STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	56PH	A. BUILDING: _____ B. WING _____	C 10/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERRY COUNTY NURSING CENTER	202 BAY AVENUE WEST RICHTON, MS 39476

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted a complaint investigation (CI) MS #18150, CI MS #18021, CI MS #18134, and CI MS #18058 at the facility from 10/4/21 through 10/16/21. During the survey, the facility was determined not to be in substantial compliance with the requirements for Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm. The SA substantiated CI MS #18058 for Resident Food Preferences Not Honored (Dietary Services), Inappropriate Feeding Assistance for Weight Loss (Quality of Care/Treatment), The State Agency (SA) identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) that began on 8/25/21 when the facility failed to implement recommendations following a Barium Swallow Study for a resident who was high risk for aspiration. The facility's failure to ensure recommendations were implemented following a Barium Swallow and failure to obtain orders for enteral feedings for 6 days after the placement of Resident #1's feeding tube, placed this resident and other residents at risk, in a situation that was likely to cause serious harm, injury, impairment, or death. The State Agency (SA) notified the Administrator on 10/13/21 at 2:15 PM, of the IJ and SQC and provided the facility with IJ templates. The IJ and SQC existed at: Rule 45.21.11 Special Needs M655. The facility submitted an acceptable Removal Plan on 10/14/21, in which the facility alleged all corrective actions were completed by 10/14/21	M 000		

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M 000	Continued From page 1 and the IJ was removed on 10/15/21. The SA validated the Removal Plan on 10/16/21 and determined the IJ was removed on 10/14/21, prior to exit, therefore the scope and severity for Rule 45.21.11 Special Needs (M655), was lowered from a Level IV to Level II, while the facility developed a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. The SA substantiated CI MS # 18134 for resident preferences related to showers and cited M500 Resident Rights. CI MS #18150 for Resident Rights/Resident not treated with dignity and respect was also substantiated, however, no deficiencies were cited. The SA did not substantiate CI MS #18021 for Infection Control The facility held a license for 60 beds, with a census of 45.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 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;	M 500		11/19/21

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M 500	Continued From page 2 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 services covered by the facility's basic per diem rate; 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; 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; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident	M 500		

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M 500	Continued From page 3 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, 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; 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; 7. is free from mental and physical abuse; 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; 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;	M 500		

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M 500	Continued From page 4 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; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 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); 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); 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); 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	M 500		

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M 500	Continued From page 5 record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level II Based on interview, record review, and facility policy review, the facility failed to provide scheduled showers per resident preference at least three times a week for one (1) of three (3) residents observed. Resident #2. Findings: Review of facility policy titled, "Quality of Care", revised 4/19, revealed, "Each resident shall receive optimal care to attain and/or maintain the highest possible mental and physical functional status as determined by the comprehensive assessment and person-centered plan of care. Each resident's care is tailored to the functional status and needs they may have." ...A. Bathing, b. each resident receives a full bath at least three times weekly (unless otherwise indicated in facility policy or resident need)". On 10/4/21 at 1:50 PM, in an interview with Resident #2 she stated that she is supposed to get a bath three (3) times a week. She stated she is lucky if she gets one once a week. She stated the staff wants to give me bed bath and she does not like bed baths she likes "lay" (shower gurney in the shower room) baths. She stated she talked to the Certified Nursing Assistant (CNA) about not liking bed baths and nothing has changed.	M 500	By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceeding and submit these responses pursuant to our regulatory obligations. Resident #2 received a gurney shower bath on October 7, 2021 upon notification of shower preference. Resident #2 bathing schedule was updated on October 21, 2021 by the facility Director of Nurses to reflect the resident's preference. All residents have the potential to be affected by the deficient practice Facility Director of Nursing initiated an in-service on October 13, 2021 with Registered Nurses, Licensed Practical Nurses, Certified Nurse Aides and Temporary Nurse Aides regarding resident bath and shower schedules including resident preferences. A Directed In-service was held on November 12, 2021 with facility Registered Nurses, Licensed Practical Nurses, Certified Nursing Assistants, Temporary Aides, Housekeeping, Activities, Dietary, Social, Maintenance and Office staff by a Registered Nurse not affiliated with Perry	

