STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255313	A. BUILDING _____ B. WING _____	11/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUGAN MEMORIAL HOME	26894 EAST MAIN STREET WEST POINT, MS 39773

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual re-certification survey at the facility from 11/01/2021 to 11/04/2021. During the survey, the SA determined that the facility was not in compliance with Medicare and Medicaid requirements of participation. The SA sited F-656, F-677, and F-688. The facility was licensed for 60 beds and had a census of 50 at the time of the survey.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its	F 656		12/15/21

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

Electronically Signed | 11/23/2021

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F 656	Continued From page 1 rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review and facility policy review the facility failed to follow the care plan for Activities of Daily Living related to Shaving residents for two (2) of five (5) residents reviewed and Position and Mobility related to placement of a splint for one (1) of three (3) residents reviewed with splints. Resident #1, Resident #15, and Resident #402. Findings Include: Review of facility policy titled, "Comprehensive Care Plans," with a revision date of 11/2017 stated, "It is the policy of Dugan to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment."	F 656	1. On 11/4/2021, Resident 15 and 402 were shaved by the lead certified nursing assistant. On 11/19/2021 Resident 15 and 402 were interviewed by Nursing Home Administrator to determine their preference as to how to wear their facial hair. By 11/22/2021 preferences were added to the current care plan and those directions are electronically sent to certified nurses assistants for documentation of when and what care was delivered to facial hair. On 11/3/2021, the Medical Records Nurse received from therapy an updated recommendation for placement of splint on Resident #1. On 11/3/2021, Medical Records Nurse updated care plan to reflect recommendation from splint application and this was electronically sent to certified nursing assistants for direction and documentation of correct splint application. The recommendation	

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F 656	Continued From page 2 An observation, during initial tour, on 11/01/21 at 11:55 AM, revealed Resident #1, had a resting hand splint on her bedside table. Resident #1 had a contracture of the right wrist. An observation, on 11/2/21 at 01:30 PM, revealed Resident #1 was not wearing the resting hand splint on her right wrist. The resting hand splint was not observed visible on any surface in the room. An observation, on 11/3/21 at 09:16 AM, revealed Resident #1 did not have her resting hand splint on the right wrist. Resident #1 did respond to the request to pull her covers back and allow her right wrist to be observed for resting hand splint placement. The resting hand splint was observed across Resident #1's room in a chair. An observation, on 11/3/21 at 03:06 PM, revealed Resident #1 had the resting hand splint on her right wrist and appeared to be resting comfortably with the resting hand splint on. She did not show any visible signs of discomfort. An initial tour observation, on 11/01/21 at 11:30 AM, revealed Resident #15, had facial hair that appeared to be from several days of growth. Resident #15 appeared to need a shave. When asked if he wanted to shave, Resident #15 answered, "Yes." An observation, on 11/2/21 at 09:39 AM, revealed Resident #15 continues to have facial hair and has not been shaved. An observation, on 11/3/21 at 09:12 AM, revealed Resident #15 continues to have facial hair and	F 656	was also electronically sent to the Charge Nurse via Treatment Administration Record for verification of correct splint application. On 11/4/2021 use of the splint was discontinued by Occupational Therapy. Resident #1 was provided a new order to be treated by Occupational Therapy for eight weeks during which time they would be addressing deficits and developing a new plan of care for treatment. 2. All male residents were found to be at risk by this deficient practice concerning honoring preferences for facial hair. All residents who have recommended use of splints were found to be at risk by this deficient practice. 3.On 11/19/2021 Nursing Home Administrator interviewed all male residents or their responsible party regarding Facial Hair Preferences and recorded their responses on the Facial Hair Preference Sheet (Attachment A). A copy of the Facial Hair Preference sheet was shared by email to Registered Nurse for care planning. Nursing Home Administrator checked care plan on 11/22/2021 to ensure preferences had been added and that certified nurses assistants are electronically notified and documenting when and what care is delivered to facial hair. By 12/5/2021 certified nursing assistants will have education provided by Registered Nurse as to the importance of following care plan preferences for residents specifically related to their preference for facial hair grooming. On 11/4/2021 Director of Rehab provided	

