 PM, during an interview with Registered Nurse (RN) #1, when asked what she observed when she assessed Resident #5, she explained both of resident's buttock were red and on the left buttock there was a non-blanchable area around the buttock cheek.</p> | M 610                                                                                            |                                                                                                                          |                                                                    |

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| M 610                                                              | <p>Continued From page 27</p> <p>On 09/24/21 at 11:10 AM, during a phone interview with the Nurse Practitioner, when asked regarding what could double briefs on a resident or not doing incontinent care at least every two (2) hours cause, she explained both situations could cause tissue breakdown due to the moisture and could lead to a pressure wound.</p> <p>During an interview on 09/24/21 at 11:20 AM, with CNA #2 she explained she did not give Resident #5 a shower on 09/22/21 and Resident #5 did not receive a shower that evening or any other evening this week.</p> <p>On 09/24/21 at 12:00 PM, during an interview with DON when asked regarding the incident of her finding Resident #5 with two (2) briefs on, she explained that is never acceptable in the building. When asked if a resident is left for long periods of time incontinent and/or double briefed could that be considered neglect, she replied, "It could." When asked to describe what she observed on Resident #5 when she removed the two briefs, she explained the resident's buttocks were severely red and there was one non-blanchable area to resident's left buttock.</p> <p>On 09/27/2021 at 12:30 PM, during a phone interview with RN #1, when asked regarding a CNA applying two (2) briefs on a resident, she explained that is not allowed in the facility. When asked if this could be considered neglect and if there could be any negative outcome, she explained it could cause skin breakdown.</p> <p>Record review of Resident #5's Face Sheet revealed the facility admitted Resident #5 on 07/15/21 with diagnoses of Hemiplegia following Cerebral infarction affecting left nondominant</p> | M 610                                                                                            |                                                                                                                          |                                                                    |

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| M 610                                                              | <p>Continued From page 28</p> <p>side, Type 2 Diabetes Mellitus with Diabetic Neuropathy, Muscle weakness, and Fibromyalgia.</p> <p>Record review of Resident #5's Admission MDS with ARD of 07/22/21 Section C revealed Resident #5 had a BIMS score of 12 which indicated Resident #5 had moderate cognitive impairment. Section G of the MDS revealed Resident #5 required extensive assistance of two-person assist for bed mobility, transfers, dressing, toilet use, and personal hygiene. Section H revealed Resident #5 was always incontinent of bowel and bladder.</p> <p>Record review of facility's Daily Assignment log for 400/500 Hall dated for 09/21/21 revealed Resident #5 was to receive a shower on day or evening shift but neither one was initialed nor marked off.</p> <p>Record review of Resident #5's Wound Assessment Reports dated 09/23/21 revealed an irritation to left buttock with measurements 9.5 cm x 4.0 cm and Stage one (1) pressure ulcer to the left buttock with measurements 2.0 cm x 3.0 cm.</p> <p>Record review of Resident #5's Section G - Functional Status report for Bathing revealed the resident missed four (4) showers for the month of July 2021, three (3) for the month of August, and one (1) shower the month of September.</p> <p>Record review of facility's showering schedule revealed all "B" bedrooms and odd private rooms receive showers on Tuesday, Thursday, and Saturday. Resident #5 resided in a room in the "B" bed and would get bathing on Tuesday, Thursday, and Saturday.</p> <p>Record review of Resident #5 's Care Plan,</p> | M 610                                                                                            |                                                                                                                          |                                                                    |

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| M 610                                                              | <p>Continued From page 29</p> <p>undated, revealed "Problem: (Formal Name) needs assist with ADLs r/t CVA w/(with) left non-dominant hemiparesis ...Interventions: Toilet/incont care q 2 hrs &amp; PRN using skin barriers as needed, Observe for skin breakdown/redness during care &amp; report to nurse qs (every shift) ...Provide AM &amp; PM care ensuring all needs are met daily to maintain proper appearance, hygiene, well groomed ..."</p> <p>Record review of Resident #5 's Care Plan, undated, revealed "Problem: Resident is at risk for skin breakdown r/t decreased functional mobility, diabetes, left sided hemiparesis, incont of B&amp;B (bowel and bladder) ...Interventions ...Pressure reducing cushion chair ...Sponge bath/Shower on designated days ..."</p> <p>Record review of Resident #5 's Care Plan, onset date 9/23/2021, revealed "Problem: I have acquired a pressure area and have areas of excoriation and redness ....1.) Left buttock-irritation/excoriation, 2.) Left buttock-non-blanchable stage I, 3.) Right buttock-irritation/excoriation ...Interventions: Treatment as ordered ...Provide pressure relief to areas: mattress, cushion ...Provide incontinent care every 2 hours and prn (as needed) ..."</p> <p>Resident #10</p> <p>On 09/22/21 at 8:30 AM, in an interview with Resident #10, she explained sometimes she is lucky to get a shower once a week. She reported she needs assistance for showers.</p> <p>Record review of Resident #10's Section G - Functional Status report provided by the facility from 6/24/21 - 9/22/21 revealed the activity of bathing was coded "8" which indicates "activity</p> | M 610                                                                                            |                                                                                                                          |                                                                    |