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M 500	Continued From page 6 On 10/6/21 at 10:00 AM, in an interview with Resident #2 she stated she still has not had a bath. She stated she wants a bath and no one has offered to give her a bath today. On 10/6/21 at 2:30 PM, in an interview with the Director of Nurses (DON) she stated the residents have assigned bath days. She stated B hall bath days are Monday, Wednesday and Friday and C hall days are Tuesday, Thursday, and Saturday. She stated staff are supposed to talk to the resident and see what kind of bath they want. She stated if a resident refuses, they are supposed to tell the nurse. She stated if staff did not document, it was not done. On 10/7/21 at 11:45 AM, in an interview with Resident #2 revealed, "I have not had a shower or bath in about 3 weeks. I have had bed baths but not in the shower, bed baths." Resident #2 revealed, "I have told the DON of the shower situation. The facility offers me shower chair showers, but my preference is the shower gurney, it has to be two (2) CNA to perform, and I am not sure why they haven't done it." Resident #2 revealed, "gurney showers really make me feel relaxed. I am in a lot of pain, frequently". On 10/7/21 at 2:25 PM, in an interview with CNA #8 revealed when a CNA gives a bath/shower they mark it on the bath roster but if Non-Applicable (N/A) is marked, it is probably because the CNA did not mark Activities Daily Living (ADL) and nurse completed, marked N/A, so charting would be complete. CNA #8 revealed Resident #2 requested a bed bath because she is in pain frequently and its more convenient for her to receive bed bath, plus she only liked one particular CNA to give her a shower, but she is no	M 500	County Nursing Center on Comprehensive Care Plans, Assisted Nutrition/Hydration and Resident Rights. Facility Quality Assurance Committee Meeting was held on Wednesday, October 13, 2021 at 3:45 pm with the committee consisting of facility Director of Nurses, Nursing Home Administrator, Medical Director, Infection Preventionist, Registered Nurse and Licensed Practical Nurse. Topics discussed included bath and shower schedules along with resident bathing preferences. Director of Nursing and Registered Nurse reviewed bath and shower schedules including resident preferences for all active residents on October 21, 2021. Resident bathing schedules were adjusted to reflect resident preferences as needed on October 21, 2021. Director of Nursing and/or facility Staff Development Nurse began monitoring bath and shower schedules for completion with adherence to resident preferences on October 21, 2021. Director of Nursing and/or Licensed Nurse will continue to monitor resident bathing schedules for resident preferences three times per week for 4 weeks then weekly to ensure solutions are sustained until substantial compliance has been achieved. Areas of concern will be carried to the Quality Assurance Committee for corrective action. Facility Quality Assurance Committee meeting was held on November 12, 2021 with the committee consisting of facility Director of Nurses, Nursing Home Administrator, Medical Director, Infection Preventionist and Licensed Nurse to review bathing	

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M 500	Continued From page 7 longer working at the facility. On 10/7/21 at 3:00 PM, in an interview with the DON revealed not having an actual shower bath or whirlpool may cause mental or physical problems, shower/whirlpool baths are very much required for mental wellbeing. The DON confirmed the bath roster is the only place baths are recorded and she did confirm the resident was not given showers according to the bath roster but she did get bed baths daily because of her requests. Review of Resident #2's Face Sheet revealed the facility admitted Resident #2 on 10/01/18 with diagnoses including Spastic Hemiplegia affecting Left Dominant Side, Memory Deficit following other Cerebrovascular Disease, and Complex Regional Pain Syndrome. Record review of Resident #2 annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/2/21 indicated a Brief Interview for Mental Status (BIMS) summary score of 10, which indicated the resident is moderately cognitively impaired, and Section G revealed, requires physical help in part of bathing activity. Record review of Resident #2's Bath Roster which indicates the type of bath received, revealed from 8/28/21 to 9/30/21, Resident #2 had five (5) entries recorded as "N/A", five (5) entries recorded as a "bed bath", five (5) entries recorded as a "shower", and one (1) entry recorded as "Rejects shower-nurse notified". On 8/28/21 Non-applicable (N/A) is recorded, on 8/31/21 bed bath is recorded, on 9/2/21 N/A is recorded, on 9/4/21 bed bath is recorded, on 9/7/21 a shower is recorded, on 9/9/21 it is recorded as rejects shower-nurse notified, on	M 500	schedule preference monitoring. No areas were identified for corrective action. The facility Quality Assurance Committee meeting will be held monthly until substantial compliance is maintained.	

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M 500	Continued From page 8 9/11/21 a shower is recorded, on 9/14/21 N/A is recorded, on 9/16/21 N/A is recorded, on 9/18/21 a bed bath is recorded, on 9/21/21 a bed bath is recorded, on 9/23/21 N/A is recorded, on 9/25/21 a shower is recorded, on 9/28/21 a shower is recorded, and on 9/30/21 a shower is recorded. Record review of Resident #2's Care Plan with a "Problem Onset" date of 10/1/2018 lists the "Problem/Need" as "Resident needs assist with shower/bathe self" and lists the "Goal" as "Resident will need substantial/maximal assist to shower/bathe self ...". Record review of Resident #2 Care Plan with a "Problem Onset" date of 10/1/2018 lists the "Problem/Need" as "Resident is dependent with ADLS R/T left sided spastic hemiplegia" and lists the "Goal" as "Resident will have no complications ...". Care Plan "Approaches" include " ...Staff assistance with lift x 2 manual staff assistance ...".	M 500		
M 655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This Statute is not met as evidenced by: Level IV Based on observation, interviews, record reviews, and facility policy review, the facility failed to	M 655	Facility Registered Dietitian made recommendations for enteral feedings for Resident #1 on October 6, 2021. Recommendations discussed with	11/19/21