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F 656	Continued From page 3 has not been shaved. An observation, on 11/4/21 at 08:40 AM, revealed Resident #15 continues to have facial hair and has not been shaved. Resident #15's facial hair was observed to be approximately one (1) inch long on today. An initial tour observation, on 11/1/21 at 11:30 AM, revealed Resident #402 was not shaved. Resident had facial hair that appears to be a result from several days growth. An observation, on 11/02/21 at 09:10 AM, revealed Resident #402 continues to have facial hair and has not been shaved. An observation, on 11/3/21 at 09:12 AM, revealed Resident #402 continues to have facial hair and has not been shaved. An observation, on 11/4/21 at 08:40 AM, revealed Resident #402 continues to have facial hair and has not been shaved. Resident's facial hair was observed to be approximately one-half inch long. An interview, on 11/3/21 at 03:11 PM, with Certified Nursing Aide (CNA) #2, revealed she had been assigned to Resident #1 on second shift for the past two (2) weeks. CNA #2 stated she had noticed Resident #1 had not been wearing the resting hand splint much in the past two (2) weeks. CNA #2 stated she saw Resident #1 did not have the resting hand splint on yesterday, 11/2/21. CNA #2 stated that she did not put the resting hand splint on Resident #1 on 11/2/21, because she could not find it in Resident #1's room. CNA #2 stated Resident #1 was supposed to wear the resting hand splint every	F 656	a list to Medical Records Nurse of all residents with recommended splint applications. On 11/4/2021 Medical Records Nurse added those recommendations to care plans and electronically sent them to certified nursing assistants for direction and documentation. On 11/23/2021 Nursing Home Administrator verified that Charge Nurses had communication on the Treatment Administration Record to verify that each resident's splints have been applied as recommended. Director of Rehab or Registered Nurse will provide education to Charge Nurses and certified nursing assistants as to importance of proper splint application by 12/3/2021; training will include a picture of each splint properly applied with simple directions for application. 4. Nursing Home Administrator or Registered Nurse will complete Facial Hair Audit (Attachment B)every third day beginning 11/23/2021 until 12/13/2021. Results of these audits will be presented at Quality Assurance Meeting with Medical Director and team members on 12/14/2021. If issues are identified with honoring facial hair preferences, Quality Assurance Committee will track and trend any noncompliance and make recommendations that may include further training or corrective action of employees. Facial Hair Audit will be conducted by Nursing Home Administrator once a week for four weeks to ensure continued sustenance. On 01/11/2022 findings will be carried to Quality Assurance Committee. The Committee will decide	

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F 656	Continued From page 4 day, for a certain number of hours, and it needed to be taken off to let Resident #1's hand rest. CNA #2 also stated the splint had to be removed to clean Resident #1's hand. CNA #2 stated she did not know why the resting hand splint was not being used on Resident #1's wrist. An interview, on 11/3/21 at 03:20 PM, with Licensed Practical Nurse, (LPN) #1 revealed she was not aware Resident #1 had a discrepancy with the order and care plan documentation regarding the resting hand splint. LPN #1 stated she did not remember how many times Resident #1 had not worn the resting hand splint for the past 3 days this week. An interview, on 11/3/21 at 04:10 PM, with the Director of Nursing (DON), revealed she had no knowledge the resting hand splint was not being adequately applied on Resident #1 according to the order and care plan. She stated she was not aware the documentation of the order and the documentation on the care plan, for the resting hand splint, did not match, regarding the use of the resting hand splint for Resident #1. The DON stated she was aware some of the facility care plans needed corrections. The DON stated all resident orders should match their care plans to ensure all care is being given to all residents. An interview, on 11/3/21 at 04:10 PM, with the Administrator, revealed she had no knowledge the resting hand splint was not applied on Resident #1 according to the order and care plan. She stated she was not aware the documentation on the order and the documentation on the care plan, for the resting hand splint, did not match, regarding the use of the resting hand splint for Resident #1. Administrator stated all resident	F 656	whether continued observation is needed weekly or should be decreased in frequency and continued for a quarter to ensure sustenance. From 11/30-12/13/2021, Quality Assurance Nurse or Charge Nurse will use the Splint Application Audit Form (Attachment C) to document their observations that splints for each resident are applied as recommended and if refused it is noted in nurses notes. After 12/13/2021, monitoring of splint application will be performed by Quality Assurance Nurse or Charge Nurse twice weekly for two weeks and then decrease to once weekly for four weeks. This observation will be incorporated into a monthly check that is performed on all residents with recommended splints. Results of the Splint Application Audits will be reported to Interdepartmental Team weekly. Results of the Splint Application Audits will be summarized and provided to Medical Director and Quality Assurance Committee at 12/14/2021 meeting and at least quarterly afterwards for a minimum of 12 months. The Quality Assurance Committee will make recommendations for training and possible ways to improve application of splints. Any noncompliance will be tracked and trended through the Quality Assurance Committee to be certain training and direction are reaching all shifts and learning styles.	