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| M 610                                                              | <p>Continued From page 30</p> <p>did not occur" from 6/24/21 through 7/8/21, 7/13/21 through 9/9/21 and 9/11/21 through 9/21/21. The report revealed Resident #10 received "bathing" on 7/9/21, 7/12/21, 9/10/21 and 9/22/21.</p> <p>During an interview with the DON on 09/24/21 at 12:00 PM, reviewed Resident #10's bathing documentation with the DON, she stated she can not explain why there is no documentation for bathing. She explained if there is no documentation, then it did not occur.</p> <p>Record review of Resident #10's Face Sheet revealed the facility admitted Resident #10 on 03/21/2018 with the diagnoses of Cerebral Infarction, Major Depressive Disorder, Anxiety disorder, Hemiplegia following Cerebral Infarction affecting left nondominant side, Difficulty in walking, and Muscle weakness.</p> <p>Record review of Resident #10's Quarterly MDS with ARD of 08/05/21 Section C revealed Resident #10 had a BIMS score of 15, which indicated Resident #10 was cognitively intact. Section G of the MDS revealed Resident #10 required extensive assistance of one-person assist for transfers and toileting and limited assistance of one-person for personal hygiene. Section G of the assessment bathing section revealed in the seven (7) day look back the activity did not occur. Section H of the MDS revealed Resident #10 is frequently incontinent of bladder and always continent of bowel.</p> <p>Record review of facility's showering schedule revealed all "A" bedrooms and even private rooms receive showers on Monday, Wednesday, and Friday. Resident #5 resided in an "A" bed and would receive showers on Monday,</p> | M 610                                                                                            |                                                                                                                          |                                                                    |