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M 655	Continued From page 9 ensure a supplement was included on a meal tray, failed to follow recommendations from a Video Swallow Evaluation (Barium Swallow Study) for a resident identified as high risk for aspiration and failed to obtain orders for Percutaneous Endoscopic Gastrostomy (PEG) tube feedings after the placement of a PEG tube for a resident with severe weight loss for one (1) of four (4) residents reviewed for weight loss. Resident #1. On 8/25/21, a Barium Swallow Study was obtained which revealed that Resident #1 was a Level 3 on the Penetration/Aspiration Scale, which indicated high risk for aspiration. The facility failed to ensure recommendations were implemented following the Barium Swallow Study as evidenced by Resident #1 was observed by the State Agency (SA) feeding himself a pureed diet without assistance of staff. Resident #1 required placement of an enteral feeding tube on 9/29/21. The facility failed to obtain orders for enteral feedings until 10/6/21, six (6) days after the placement of Resident #1's feeding tube. Resident #1 lost an additional four (4) pounds from 9/28/21 until 10/6/21. The facility's failure to ensure recommendations were implemented following a Barium Swallow and failure to obtain orders for enteral feedings for 6 days after the placement of Resident #1's feeding tube, placed this resident and other residents at risk, in a situation that was likely to cause serious harm, injury, impairment, or death. The State Agency (SA) identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) that began on 8/25/21 when the facility failed to implement recommendations following a Barium Swallow Study for a resident who was	M 655	Attending Physician on October 6, 2021. New orders obtained and implemented on October 6, 2021. On October 13, 2021 results of barium swallow study was discussed with Registered Dietitian and Attending Physician with new order received and implemented on October 13, 2021 for Fibersource HN at 65ml/hr continuously. All residents with barium swallow studies have the potential to be affected by the deficient practice. All residents with enteral feedings have the potential to be affected. All residents with supplements have the potential to be affected. Director of Nurses (DON) and Licensed Practical Nurse (LPN) initiated in-services with Registered Nurses, Licensed Nurses, Certified Nursing Assistants and Temporary Nurse Aides on October 13, 2021 regarding Tube Feedings, obtaining orders timely for enteral feedings, supplements and addressing recommendations following barium swallow studies. A Directed In-service was held on November 12, 2021 with facility Registered Nurses, Licensed Practical Nurses, Certified Nursing Assistants, Temporary Aides, Housekeeping, Activities, Dietary, Social, Maintenance and Office staff by a Registered Nurse not affiliated with Perry County Nursing Center on Comprehensive Care Plans, Assisted Nutrition/Hydration and Resident Rights. The facility Quality Assurance Committee Meeting was held on Wednesday October 13, 2021 at 3:45pm with the committee consisting of facility Director of Nurses, Nursing Home Administrator, Medical Director, Infection Preventionist,	

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M 655	Continued From page 10 high risk for aspiration. The State Agency (SA) notified the Administrator on 10/13/21 at 2:15 PM, of the IJ and SQC and provided the facility with IJ templates. The facility submitted an acceptable Removal Plan on 10/14/21, in which the facility alleged all corrective actions were completed by 10/14/21 and the IJ was removed on 10/15/21. The SA validated the Removal Plan on 10/16/21 and determined the IJ was removed on 10/14/21, prior to exit, therefore the scope and severity for 45.21.11- Special Needs M655), was lowered from a Level IV to a Level II, while the facility developed a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings include: Record review of the facility's policy titled," Physician Orders", revision date 9/2018, it is the policy of the facility that all physician's orders will be implemented timely and carried out in a professional manner. Record review of the facility's policy titled," Nutritional Supplements", dated 12/2020, document intake of supplement. Nurses shall pass and document intake of nutritional supplements. The order for the supplement is obtained and added to the Medication Administration Record (MAR) per facility protocol. Nurse must observe actual intake. Nursing staff document the amount of nutritional supplement consumed on the MAR.	M 655	Registered Nurse, and Licensed Practical Nurse. Topics discussed included Tube Feedings, obtaining orders timely for enteral feedings, supplements and addressing recommendations following barium swallow studies. No policy changes were made however, facility made procedural changes on October 13, 2021 to include obtaining and addressing recommendations for barium swallow studies as well as obtaining orders for new peg tube placement enteral feedings. The Director of Nurses and/or Registered Nurse began review of recommendations of barium swallow studies to ensure recommendations are addressed with the Resident, Resident Representative and Physician and for implementation of recommendations on October 18, 2021. Director of Nurses and/or a Licensed Nurse will continue to monitor weekly for 4 weeks then bi-weekly to ensure solutions are sustained until substantial compliance has been achieved. The Director of Nursing and/or Registered Nurse began monitoring enteral feeding and supplement orders for implementation on October 18, 2021. Director of Nurses and/or Licensed Nurse will continue to monitor weekly x 4 weeks then bi-weekly to ensure solutions are sustained until substantial compliance is obtained. Areas of concern will be carried to the Quality Assurance Committee for corrective action. Facility Quality Assurance Committee meeting was held on November 12, 2021 with the committee consisting of facility Director of Nurses, Nursing Home Administrator, Medical Director, Infection Preventionist and	