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F 656	Continued From page 5	F 656		

orders should match their care plans. She stated she was aware some of the facility care plans needed corrections.

An interview, on 11/4/21 at 08:36 AM, with the Minimum Data Set (MDS) Nurse, revealed she was not aware of the care plan, for Resident #1, not matching information on the orders for the resting hand splint. The MDS Nurse stated she and Medical Records shared the responsibility of developing and updating the nursing care plans. The MDS Nurse stated Medical Records may have been the one responsible for Resident #1's care plan entry.

An interview, on 11/4/21 at 08:45 AM, with Medical Records, revealed she was not responsible for developing or updating care plans for any of the residents. Medical Records stated she did change Resident #1's Activities of Daily Living (ADL) Care Plan in the Electronic Health Record (EHR), for the resting hand splint, last evening, 11/3/21, per administrator's request.

An interview, on 11/4/21 at 08:45 AM, with the Administrator, revealed the MDS Nurse was assigned the task of developing and updating nursing care plans. Administrator stated the incorrect entry on the care plan, related to use of the resting hand splint, for Resident #1 was entered by the MDS nurse. Administrator stated she did request Medical Records to correct Resident #1's Care Plan to match the order for the resting hand splint on last evening, 11/3/21.

An interview, on 11/3/21 at 09:45 AM, with CNA #4 revealed the ADL care for Resident #15 was complete for 11/3/21. CNA #4 revealed she observed there was hair on Resident #15's face.

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F 656	Continued From page 6	F 656		

CNA #4 stated the shaving ADL task fires in the Kiosk for the second shift CNAs, but did see the ADL task had not been completed by the second shift CNA. CNA #4 stated she saw Resident #15 had facial hair when she was assigned to him on Monday. CNA #4 stated that she should have shaved him and reported the task was not done on 2nd shift.

An interview, on 11/4/21 at 09:35 AM, with the DON, revealed Resident #15 and Resident #402 should have been shaved before today and was not aware Resident #15 and Resident #402 needed to be shaved all week. The DON stated Resident #15 and Resident #402 did not receive adequate assistance with all ADLs as Care Planned. The DON stated all ADL tasks for residents should be completed every day, the CNA's are responsible for completing all ADL tasks, for all residents, every day and the Lead CNA has the responsibility to round in each resident's room, daily, to ensure all ADL tasks, for every resident, had been completed.

An interview, on 11/4/21 at 09:41 AM, with the Lead CNA #5, revealed all CNAs were aware of the ADL Care Plans and all ADLs are to be completed for every resident, every day. CNA #5 stated she has the responsibility, of making rounds, in every resident's room to assess residents, behind the other CNA's, to ensure all ADL care was completed for all residents. CNA #5 stated she was not aware Resident #15 and Resident #402 had received a shave all week. CNA #5 recognized Resident #15 and needed to be shaved from today's observation.

An interview, on 11/1/21 at 12:00, with Resident #402, revealed he wanted to be shaved. He

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F 656	Continued From page 7	F 656		

stated that this is very important.