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| M 610                                                              | Continued From page 31<br><br>Wednesday, and Fridays.<br><br>Record review of Resident #10's Care Plan with a Problem Onset date of 03/21/2018 revealed, "Problem/Need: INCONT(incontinent)/SKIN I am frequently incontinent of bladder, often decline showers, have decreased mobility, and require assist with care ...Approaches ...Sponge bath, shower as scheduled ...Promote and encourage good hygiene practices ..."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | M 610                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |
| M 615                                                              | 45.21.3 Pressure sores<br><br>Pressure sores. Residents with a pressure sore shall receive necessary treatment and service to promote healing and prevent the development of new pressure sores. Residents without pressure sores will not develop pressure sores unless the residents' clinical condition indicates they were unavoidable.<br><br>This Statute is not met as evidenced by:<br>Level II<br>Based on observation, staff interview, and record review the facility failed to prevent the occurrence of an avoidable pressure ulcer for one (1) of five (5) residents observed for wound care. Resident #5<br><br>Findings include:<br><br>On 09/21/21 at 11:30 AM, during an interview with Resident #5, she explained she has had her ups and downs with the care, including incontinent care. She reported she must wait long periods to get changed.<br><br>On 09/21/21 at 11:35 AM, observed incontinent care on Resident #5 by Certified Nurse Aide | M 615                                                                                            | 1. Resident #5 was provided incontinent care, a pressure relieving cushion was placed in her wheel chair, and treatment and assessment of pressure injury was initiated, by the director of nursing and quality assurance nurse on 09/23/2021.<br><br>2. All residents are at risk for this deficient practice.<br><br>3. An incontinence care log was implemented for both units on 10/28/2021. The incontinence care log includes: Resident name, room number, soiled, unsoiled, how many briefs, how many pads, pressure reducing device in use, assigned staff member, resolution, nurse | 11/23/21                                                           |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LAKEVIEW NURSING CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>16411 ROBINSON ROAD<br/>GULFPORT, MS 39503</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |
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| M 615                                                              | <p>Continued From page 32</p> <p>(CNA) #1. Observed strong smell of urine and resident's brief very saturated and the incontinent pad beneath the resident was wet.</p> <p>On 09/21/21 at 2:05 PM, during an interview with CNA #1, she reported, "honestly sometimes it may take longer than two (2) hours to get to the residents." She explained Resident #5 may have been longer than two (2) hours this morning, but she cannot remember if she had checked the resident before peri-care was done with the State Survey Agency (SSA).</p> <p>Interview on 09/22/21 at 8:45 AM, with Resident #5 reported she does not get her incontinent brief changed frequently.</p> <p>Observation on 09/22/21 at 2:20 PM, revealed Resident #5 sitting in her wheelchair on the 100/200 hall with no pressure relieving cushion in her wheelchair. She explained she has been up all day and has not been checked for incontinence or had not been provided incontinent care.</p> <p>Observation and interview on 09/22/21 at 4:20 PM, observed Resident #5 sitting in her wheelchair in her room with a strong smell of urine noted. Observed Resident #5's pants soaked with urine. The SSA observed there was not a pressure relieving cushion to Resident #5's wheelchair. During an interview with Resident #5, she explained she has been up in her wheelchair all day since 4:00 AM and not been changed all day. Resident #5 explained she has been waiting for almost two (2) hours to go back to bed.</p> <p>Interview on 09/22/21 at 4:30 PM, with CNA #2, she confirmed Resident #5's pants were soaked in urine when she assisted the resident back to</p> | M 615                                                                                      | <p>name, date, time, supervisor notified. The certified nurse assistant will be notified of resident incontinence care issues.</p> <p>The medication nurse will be responsible to provide incontinence checks with each med pass throughout each shift and document findings and resolution on the incontinence care log. The medication nurse will be responsible to notify the certified nursing assistant of any resident's with incontinence and supervise the corrective action.</p> <p>The charge nurse will monitor logs for completion and verify resolutions daily. The incontinence log will be brought to the daily interdisciplinary meeting for discussion and resolution beginning on 11/1/2021 and will end on 02/01/2022. A directed in-service training on Activities of Daily Living Policy, Abuse, Neglect, and Exploitation/Misappropriation Policy, and Use of Support Surfaces Policy was given by Mississippi Gulf Coast Community College Registered Nursing instructor for all current staff beginning 11/06/2021 and will be completed on 11/08/2021.</p> <p>After completion of the Directed in-service, the staff development nurse will in-service all new staff members and contracted personnel during the orientation process, on Activities of Daily Living Policy, Abuse neglect, and exploitation/misappropriation Policy and Use of Support Surfaces Policy, by the staff development nurse, beginning 11/09/2021.</p> <p>4. To ensure improvements are sustained the quality assurance nurse will audit all incontinence logs weekly</p> |                                                                    |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LAKEVIEW NURSING CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>16411 ROBINSON ROAD</b><br><b>GULFPORT, MS 39503</b> |                                                                                                                                                                                                                                                                                         |                                                                    |
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| M 615                                                              | <p>Continued From page 33</p> <p>bed.</p> <p>Interview on 09/23/21 at 1:20 PM, with Resident #5, she explained she was gotten up around 4:00 AM by the night shift. She explained she was soaked all morning until right before lunch and had dried bowel movement (BM) on her. She explained now after sitting too long in her wheelchair soaked in urine and BM and had no cushion in her wheelchair, she now has redness and maybe a sore on her buttocks. She reported when the CNA did clean her up before lunch, her buttocks, felt rough and raw. She explained I also got up yesterday at 4:00 AM and sit up all day in the wheelchair soaked in urine. She reported this happens frequently.</p> <p>On 09/23/24 at 1:30 PM the SSA asked the Director of Nurses (DON) to do an incontinent check with Resident #5. She stated that she sat up in the wheelchair in a soaked brief with urine all day yesterday and today with dried BM on her. She explained to the DON how her bottom felt when the CNA cleaned her up. SSA observed the DON do an incontinent check on Resident #5 and observed two (2) briefs on the resident and the brief was soaked. The DON and SSA observed moderate redness to both buttocks and an area to the left buttock was red and non-blanchable. There was a strong smell of urine noted in the room.</p> <p>During an interview on 09/23/21 at 1:50 PM with CNA #3, she explained Resident #5 was up today when she started her shift. She explained resident had been up in the wheelchair all morning long and she put her to bed just before lunch. When asked had she checked Resident #5 for incontinence at any time this morning, she explained "no" because Resident #5 went to</p> | M 615                                                                                            | <p>beginning 11/08/2021. The audit and logs will be presented for review at the monthly quality assurance meeting starting on 11/16/2021 to make recommendations and changes as needed and will end on 02/01/2022.</p> <p>5. All corrective action will be completed by 11/23/2021.</p> |                                                                    |