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M 655	Continued From page 11 Record review of the Video Swallow Evaluation (Barium Swallow Study) performed 8/25/21, revealed, " ...ASSESSMENT SUMMARY: (Formal Name) evidenced severe oropharyngeal dysphagia characterized by decreased sensation, loss of bolus, impairment with tongue base retraction, residue in the vallecular cavity and on the post pharyngeal wall, and delayed cricopharyngeal opening. Secondary to these impairments, pt (patient) is a high risk for aspiration. Patient is a poor candidate for speech therapy services secondary to his decreased ability to follow commands and cognitive/communication impairments. Patient did evidence s/s (sign/symptoms) of aspiration/penetration with no signs of sensation or awareness by patient. SLP (Speech Language Pathologist) rx (prescribed) alternate means of nutrition for primary nutrition with allowance of pleasure feedings of nectar viscosity only, to maintain quality of life at this time. At this time, (Formal Name) is a Level 3, with the above consistencies provided, on the Penetration/Aspiration Scale as explained below: ...Level 3 Contrast enters the airway, remains above the vocal folds, and is not ejected from the airway (is seen in the airway after the swallow)" ..."Other Recommendations: Compensatory techniques: Due to patient's cognitive status, pt will need to be fed for any PO (by mouth) intake and observed closely for any s/s of aspiration; he should be upright for all p.o. intake and for 30 minutes after, small bites/sips, alternate bites/sips; cue to swallow x2 ..." and "Diet Recommendations: Alternate means of nutrition; okay for PO of nectar viscosity for pleasure purpose only ..." Record review of the RD Nutrition Assessment dated 8/29/21 revealed weight was 128 pounds, "	M 655	Licensed Nurse to review barium swallow study recommendations, enteral feeding orders and supplement order monitoring. No areas were identified for corrective action. The facility Quality Assurance Committee meeting will be held monthly until substantial compliance is maintained.	

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M 655	Continued From page 12 ... Weight was stable at 30 days, 7.9% weight loss at 90-days and 13.5 % weight loss at 180 days -- significant. RD interventions continue current interventions. If PEG placed and enteral nutrition-initiated consult RD. (Subjective information: Noted of consult for PEG per family request. Weight loss follow up. Appetite stimulant ordered 5/11/21 ...Supplement ordered. Weights stable x30 days ...Current Nutritional Prescription: Pureed; avoid dry foods (bread, crackers, nuts, dried fruits) nectar thickened liquids; Ensure with meals (6/29/21) ...90% Ideal Body Weight (IBW OF 142 POUNDS) ..." On 10/4/21 at 12:30 PM, an observation of Resident #1 eating lunch revealed the resident trying to feed himself but was spilling more food than he could get in his mouth. Licensed Practical Nurse #3 (LPN) and several CNAs were in the dining room assisting with passing out lunch trays to residents. Resident #1's left arm was paralyzed. Resident #1 was trying to eat with his right hand. Resident #1's right hand was trembling, and he had limited use of his fingers. SA observed the resident trying to put food in his mouth and spilling a larger portion on his clothing protector. Staff did not offer assistance to Resident #1 during the observation. Resident did not have Ensure on meal tray. On 10/5/21 at 11:52 AM in an interview with Responsible Party (RP) #2 for Resident #1, stated resident is on a pureed diet. RP #2 stated he did not understand resident was losing weight when he is on a pureed diet. RP #2 stated that when he visited Resident #1, he was skinny. RP #2 stated he talked to the nurse, and she told him that Resident #1's meal intake was 100%. RP #2 stated if he was eating 100 % of meals then he should not be losing weight. He stated Resident	M 655		

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#1 has had problems swallowing before. RP #2 stated he made an appointment with a Gastroenterologist (GI) for Resident #1. RP #2 stated Resident #1 got a feeding tube five (5) days ago and still has not started getting feedings through the tube. He stated the Medical Doctor #1 told him they could start feedings in 24 hours after insertion. RP #2 stated the facility told him they were waiting on the Speech Therapist or Registered Dietician for a feeding order. RP #2 stated he has not been in the building during mealtime to observe Resident #1 eat but stated Resident #1 has had trouble feeding himself before. RP #2 stated he has talked to the Director of Nursing (DON) and Administrator about Resident #1, and they told him that he eats 100% of meals. RP #2 stated they falsified the records or did look at his shirt and see the food on his shirt.

On 10/5/21 at 12:35 PM, an observation of Resident #1 trying to feed himself without assistance revealed he continued to struggle with feeding himself and spilled about 25% of his lunch on his clothing protector.

On 10/5/21 at 12:52 PM, an observation of LPN #2 walked over to Resident #1 table and removed his clothes protector. SA asked LPN #1 open clothing protector to see how much was left on the clothes protector. The resident had pureed meatloaf, green peas and mash potatoes. SA observed the resident tray had 35 percent(%) of food left on the tray. SA estimated that Resident consumed 40 percent of his food. SA observed 25% of Resident #1 food was on his clothing protector.

Record review of Resident #1 meal tickets reveals Ensure with all meals dated 10/4/21 and

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M 655	Continued From page 14 10/5/21. Record review of Resident #1's documented meal intake for 10/4/21 revealed the resident consumed 75% of his lunch and on 10/5/21 he consumed 50% of his lunch. On 10/5/21 at 1:15 PM, in an interview with Certified Nursing Assistant #1 (CNA) stated she was told Resident #1 could feed himself. She stated they tell staff in report who needs assistance with eating. She stated she has tried to encourage him to feed himself. She stated Resident #1 will let staff feed him. She stated he spills a lot of his food somedays. Record review of Resident #1 Discharge Summary from the local hospital, dated 9/29/21, revealed please follow the post-PEG recommendations including nutritional consult for formula and volume external bolster 1 cm from abdominal wall, dry dressing only. Nothing by mouth for four (4) hours then water today, may use PEG today for medication and water. May use PEG tomorrow for feedings, antibiotic ointment to site for 24 hours and clean with soap and water daily and dry thoroughly. Remove dressing after 24 hours, then clean and dry daily. On 10/5/21 at 4:45 PM, in an interview with DON, she stated Resident #1 had a PEG tube placed on 9/29/21. She stated it was placed per family request. They wanted him to get another route of nutrition. She stated he had been having a fluctuating of his weight up and down. She stated they had talked to the family about his weight. She stated their provider had talked to the family. She stated Resident #1 did not like diet ordered and he wanted regular diet and she stated they started resident on appetite stimulants. She	M 655		

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stated the appetite stimulants helped the resident. We have tried everything. She stated staff was assisting resident with eating during this time.