An interview, on 11/3/21 at 09:45 AM, with CNA #4 revealed ADL care for Resident #402 was complete for 11/3/21. CNA #4 revealed she observed there was hair on Resident #402's face. CNA #4 stated the shaving ADL task fires in the Kiosk for the second shift CNAs, but did see the ADL task had not been completed by the second shift CNA. CNA #4 stated she saw Resident #402 had facial hair when she was assigned to him on Monday. CNA #4 stated she should have shaved him and reported the task not being done by 2nd shift.

Record review revealed Resident #1 had a Care Plan developed with an approach that revealed the "Patient is to wear resting hand splint at all times, only to be removed for bathing, hand hygiene, and monitor skin integrity."

Record review, of Resident #1's orders, with LPN #1, revealed an order stating, "Patient to wear resting hand splint on the right forearm/wrist/hand six (6) hours each day in order to prevent contracture."

Record review, of the ADL Care Plan for Resident #15 revealed the problem "I require assistance with my ADLs." and an approach that directed staff to "Assist elder with ADLs, as needed, to maintain current function and improve independence with ADLs."

Record review, of ADL Care Plan for Resident #402, revealed the problem "I require assistance with my ADLs." and the approach that directed staff to "Assist elder with ADLs, as needed, to maintain current function and improve

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F 656	Continued From page 8 independence with ADLs." Record review, of an annual MDS, for Resident #1, with an Assessment Reference Date (ARD) of 5/6/21, revealed a Brief Interview for Mental Status, (BIMS), score of 99, indicating severely impaired cognitive skills. Record review of an Annual MDS with an ARD of 5/6/21 for Resident #402 revealed a BIMS, score of eight (8), indicating moderately impaired cognitive skills. Record review of a Quarterly MDS with an ARD date of 8/9/21 for Resident #15 revealed a BIMS score of 5, indicating severely impaired cognitive skills.	F 656		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, interview of residents and staff, and record review the facility failed to shave residents who were dependent for Activities of Daily Living (ADL) for two (2) of five (5) residents observed. Resident #15 and #402. Findings include: Review of facility policy titled, "Grooming a Resident's Facial Hair," dated 11/1/2016, revealed, "It is the practice of this facility to assist residents with grooming facial hair to meet their	F 677	1. On 11/4/2021, Resident 15 and 402 were shaved by the lead certified nursing assistant. On 11/19/2021 Resident 15 and 402 were interviewed by Nursing Home Administrator to determine their preference as to how to wear their facial hair. By 11/22/2021 preferences were added to the current care plan and those directions are electronically sent to certified nurses assistants for documentation of when and what care was delivered to facial hair.	12/15/21

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F 677	Continued From page 9 preference." Initial tour observation of Resident #402, on 11/01/21 at 12:00 PM, revealed Resident #402 was not shaved. He had facial hair that appeared to be a result from several days growth. Resident #402 stated he would like to be shaved. He stated that this is very important. Initial tour observation revealed Resident #15, had facial hair that appeared to be from several days of growth. Resident #15 appeared to need a shave. When asked if he wanted a shave, Resident #15 answered, "Yes." An observation, on 11/2/21 at 09:39 AM, revealed Resident #15 continues to have facial hair and has not been shaved. An observation, on 11/3/21 at 09:12 AM, revealed Resident #15 continues to have facial hair and has not been shaved. An observation, on 11/4/21 at 08:40 AM, revealed Resident #15 continues to have facial hair and has not been shaved. Resident # 15's facial hair was observed to be approximately one (1) inch long on today. An observation, on 11/02/21 at 09:10 AM, revealed Resident #402 continued to have facial hair and had not been shaved. An observation, on 11/3/21 at 09:12 AM, revealed Resident #402 continued to have facial hair and had not been shaved. An observation, on 11/4/21 at 08:40 AM, revealed Resident #402 continued to have facial hair and	F 677	2. All male residents were found to be at risk by this deficient practice. 3.On 11/19/2021 Nursing Home Administrator interviewed all male residents or their responsible party regarding Facial Hair Preferences and recorded their responses on the Facial Hair Preference Sheet (Attachment A). A copy of the Facial Hair Preference sheet was shared by email to Registered Nurse for care planning. Nursing Home Administrator checked care plan on 11/22/2021 to ensure preferences were added and that certified nurses assistants are electronically notified and documenting when and what care is delivered to facial hair. By 12/5/2021 certified nursing assistants will have education provided by a Registered Nurse as to importance of following care plan preferences for residents specifically related to their preference for facial hair grooming. 4. Nursing Home Administrator or Registered Nurse will complete Facial Hair Audit (Attachment B)every third day beginning 11/23/2021 until 12/13/2021. Results of these audits will be reviewed at Quality Assurance Meeting with Medical Director and team members on 12/14/2021. If any issues are identified with honoring facial hair grooming preferences, Quality Assurance Committee will track and trend noncompliance and make recommendations that may include further training or corrective action of employees. Facial Hair Audit will be conducted by Nursing Home Administrator once weekly	