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| M 615                                                              | <p>Continued From page 34</p> <p>smoke, and she got busy doing her other residents. When asked if Resident #5 had dried BM on her when she went to change her, she explained Resident #5 had a little dried BM up near her back when she changed her. She stated she noticed the resident's buttocks were really red. When asked did she put two (2) briefs on Resident #5 after cleaning her up, she explained she did. When asked if applying two briefs on a resident or not checking a resident for incontinence for over two hours could cause harm, CNA #3 did not reply.</p> <p>On 09/23/21 at 2:30 PM, during an interview with Registered Nurse (RN) #1, when asked what she observed when she assessed Resident #5, she explained both of the resident's buttocks were red and on the left buttock there was a non-blanchable area around the buttock cheek.</p> <p>On 09/24/21 at 11:10 AM, during a phone interview with the Nurse Practitioner (NP), when asked what could double briefs on a resident or not providing incontinent care at least every two (2) hours cause with a resident, the NP explained both situations could cause tissue breakdown due to the moisture and could lead to a pressure wound.</p> <p>On 09/24/21 at 12:00 PM, during an interview with the DON, when asked regarding the incident of her finding Resident #5 with two (2) briefs on, she explained that is never acceptable in the building. When asked to describe what she observed on Resident #5's skin when she removed the two briefs, she explained the resident's buttocks were severely red and there was one non-blanchable area to resident's left buttock.</p> | M 615                                                                                            |                                                                                                                          |                                                                    |

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| M 615                                                              | <p>Continued From page 35</p> <p>On 09/27/2021 at 12:30 PM, during a phone interview with RN #1, when asked regarding a CNA applying two (2) briefs on a resident, she explained that is not allowed in the facility. When asked if there could be any negative outcome, she explained it could cause skin breakdown.</p> <p>Record review of Resident #5's Physician Orders September 2021 revealed an order with a start date of 7/16/21 for "Pressure reducing chair cushion for wheelchair in place and functioning properly, check q (every) day (gel cushion)" and a new order dated 09/23/21 to "Cleanse both buttocks with wound cleanser/normal saline, pat dry, apply barrier cream and cover with silicone bordered dressing daily and as needed."</p> <p>Record review of Resident #5's Nurse Progress note revealed the DON assessed Resident #5 on 09/24/21 and observed 2.0 centimeters (cm) x 3.0 cm non-blanchable Stage one (I) to left buttock ..."</p> <p>Record review of Resident #5's two (2) Wound Assessment Reports dated 09/23/21 revealed irritation/excoriation to left buttock that appeared red or darker pink, moderate irritation, with measurements 9.5 cm (centimeters) length x 4.0 cm width and Stage one (1) Pressure Ulcer to left buttock, left outer aspect of the excoriation, with measurements 2.0 cm length x 3.0 cm width. Both areas were identified on 9/23/21.</p> <p>Record review of Resident #5's Care Plan, undated, revealed "Problem: (Formal Name) needs assist with ADLs r/t CVA w/(with) left non-dominant hemiparesis ...Interventions: Toilet/incont care q 2 hrs &amp; PRN using skin barriers as needed, Observe for skin breakdown/redness during care &amp; report to nurse</p> | M 615                                                                                            |                                                                                                                          |                                                                    |