On 10/6/21 at 3:48 PM, in an interview with CNA #2/Transportation Driver stated she was given paperwork in relation to Resident #1's PEG tube, and she gave it to medical records. She stated she gives the order summary to the nurse at the nurse station.

On 10/6/21 at 3:57 PM, in an interview with the DON stated when nurses receive orders, they should carry them out. She stated Resident #1 came back from PEG tube placement on 9/29/21 at 4:26 PM. She stated LPN #4 was his nurse. The DON stated the GI doctor did not want feedings started until resident had a Registered Dietician (RD) evaluation, she stated she trusted what Registered Nurse #1 (RN)/Charge Nurse told her. She stated the charge nurse told her she would contact the RD to get an order for feedings. She stated she should have contacted the RD for an order. She stated when a resident does not eat or get feedings it can lead to death or a compromised immune system. She stated the resident would not have the strength to fight off diseases. She stated it could lead to failure to thrive. She stated she had not received the results of the Barium Swallow performed 8/24/21. She informed SA that she would call local hospital to get results.

On 10/6/21 at 4:15 PM, in an interview with LPN #4, stated that she could not recall getting any orders for Resident #1 on 9/29/21. She stated the local hospital called the report in. She stated they told her about a nutrition consult. She stated RN #1 usually makes the appointments. She stated she did not have an RD in the building when

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M 655	Continued From page 16 Resident #1 came back from the hospital. She stated it was her responsibility to let the oncoming nurse (11-7) know what was going on. She stated she told the nurse in report to make sure it is done. She stated it would be possible for the resident to have more weight loss if feedings were not started. She stated RN #1 puts the orders in the computer. She stated she did not know how to put orders in for a RD consult. On 10/6/21 at 4:39 PM, in an interview with RN #1/Charge Nurse stated she was not at the facility when Resident #1 returned from PEG tube placement or if she was here, it was just a few minutes. She stated she does not remember getting discharge papers form the local hospital. She stated she usually gets discharge papers and make sure orders are carried out. She stated if she does not get paperwork it goes to the Medical Records and they put the orders in. She stated she was not informed about Resident #1's PEG tube care. She stated if she had seen the discharge papers, she would have given it to CNA #2/Transportation Driver to make the appointment. She stated she did know who the RD was. She stated normally resident get feedings immediately. She stated Resident #1 should have feedings by now. She stated she called local hospital, and they told her resident needed a nutrition consult. She stated she called CNA #2/Transportation about Resident #1 not having an appointment for Nutrition Consult. She stated that CNA #2 /Transportation told her that she had to call back an make the appointment. She stated it was her understanding that Resident #1 had to be taken to see a Nutritionist for a consultation to start feedings. On 10/6/21 at 4:59 PM, in an interview with the DON stated a nutritionist consult means the	M 655		

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resident needs to be seen by the RD. The DON stated she contacted the RD today for an order. She stated somebody dropped the ball and Resident #1 should have started feedings by day 2 following PEG tube placement. She stated Resident #1 will start feedings today.

On 10/7/21 at 10:59 AM, DON gave Barium Swallow results to SA. She stated this is not the final results. She stated this is the pre results.

On 10/7/21 at 11:23 AM, in an interview with the RD stated she was contacted by the facility yesterday or the day before about an order for Resident #1 feedings. She stated feedings are started within 24 hours. She stated facility contacts her by phone for orders. She stated the facility did not contact her before yesterday or day before for an order. She stated if they had she would have written the order at that time.

On 10/7/21 at 3:42 PM in an interview with MD #1 stated that Resident #1 had difficulty eating, family requested a PEG tube. He stated flushing should start right way after placement. He stated he usually waits four (4) hours before starting flushing. He stated Resident #1's feeding should have started within 24 hours of placement.

On 10/8/21 at 4:15 PM, in an interview with DON stated MD #1 ordered the Barium Swallow. She stated part of the pre-op for PEG tube placement is a Barium Swallow study. She stated the resident's nurse or RN #1 is responsible for getting test results. She stated if they don't get the results then it is the DON's responsibility to get the results. She stated resident was at risk for aspiration and could die.

On 10/11/21 at 12:09 PM in an interview with MD

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M 655	Continued From page 18 #2 stated he was aware that resident had some weight loss. He stated Dementia can cause loss of appetite. He stated the appetite enhancers seem not to work. He stated the resident was being weighed weekly. He stated he has not observed Resident #1 eating. He stated they discuss weight loss in the Quality Assurance (QA) meetings. He stated Resident #1was not capable of feeding himself 100 % of meals. He stated with Resident #1's history, he cannot feed self. He stated the resident has limited motion due to Cerebral Infarction. He stated the nutritional consult should have been done within a week. On 10/11/21 at 4:05 PM, in an interview with the DON, stated we had a system failure. Our system needs to be changed. She stated things were not done in a timely manner. She stated physician orders should be followed immediately. She stated the staff needs to check the summary for new orders an implement those orders. She stated the nurses are supposed to report to each other what was not done to the oncoming nurse. She stated staff needs to document what they do better. On 10/11/21 at 4:33 PM in an interview with Administrator stated it is their policy when a nurse receive orders, they are carried out. She stated she has stand up meetings. She stated the nurses should have followed up with the Barium Swallow results. She stated people should be doing their job. She stated it could have been a big giant thing. She stated it could have been life and death for Resident #1 by staff not checking orders. She stated if staff did not document it, it did not happen. She stated she has observed Resident #1 eating. She stated he would be a little messy eating. She stated she has never watched the whole meal.	M 655		