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F 677	Continued From page 10	F 677		

has not been shaved. Resident's facial hair was observed to be approximately one-half inch long.

An observation and interview, on 11/4/21 at 09:35 AM, with the Director of Nursing (DON), revealed she recognized Resident #402 needed to be shaved. The DON asked Resident #402 if he wanted to be shaved today and Resident #402 answered "Yes". The DON revealed Resident #402 should have been shaved before today and was not aware Resident #402 needed to be shaved all week. The DON stated she was aware Resident #402 did not normally wear facial hair and liked his face to stay clean shaved. The DON asked Resident #15 if he wanted to be shaved today. Resident #15 answered "Yes" to wanting to be shaved today. The DON stated Resident #15 should have been shaved before today and was not aware Resident #15 needed to be shaved all week. The DON stated she was aware Resident #15 did not normally wear facial hair and liked his face to stay clean shaven. She stated the CNA's are responsible for completing all ADL tasks, for all residents, every day. The DON stated the Lead CNA has the responsibility to round in each resident's room, daily, to ensure all ADL tasks, for every resident, had been completed. The DON stated Resident #15, and Resident #402 should not have gone all week without being shaved. She stated Resident #15 and #402 did not receive adequate assistance with all ADLs.

An interview, on 11/3/21 at 09:45 AM, with CNA #4 revealed the morning ADL care for Resident #402 had been completed. CNA # 4 revealed she observed there was hair on Resident #402's face, the shaving task fires in the Kiosk for the second shift CNAs, and male residents are to be shaved every other day. CNA #4 revealed she

for four more weeks to ensure continued sustenance. Findings will be carried to Quality Assurance Meeting on 1/11/2022. Quality Assurance Committee will decide whether continued observation is needed weekly or if it should be decreased in frequency and continued for a quarter to ensure sustenance.

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was not at work yesterday but saw Resident #402 had facial hair when she was assigned to him on Monday. CNA #4 stated she should have shaved Resident #402 on Monday and reported the task not being done, by the second shift CNA, to her supervisor.

An interview, on 11/4/21 at 09:41 AM, with the Lead CNA #5, revealed all CNAs were aware that all male residents were to be shaved every day. CNA #5 stated she has the responsibility of making rounds, in every resident's room, to assess residents, behind the other CNA's, to ensure all ADL care was completed for all residents. CNA #5 stated she was not aware Resident #15 and Resident #402 had not received a shave all week. CNA #5 stated she has been at work all week this week. CNA #5 stated she has been tied up, all week, weighing every resident in the facility, and did not observe Resident#15 and Resident #402 needed a shave when he was weighed. CNA #5 stated Resident #15, and Resident #402 should have received a shave every day this week. CNA #5 stated Resident #15, and Resident #402 liked to stay clean shaved.