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| M 615                                                              | <p>Continued From page 36</p> <p>qs (every shift) ...Provide AM &amp; PM care ensuring all needs are met daily to maintain proper appearance, hygiene, well groomed ..."</p> <p>Record review of Resident #5's Care Plan, undated, revealed "Problem: Resident is at risk for skin breakdown r/t decreased functional mobility, diabetes, left sided hemiparesis, incont of B&amp;B (bowel and bladder) ...Interventions ...Pressure reducing cushion chair ...Sponge bath/Shower on designated days ...</p> <p>Record review of Resident #5's Care Plan, onset date 9/23/2021, revealed "Problem: I have acquired a pressure area and have areas of excoriation and redness ....1.) Left buttock-irritation/excoriation, 2.) Left buttock-non-blanchable stage I, 3.) Right buttock-irritation/excoriation ...Interventions: Treatment as ordered ...Provide pressure relief to areas: mattress, cushion ...Provide incontinent care every 2 hours and prn (as needed) ..."</p> <p>Record review of Resident #5's Face Sheet revealed the facility admitted Resident #5 on 07/15/21with diagnoses of Hemiplegia following Cerebral infarction affecting left nondominant side, Type 2 Diabetes Mellitus with Diabetic Neuropathy, Muscle weakness, and Fibromyalgia.</p> <p>Record review of Resident #5's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/22/21 Section C revealed Resident #5 had a Brief Interview for Mental Status (BIMS) score of 12 which indicated Resident #5 had moderate cognitive impairment. Section G of the MDS revealed Resident #5 required extensive assistance of two-person assist for bed mobility, transfers, dressing, toilet use, and personal hygiene. Section H revealed</p> | M 615                                                                    |                                                                                                                          |  |                                                                    |

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| M 615                                                              | Continued From page 37<br><br>Resident #5 was always incontinent of bowel and bladder.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | M 615                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |
| M 970                                                              | 45.33.4 Control of insects, rodents, etc.<br><br>Control of insects, rodents, etc. The facility shall be kept free of ants, flies, roaches, rodents, and other insects and vermin. Proper methods for their eradication and control shall be utilized.<br><br>This Statute is not met as evidenced by:<br>Level II<br>Based on interview, record review and facility policy review reveal the facility failed to protect the residents from ant bites for two (2) of 14 residents reviewed for ants Resident #1, Resident #7.<br><br>Findings include:<br><br>Review of the facility's, "Accidents and Supervision", dated 12/09/2020 revealed the resident environment will remain as free of accident hazards as is possible. Each resident will receive adequate supervision and assistive devices to prevent accidents. This includes identifying hazards and risks, evaluating and analyzing hazards and risks, implementing interventions to reduce hazards and risks, monitoring for effectiveness and modifying interventions when necessary. The environment refers to any environment or area in the facility that is frequented by or accessible to residents, including (but not limited to) the residents' rooms, bathrooms, hallways, dining areas, lobby, outdoor patios, therapy areas, and activity areas.<br><br>Review of the facility's, "Accident-Incident Reports policy", dated 12/09/20 revealed an | M 970                                                                                            | 11/23/21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LAKEVIEW NURSING CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>16411 ROBINSON ROAD</b><br><b>GULFPORT, MS 39503</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                           | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ID<br>PREFIX<br>TAG                                                                              | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X5)<br>COMPLETE<br>DATE                                           |
| M 970                                                              | <p>Continued From page 38</p> <p>accident/incident report should be completed by assigned nurses and an investigation should be initiated to determine all contributing factors.</p> <p>During an interview on 09/20/21 at 2:45 PM with the Administrator revealed the facility uses a local pest control service that comes to the facility monthly. The Administrator said the pest control sprays for all pest with different pesticides. The facility had some ant problems after the last big storm and called for services right away.</p> <p>Record review of Pest Control invoices revealed the facility used a local Pest Control. The Pest Control came to the facility monthly and treated for all pests including ants. A special request was made from the facility on 09/14/21 to spray extra for ants. The pest control treated interior hallways and rooms for ants on that day. The pest control company also treated the outside of the building.</p> <p>Review of the facility's, "Quality Assurance Performance Improvement meeting", dated 4/30/21 revealed the interdisciplinary team discussed the ants in the building and what has been done to keep them out. The recommendation was for maintenance to investigate and treat.</p> <p>Observation on 9/20/21 at 2:00 PM of the facility during the initial tour upon entrance reveal the facility is clean with no odors. The facility does not have ants of pest noted. The State Survey Agency (SSA) observed the residents in their rooms with no ants note. Observed day room with no ants noted. No ants noted on the outside of the facility.</p> <p>Resident #1<br/>Review of the facility's," residents incident</p> | M 970                                                                                            | <p>once monthly and as needed starting on 10/5/2021 and will end on 02/01/2022.</p> <p>A directed in-service training on Accidents and Supervision Policy was given by Mississippi Gulf Coast Community College Registered Nursing instructor for all current staff beginning 11/06/2021 and will be completed on 11/08/2021.</p> <p>After completion of directed in-service, the staff development nurse, will in-service all new staff and contracted personnel on Accidents and Supervision Policy beginning on 11/09/2021 and will be completed on 11/08/2021.</p> <p>4. The maintenance supervisor will maintain and monitor external and internal pest control logs weekly to begin 10/05/2021 and will end on 02/01/2022. To ensure improvements are sustained quality assurance nurse will review pest control log book bi-weekly beginning on 11/01/2021 for completion and present for review at the monthly quality assurance meeting starting on 11/16/2021 to make recommendations and changes as needed and will end on 02/01/2022.</p> <p>5. All corrective action will be completed on 11/23/2021.</p> |                                                                    |