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M 655	Continued From page 19 On 10/12/21 at 1:30 PM, the SA attempted to interview Resident #1 in his room. He is able to understand handwritten messages and he used his cell phone to FaceTime with his son. The SA would ask Resident #1's son questions and he would then use sign language to communicate with the resident. The resident confirmed that staff will help him eat and he does not refuse their assistance. The SA asked if staff has always helped him eat and the son responded that he (the son) could answer that question for the SA. The son stated that Resident #1 used to eat without assistance but when the diet was changed to pureed consistency, he had trouble keeping food on the spoon and he would spill most of the food into his lap or on his clothes. The resident confirmed by nodding his head "no" that he has not received Ensure on his meal trays. On 10/13/21 at 9:21 AM, during a phone interview with RP #2, spouse answered the phone. RP #2 was not available. RP #2 spouse stated that she had been to the facility mostly in the evening she did not see Ensure on his tray during meals. She stated Resident #1 would be in his room or in the Dining room feeding himself. She stated the staff did not feed resident when she visited him. On 10/13/21 at 9:37AM, in an interview with the Speech Therapist (ST), stated she started with the facility in 1/2021. She stated Resident #1 received ST services from 4/16/21 thru 6/17/21. She stated he was taken off the program due to non-compliance. She stated he was on a puree diet, and he was okay with it for meals. She stated when the snack cart came around, he wanted chips, cookies and crackers. She stated Resident #1 requested the puree diet because he	M 655		

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coughed a lot. She stated she was aware he was on supplements. She watched him eat 2-3 times a week, and he coughed a lot while eating. She stated he would waste some on himself. She stated she could not estimate how much he wasted. She stated that she observed him eat lunch only in the dining room and his room. She stated she did not remember seeing Ensure on his tray in his room or dining room. She stated she was not aware of MD orders to feed the resident. She stated if the resident got Ensure and MD orders to feed resident were carried out then she believes his eating could have been restored.

On 10/13/21 at 10:53 AM, in an interview with the RD stated she has not been in the facility since the Pandemic started in March 2020. She stated she has never seen the resident eat.

On 10/15/21 at 1:19 PM in an interview with DM, stated she puts supplement orders on the printed meal ticket. She stated she gets a diet order from the medical records nurse gives me a printout of resident diet and supplements. She stated when she gets copy she puts it in the computer and it prints out on their tray card. She stated she relies on staff to put what is on ticket on the tray. She stated she cannot recall ever not seeing Ensure on Resident #1's tray.

On 10/15/21 at 1:50 PM in an interview with CNA #5 stated she has observed Resident #1 eat. She stated he feeds himself most of the time. She stated he wasted more with the puree diet. She stated she charted a 100 percent because the plate was clean.

Record review of the RD Nutrition Assessment dated 10/6/21 at 2:49 PM revealed, "RD

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consulted to make recommendations for enteral feedings as resident is s/p (status post) PEG placement per family request ...weight 124 # (pounds) ...87% IBW ... wt (weight) loss in 30 days and 10.8% wt loss in 180 days-significant ...Nutrition Interventions: Recommend: Initiate Glucerna 1.2 at final goal rate of 65 ml/hour from 8 p.m. to 6 a.m. (10 hours total). Flush with 150 ml free water every 6 hours.

Record review of the RD Nutrition Assessment dated 10/6/21 at 4:55 PM revealed, "Edited assessment from 10/6/21 ...weight 124 #...Nutritioanl Interventions: Recommend: 1) Initiate Fibersource HN at final goal rate of 65 ml (milliliters)/hr (hour) from 8 p.m. to 6 a.m. (10 hours total). Flush with 150 ml free water every six (6) hours. This will provide 780 kcal, 35grams protein, 1129ml fluid and 1250 total ml. 2) Discontinue Ensure as resident has not been consuming these ..."

Record review of Resident #1's Face Sheet revealed Resident #1 was admitted to the facility on 2/3/20 with diagnoses that included Other specified arthritis, Unspecified Osteoarthritis, Lack of coordination,Muscle weakness-generalized, Cerebral Infarction, Weakness, and Dysphagia.

Record review of the quarterly Minimum Data Set with an Assessment Record date of 7/6/21 revealed a Brief Interview of Mental Status (BIMS) of seven (7). Review of section G revealed a 2 which means physical help with eating.