An interview, on 11/3/21 at 09:45 AM, with CNA #4 revealed she had completed Resident #15's ADL care for 11/3/21. CNA # 4 revealed she observed there was hair on Resident #15's face, the shaving task fires in the Kiosk for the second shift CNAs, and male residents are to be shaved every other day. CNA # 4 revealed she was not at work yesterday but saw Resident #15 had facial hair when she was assigned to Resident #15 on Monday. CNA #4 stated she should have shaved Resident #15 on Monday and reported the task not being done, by the second shift CNA, to her

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F 677	Continued From page 12 supervisor. Record review of the form, "Assigned Tasks List" from the Kiosk for CNAs, revealed Resident #15 did not have a task listed for shaving to be completed by the CNAs. Record review of the form, "Assigned Tasks List," from the Kiosk for CNAs, revealed documentation for Resident #402 stating, "Daily shave on two to ten (2-10) shift." "Use an electric razor to shave me." Record review of an Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/6/21 for Resident #402 revealed a Brief Interview for Mental Status, (BIMS), score of eight (8), indicating moderately impaired cognitive skills. Record review of a Quarterly MDS with an ARD date of 8/9/21 for Resident #15 revealed a BIMS, score of 5, indicating severely impaired cognitive skills.	F 677		
F 688 SS=D	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to	F 688		12/15/21

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F 688	Continued From page 13 prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review and facility policy review, the facility failed to prevent decrease in range of motion as evidenced by failure to apply a splint as ordered for one (1) of three (3) residents reviewed for splints. Resident #1. Findings include: Review of facility policy titled, "Prevention of Decline in Range of Motion," dated 11/1/2016, revealed "Residents who enter the facility without limited range of motion will not experience a reduction in range of motion unless the resident's clinical condition demonstrated that a reduction in range of motion is unavoidable." An observation, during initial tour, on 11/01/21 at 11:55 AM, revealed Resident #1, had a resting hand splint on her bedside table. An observation, on 11/2/21 at 01:30 PM, revealed Resident #1 was not wearing the resting hand splint on her right wrist. The resting hand splint was not observed visible on any surface in the room. An observation, on 11/3/21 at 09:16 AM, revealed Resident #1 did not have her resting hand splint	F 688	1. On 11/3/2021, the Medical Records Nurse received from therapy an updated recommendation for placement of splint on Resident #1. On 11/3/2021, Medical Records Nurse updated care plan to reflect recommendation from splint application and this was electronically sent to certified nursing assistants for direction and documentation of correct splint application. The recommendation was also electronically sent to the Charge Nurse via Treatment Administration Record for verification of correct splint application. On 11/4/2021, use application of splint was discontinued by Occupational Therapy. Resident #1 was provided an order to be treated by occupational therapy for eight weeks during which time they would be addressing her deficits and developing a new plan of care from that treatment. 2. All residents who have recommended use of splints were found to be at risk by this deficient practice. 3. On 11/4/2021 Director of Rehab provided a list to Medical Records Nurse of all residents with recommended splint applications. On 11/4/2021 Medical Records Nurse added those recommendations to care plans and	

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F 688	Continued From page 14 on the right wrist. Resident #1 did respond to the request to pull her covers back and allow her right wrist to be observed for resting hand splint placement. The resting hand splint was observed across Resident #1's room in a chair. An interview with Certified Nurse Aide (CNA) #1, on 11/3/21 at 9:16 AM, revealed the facility CNAs were trained by the therapy department to apply splints on the facility's residents. She stated the CNA's are responsible to remove and reapply the braces for residents to get a bath and to complete hand hygiene. An interview, on 11/3/21 at 03:11 PM, with CNA #2, revealed she had been assigned to Resident #1 on second shift for the past two (2) weeks. CNA #2 stated she had noticed Resident #1 had not been wearing the resting hand splint much in the past 2 weeks and Resident #1 did not have the resting hand splint on yesterday, 11/2/21. CNA #2 stated that she did not put the resting hand splint on Resident #1 on 11/2/21, because she could not find it in Resident #1's room. CNA #2 stated she was one of the staff members responsible for putting the resting hand splint on Resident #1's right wrist and Resident #1 was supposed to wear the resting hand splint every day, for a certain number of hours, and it needed to be taken off to let Resident #1's hand rest. CNA #2 also stated the splint had to be removed to clean Resident #1's hand and she did not know why the resting hand splint was not being used on Resident #1's wrist as ordered. CNA #2 stated she and other CNA's, who are assigned to Resident #1, had been in-serviced last week by the therapy department about putting the resting hand splint on Resident #1's right wrist.	F 688	electronically sent them to certified nursing assistants for direction and documentation. On 11/23/2021 Nursing Home Administrator verified that Charge Nurses had communication on the Treatment Administration Record to verify that each resident's splints have been applied as recommended. Director of Rehab or Registered Nurse will provide training to Charge Nurses and certified nursing assistants as to importance of proper splint application by 12/3/2021; training will include a picture of each splint properly applied with simple directions for application. 4. From 11/30-12/13/2021, Quality Assurance Nurse or Charge Nurse will use the Splint Application Audit Form (Attachment C) to document their observations that splints for each resident are applied as recommended and if refused it is noted in nurses notes. After 12/13/2021, monitoring of splint application will be performed by Quality Assurance Nurse or Charge Nurse twice weekly for two weeks and then decrease to once weekly for four weeks. This observation will be incorporated into a monthly check that is performed on all residents with recommended splints. Results of the Splint Application Audits will be reported to Interdepartmental Team weekly. Results of the Splint Application Audits will be summarized and provided to Medical Director and Quality Assurance Committee on 12/14/2021 and at least quarterly thereafter for a minimum of 12 months. The Quality Assurance Committee will make recommendations	