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| M 970                                                              | <p>Continued From page 39</p> <p>reports", dated 08/25/21 revealed a CNA notified a nurse that Resident #1 was complaining of itching and had ants crawling in his bed. The nurse and CNA assisted the Resident out of the bed into wheelchair. Resident #1 was inspected for injury. Resident #1 had several raised areas and redness noted to Resident #1 right arm and right elbow. Resident #3 was transferred to another room. The Medical Doctor (MD) was notified.</p> <p>Review of the facility's, "Body Audit Form", dated 9/10/21 revealed Resident #1 had raised red areas to the right arm.</p> <p>Interview on 9/21/21 at 10:00 AM with Licensed Practical Nurse (LPN)#5 confirmed a CNA came to her reporting Resident #3 had ants in his bed crawling on him. LPN #5 said Resident #1 had several raised dime size red areas to the right arm and redness noted to the inner aspect of right elbow. LPN #5 removed Resident #1 from his room and notified maintenance, Administrator and Director of Nursing (DON). Resident #1 room was cleaned by housekeeping and sprayed by pest control.</p> <p>Interview on 9/21/21 at 10:30 AM with Nurse Practitioner (NP) #2 confirmed Resident #1 had small, raised areas to his right arm. NP #2 said she ordered some cortisone cream. Resident #1 did not complain much from the incident. NP #2 said the Resident did not remember the ants were in his bed.</p> <p>The facility admitted Resident #1 on 8/25/2021, per the face sheet, with the diagnosis that included Chronic Respiratory failure, Chronic Obstructive Pulmonary Disease and Kidney failure. The facility's care plan, dated 8/25/2021</p> | M 970                                                                                            |                                                                                                                          |                                                                    |

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| M 970                                                              | <p>Continued From page 40</p> <p>reveal Resident #1 cognitive status has declined since hospital admission and diagnosis of COVID-19, revealed Resident#1 had a brief interview of Mental Status (BIMS) of 4 that indicated Resident #1 is cognitively impaired.</p> <p>Resident #7</p> <p>Review of the facility's, "Resident Incident Report", dated 4/30/21 at 04:30 AM revealed Resident #7 was noted with ants in his bed, on him and in wound bed. The facility gave the Resident a bath and cleansed wound, applied new dressing and changed Resident #7 to another room.</p> <p>Review of the facility's, "nurses notes", dated 4/30/21 revealed Resident #7 was noted in his room with ants in his bed and on him. Resident #1 dressing was removed from the wound on the sacrum ants noted in the wound bed. The wound had a foul odor with green, black drainage. The wound bed dark green and black tissue necrotic with tunnelling. Resident #1 was bathe and dressing were changed. Resident #1 was moved to another room. The MD, Administrator, DON, and maintenance was notified.</p> <p>During an interview 9/21/21 at 11:00 AM with The Medical Director (MD) confirmed he was told about the ants in the residents wound. The MD said the ants did not contribute to the residents wound being infected or getting the worse. The doctor said Resident #7's wound was really bad when he was admitted. Resident #1 co-morbidities cause the residents wound to decline. The MD said Resident #1's wound was getting worst prior to the ants. The MD said Resident #1 was a Diabetic, End stage Renal failure, Dialysis 3 times a week, Bilateral Amputee and Heart Disease.</p> | M 970                                                                                            |                                                                                                                          |                                                                    |

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| M 970                                                              | Continued From page 41<br><br>The facility admitted Resident #7 on 5/12/2021, per the face sheet, with the diagnosis that included Diabetes Mellitus, Dependence on renal dialysis and Atrial Fibrillation. The quarterly Minimum Data Set (MDS) with the Assessment Reference Date (ARD) of 08/05/21 revealed Resident #10 had a brief interview of Mental Status (BIMS) of 15 that indicated Resident #10 is cognitively intact. | M 970                                                                                            |                                                                                                                          |                                                                    |