Removal Plan

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M 655	Continued From page 22 On October 13, 2021, at 2:31pm State Agency notified the Administrator that the facility was in Immediate Jeopardy (IJ) and templates were provided to the Administrator. The facility failed to implement the comprehensive person-centered care plan for Resident #1 who required assistance with feeding, failed to provide supplement as ordered, and failed to provide assistance with eating during meals. The facility failed to revise the person-centered care plan from potential to actual weight loss. On August 25, 2021, a barium swallow study was obtained related to swallowing difficulties. The facility failed to obtain results of the barium swallow study. On September 29, 2021, Resident #1 underwent a procedure to place a percutaneous endoscopic gastrostomy tube. Resident #1 returned to the facility with recommendations to consult nutritionist but with no enteral feeding orders. The facility failed to obtain orders for enteral feedings for six days after feeding tube placement. Resident #1 had a weight loss of 7.58% in the last 30 days and a weight loss of 17.51% in the last 180 days. Corrective Action: 1. Facility Registered Dietitian #1 made recommendations for enteral feedings for Resident #1 on October 6, 2021. Recommendations discussed with Attending Physician #1 on October 6, 2021. New orders obtained and implemented on October 6, 2021. On October 13, 2021, results of barium swallow study was discussed with Registered Dietitian #1 and Attending Physician #1 with new order received and implemented on October 13, 2021 for Fibersource HN at 65ml/hr continuously.	M 655		

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M 655	Continued From page 23 2. Director of Nurses (DON) and Licensed Practical Nurse (LPN) #1 immediately initiated in-services with Registered Nurses, Licensed Nurses, Certified Nursing Assistants and Temporary Nurse Aides on October 13, 2021, at 3:10pm on Tube Feedings, obtaining orders timely for enteral feedings, Comprehensive care plans, Revision of Comprehensive Care Plans, Weight Loss interventions to include obtaining the physician's orders for oral supplements and frequency were added to the electronic medication administration record and the percentage of consumption would be recorded, providing required assistance during meal time, Addressing recommendations following barium swallow studies. In-services will be on-going, and no Registered Nurses, Licensed Nurses, Certified Nursing Assistants, Temporary Aides or contract nursing and aide staff will be allowed to work until participation of the in-services are completed. 3. The facility Quality Assurance Committee Meeting was held on Wednesday October 13, 2021, at 3:45pm with the committee consisting of facility Director of Nurses, Nursing Home Administrator, Medical Director, Infection Preventionist, Registered Nurses (RN) #1, Registered Nurse (RN) #2, Registered Nurse (RN) #3, and Licensed Practical Nurse (LPN) #1. Topics discussed included on Tube Feedings, Comprehensive Careplans, Revision of Comprehensive Careplans, Weight Loss interventions to include obtaining the physician's orders for oral supplements and frequency were added to the electronic medication administration record and the percentage of consumption would be recorded, Providing required assistance during meal time, Addressing recommendations following barium swallow studies, Providing Supplements as ordered and obtaining orders	M 655		

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M 655	Continued From page 24	M 655		

timely for enteral feedings. No policy changes were made however, facility made procedural changes on October 13, 2021, to include obtaining and addressing recommendations for barium swallow studies as well as obtaining orders for new peg tube placement enteral feedings. The Director of Nurses (DON), Registered Nurse (RN) #1 and Registered Nurse (RN) #2 will review recommendations of barium swallow studies to ensure recommendations are addressed with the Resident, Resident Representative and Physician and are implemented. All supplement orders have been placed on the electronic medication administration record, and the nurse will document intake percentage.

4. Forty-one active residents were assessed by Registered Nurse #3 and the Director of Nurses (DON) for the level of assistance needed with meals on October 13, 2021. Three of forty-one active residents were identified as needing assistance with meals. Staff will assist these residents with in-room dining or at assistive dining tables per resident's preference.

5. On October 13, 2021, Registered Nurse (RN) #1 reviewed records to identify residents requiring enteral feedings. Forty-one active residents' records were reviewed and one of forty-one active resident was identified as requiring enteral feedings. Registered Nurse (RN) #1 physically assessed one of forty-one active residents' requiring enteral feeding.

On October 13, 2021, Registered Nurse (RN) #1 reviewed records to identify residents requiring assistance with eating. Forty-one active residents' records were reviewed, and three of forty-one active residents were identified as requiring

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M 655	Continued From page 25	M 655		

assistance with eating. Registered Nurse (RN) #1 physically assessed the three of forty-one active residents identified as needing assistance with eating.

On October 13, 2021, Registered Nurse (RN) #1 reviewed records to identify residents with significant weight loss. Forty-one active residents' records were reviewed, and six of forty-one active residents were identified as having significant weight loss. Registered Nurse (RN) #1 physically assessed the six of forty-one active residents identified as having significant weight loss.

On October 13, 2021, Registered Nurse (RN) #1 reviewed records to identify residents requiring supplements. Forty-one active residents' records were reviewed, and nine of forty-one active residents were identified as requiring supplements. Registered Nurse (RN) #1 physically assessed the nine of forty-one active residents identified as requiring supplements with no significant findings identified.

In the last six months three of forty-one active residents had barium swallow studies performed. Registered Nurse (RN) #1 assessed and observed those three of forty-one active residents on October 13, 2021, and also reviewed their barium swallow study results for recommendations. It was determined that the recommendations were being followed at this time.