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F 688	Continued From page 15 An interview, on 11/3/21 at 03:20 PM, with Licensed Practical Nurse, (LPN) #1 revealed she did not remember how many times Resident #1 had not worn the resting hand splint for the past 3 days this week. An interview, on 11/3/21 at 3:37 PM, with the Certified Occupational Therapy Assistant (COTA), revealed no in-service was held with CNA's regarding applying the resting hand splint on Resident #1 last week. An interview, on 11/3/21 at 03:45 PM, with the Physical Therapist (PT), revealed no in-service was done by her, with the nurse aides, regarding the resting hand splint for Resident #1's right wrist. An interview, on 11/3/21 at 03:55 PM, with the Rehabilitation Director, revealed no in-service had been completed in the past week with the CNAs regarding the resting hand splint for Resident #1. The Rehabilitation Director stated an in-service was completed with nursing staff, at the time Resident #1 was on the active therapy case load, when the resting hand splint was ordered. An interview, on 11/3/21 at 04:10 PM, with the Director of Nursing (DON), revealed she had no knowledge the resting hand splint was not applied on Resident #1 as ordered in the medical record. The DON was not aware the documentation of the order and the documentation on the care plan was different regarding the use of the resting hand splint for Resident #1. The DON revealed she was not aware of an in-service with the CNAs, by the therapy department, last week, regarding applying the resting hand splint for Resident #1.	F 688	for training and possible ways to improve applications of splints. Any noncompliance will be tracked and trended through the quality assurance committee to be certain training and direction are reaching all shifts and learning styles.	

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During an interview, on 11/3/21 at 04:10 PM, the Administrator stated, "If the splint was not being used correctly on resident's contracted wrist, this could cause more contracture."

An interview, on 11/4/21 at 08:36 AM, with Minimum Data Sheet (MDS) Nurse, revealed she was not aware the care plan, for Resident #1, did not match the physicians orders for the resting hand splint. The MDS Nurse stated she and Medical Records shared the responsibility of developing and updating the nursing care plans and Medical Records may have been the one responsible for Resident #1's care plan entry.

An interview, on 11/4/21 at 08:45 AM, with Medical Records, revealed she was not responsible for developing or updating care plans for any of the residents. Medical Records stated she did change Resident #1's Activities of Daily Living (ADL) Care Plan in the Electronic Health Record (EHR), for the resting hand splint, on 11/3/21.

An interview with Rehabilitation Services Director, revealed she requested an (OT) evaluation for Resident #1, to be completed on 11/4/21, for assessment of the contracture, to the right wrist, for decline in range of motion, due to staff possibly not using the resting hand splint as ordered.