Care plans were reviewed by Registered Nurse (RN) #1, Registered Nurse (RN) #2, Registered Nurse (RN) #3, and Director of Nursing for eighteen of forty-one active residents on October 13, 2021. Care plans were revised and implemented on seven of the eighteen residents

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M 655	Continued From page 26 on October 13, 2021, for significant weight loss, assistance with eating, and supplements. The facility alleges removal of the immediacy as of October 14, 2021, 8:00am. Validation: On 10/16/21, the SA validated the facility's corrective actions through observation, interview, record review and in-service sign in sheets. 1.SA validated by interviews, observation and record reviews Resident #1 feeding started on 10/6/21. Facility Registered Dietitian #1 made recommendations for enteral feedings for Resident #1 on October 6, 2021. Recommendations discussed with Attending Physician #1 on October 6, 2021. New orders obtained and implemented on October 6, 2021. On October 13, 2021 results of barium swallow study was discussed with Registered Dietitian #1 and Attending Physician #1 with new order received and implemented on October 13, 2021 for Fibersource HN at 65ml/hr continuously. 2. SA validated by interviews and record reviews that the Director of Nurses (DON) and Licensed Practical Nurse (LPN) #1 immediately initiated in-services with Registered Nurses, Licensed Nurses, Certified Nursing Assistants and Temporary Nurse Aides on October 13, 2021, at 3:10pm on Tube Feedings, obtaining orders timely for enteral feedings, Comprehensive care plans, Revision of Comprehensive Care Plans, Weight Loss interventions to include obtaining the physician's orders for oral supplements and frequency were added to the electronic medication administration record and the	M 655		

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percentage of consumption would be recorded, providing required assistance during meal time, Addressing recommendations following barium swallow studies. In-services will be on-going and no Registered Nurses, Licensed Nurses, Certified Nursing Assistants, Temporary Aides or contract nursing and aide staff will be allowed to work until participation of the in-services are completed.

3. SA validated through Quality Assurance sign in sheet dated 10/13/21 all disciplines attended. SA also interviewed staff who attended the Quality Assurance Committee Meeting held on Wednesday October 13, 2021 at 3:45pm with the committee consisting of facility Director of Nurses, Nursing Home Administrator, Medical Director, Infection Preventionist, Registered Nurses (RN) #1, Registered Nurse (RN) #2, Registered Nurse (RN) #3, and Licensed Practical Nurse (LPN) #1. Topics discussed included on Tube Feedings, Comprehensive Careplans, Revision of Comprehensive Careplans, Weight Loss interventions to include obtaining the physician's orders for oral supplements and frequency were added to the electronic medication administration record and the percentage of consumption would be recorded, Providing required assistance during meal time, Addressing recommendations following barium swallow studies, Providing Supplements as ordered and obtaining orders timely for enteral feedings. No policy changes were made however, facility made procedural changes on October 13, 2021 to include obtaining and addressing recommendations for barium swallow studies as well as obtaining orders for new peg tube placement enteral feedings. The Director of Nurses (DON), Registered Nurse (RN) #1 and Registered Nurse (RN) #2 will review

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recommendations of barium swallow studies to ensure recommendations are addressed with the Resident, Resident Representative and Physician and are implemented. All supplement orders have been placed on the electronic medication administration record, and the nurse will document intake percentage.

4. SA validated through observation, interviews, and record reviews that forty-one active residents were assessed by Registered Nurse #3 and the Director of Nurses (DON) for the level of assistance needed with meals on October 13, 2021. Three of forty-one active residents were identified as needing assistance with meals. Staff will assist these residents with in-room dining or at assistive dining tables per resident's preference.

5. SA validated through record review, staff interview, observation, interview and record review of residents with significant weight loss that on October 13, 2021, Registered Nurse (RN) #1 reviewed records to identify residents requiring enteral feedings. Forty-one active residents' records were reviewed, and one of forty-one active resident was identified as requiring enteral feedings. Registered Nurse (RN) #1 physically assessed one of forty-one active residents' requiring enteral feeding.

On October 13, 2021, Registered Nurse (RN) #1 reviewed records to identify residents requiring assistance with eating. Forty-one active residents' records were reviewed,and three of forty-one active residents were identified as requiring assistance with eating. Registered Nurse (RN) #1 physically assessed the three of forty-one active

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M 655	Continued From page 29 residents identified as needing assistance with eating. On October 13, 2021, Registered Nurse (RN) #1 reviewed records to identify residents with significant weight loss. Forty-one active residents' records were reviewed, and six of forty-one active residents were identified as having significant weight loss. Registered Nurse (RN) #1 physically assessed the six of forty-one active residents identified as having significant weight loss. On October 13, 2021, Registered Nurse (RN) #1 reviewed records to identify residents requiring supplements. Forty-one active residents' records were reviewed, and nine of forty-one active residents were identified as requiring supplements. Registered Nurse (RN) #1 physically assessed the nine of forty-one active residents identified as requiring supplements with no significant findings identified. In the last six months three of forty-one active residents had barium swallow studies performed. Registered Nurse (RN) #1 assessed and observed those three of forty-one active residents on October 13, 2021 and also reviewed their barium swallow study results for recommendations. It was determined that the recommendations were being followed at this time. Care plans were reviewed by Registered Nurse (RN) #1, Registered Nurse (RN) #2, Registered Nurse (RN) #3, and Director of Nursing for eighteen of forty-one active residents on October 13, 2021. Care plans were revised and implemented on seven of the eighteen residents on October 13, 2021, for significant weight loss, assistance with eating, and supplements.	M 655		

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M 655	Continued From page 30 The SA validated that all corrective actions to remover the IJ had been completed as of 10/14/21 and the IJ was removed on 10/15/21, prior to exit.	M 655		