An interview, on 11/4/21 at 09:02 AM, with CNA #3, revealed the nurses are the only ones responsible for taking splints off residents. CNA #3 stated she always asked the nurse to remove any kind of splint or brace from a resident. CNA #3 stated she had not been in-serviced in the

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past week by the therapy department regarding application of the resting hand splint for Resident #1.

An interview, on 11/4/21 at 09:02 AM, with CNA #4 revealed CNAs are in-serviced by the therapy department to apply and remove splints and braces from facility residents and there is a sign off sheet showing understanding of the training. CNA #4 stated she had not been in-serviced in the past week by the therapy department regarding placement of the resting hand splint for Resident #1. CNA #4 stated CNAs are responsible for charting on splints and braces, if it comes up on the tasks on their Kiosk. CNA #4 stated she had seen the task, on the Kiosk, for Resident #1, for the resting hand splint.

During an interview, on 11/4/21 at 09:15 AM with the DON, she revealed that the resident could have worsening contractures with the right-hand splint not being worn.

An interview, on 11/4/21 at 11:00 AM, with the OT revealed Resident #1 had noted a decline in her contracted right wrist.

An interview, on 11/4/21 at 11:10 AM, with LPN #2, revealed she could not say the resting hand splint was applied to Resident #1's right wrist every day. LPN #2 revealed Resident #1 removed the hand splint at times and she did not reapply the resting hand splint, because Resident #1 would not want it back on. LPN #2 confirmed that she did not document this.

Record review of Resident #1's Face Sheet revealed a diagnosis of Heimiplegia following a

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Cerebral Infarction affecting the right donimant side.

Record review revealed Resident #1 had an order, dated 3/15/21 and a reorder dated 4/16/21, which stated, "Patient to wear resting hand splint on the right forearm/wrist/hand six (6) hours each day in order to prevent contracture."

Record Review of the OT's form titled "Functional Maintenance Program," dated 3/15/21 revealed a recommendation for Resident #1 that stated, "Right resting hand splint should be worn for four (4) to six (6) hours daily."

Record Review of ADL "Assigned Tasks List" from the facility Kiosk for CNA documentation revealed "Patient is to wear resting hand splint on patient's right forearm/wrist/hand for 6 hours each day in order to prevent contractures." "Remove resting hand splint on patient's right forearm/wrist/hand and monitor skin integrity." The "Assigned Tasks List" revealed the tasks were assigned to the CNAs to complete, every day, starting at 08:00 AM and ending at 02:00 PM.

Record review with LPN #2 revealed the Electronic Treatment Authorization Record (ETAR) showed Resident #1 with documentation for the resting hand splint to be applied to Resident #1's right forearm/wrist/hand at 08:00 AM and was to be removed at 02:00 PM each day.

Record review of nurse's notes revealed no documentation from any discipline that Resident #1 refused to wear the resting hand splint or removed the resting hand splint from her own

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wrist.

Record review, of the ETAR, revealed documentation that stated, "Patient is to wear resting hand splint on patient's right forearm/wrist/hand 6 hours each day in order to prevent contractures." "Remove resting hand splint on patient's right forearm/wrist/hand and monitor skin integrity." The TAR revealed Resident #1 had documentation for the resting hand splint as follows:

10/23/21 - An entry of "N" at 08:00 AM that indicated the resting hand splint was not administered, but a green check mark at 02:00 PM that indicated the resting hand splint was removed at 02:00 PM.

10/11/21 - An entry of "N" documented that stood for the resting hand splint was not administered.

10/9/21 - No entry showed the resting hand splint was applied on this date.

10/3/21 - No entry showed the resting hand splint was applied at 08:00 AM, but was removed at 02:00 PM

10/2/21 - No entry showed the resting hand splint was applied on this date.

09/26/21 - No entry showed the resting hand splint was applied on the date.

09/25/21 - An entry of "N" at 08:00 AM that stood for the resting hand splint was not administered.

Record review, of a Minimum Data Set, (MDS), Annual Assessment, with an Assessment

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F 688	Continued From page 20 Reference Date of 5/6/21, revealed a Brief Interview for Mental Status, (BIMS), score of 99, indicating severely impaired cognitive skills.	F 688		