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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARKSDALE NURSING CENTER	1120 RITCHIE AVE CLARKSDALE, MS 38614

(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) determined during an annual recertification survey, along with a complaint #17456, conducted from 2/1/21 through 2/4/21. The SA determined the facility was in compliance with the Minimum Standards for the Aged or Infirm. CI MS 17456 was not substantiated for assessment/monitor, quality of care and pressure ulcers. The census at the time of the survey was 54.	M 000		
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: Based on observation, staff interview, record review, and facility policy review, the facility failed to check placement for a Percutaneous Enteral Gastrostomy (PEG) tube for one (1) of two (2) residents observed during administration of medication through a PEG tube. Resident #51 Review of the facility policy titled, "Administering Medications Through Nasogastric or Gastrostomy Tube ", dated April 2006, with the latest revision date of March 2018, revealed upon the order of the attending physician medication will be administered through nasogastric / gastrostomy tube when a patient is unable to swallow medications or has a nasogastric gastrostomy tube for nourishment. Under #6, the procedure revealed to verify proper tube placement by	M 655	Special Needs 1) Resident #51 is doing well and suffered no adverse effects from failure to check the Percutaneous Enteral Gastrostomy (PEG)tube placement prior to administering medication. Tube reassessed and residual checked prior to administration of noon medication by Licensed Practical Nurse #3. 2) All eight residents with Percutaneous Enteral Gastrostomy tubes have the potential to be affected by this deficient practice. All eight residents were checked for placement prior to medication administration by scheduled Licensed	3/31/21

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M 655	Continued From page 1 aspirating gastrointestinal contents. Under points to remember, number 2 revealed to check and document for proper placement of tube every shift and before administering medication. Findings Include: On 2-2-21 at 9:51 AM, during medication pass Licensed Practical Nurse (LPN) #3 failed to check placement of the Percutaneous Enteral Gastrostomy tube (PEG) prior to administering medications. On 2-2-21 at 10:00 AM, an interview with LPN #3 confirmed that she did not check placement of the tube. LPN #3 stated that she just forgot to do it. She stated that she should always check the placement to be sure it is in the right place. LPN #3 stated she had been in-serviced and checked off on PEG tubes. On 2-3-21 at 4:45 PM, an interview, with the Staff Development Nurse, revealed she did periodic check offs with the nurses, but did not always document them. On 2-3-21 at 4:50 PM, an interview with the Director of Nursing, revealed that the nurse should always check placement before using the PEG tube. She stated this is to make sure it is in the right place. The DON stated the nurse should check placement with air or aspirating stomach contents because something could go into the lungs if the tube is not in the right place. Record review of the Physician Order dated 1/31/19, revealed to check G-tube placement every shift, and before medication administration. Record review of an Inservice training, dated	M 655	Nurses on February 2, 2021. 3) Licensed Practical Nurse #3 was in-serviced on the policy Administering Medications Through Nasogastric or Gastrostomy Tube Policy which included checking placement of percutaneous nasogastric tube prior to administration of medications/feedings on February 2, 2021, by the Director of Nurses. All other nurses both Registered and Licensed Practical nurses were in-serviced on February 24, 2021, February 25, 2021, February 28,2021 March 2, 2021 and March 3, 2021 on the policy Administering Medications Through Nasogastric or Gastrostomy Tube by the Director of Nurses and RN Assessment Nurse. The Pharmacy Consultant did a return demonstration with Licensed Practical Nurse #3 on March 2, 2021 to assure this deficient practice does not reoccur. All nurses both registered and licensed practical will have a return demonstration verifying placement of percutaneous Nasogastric tube by the Director of Nurses by March 22, 2021. Check off for correctly checking percutaneous enteral gastrostomy tubes prior to administering medications or feeding will be included in annual competency evaluations for all registered and practical licensed nurses. The facility Quality Assurance Committee, which included the Director of Nurses, Medicare Nurse Case Manager, Quality improvement nurse, Administrator and Medical Director, met on February 2, 2021 and reviewed policy and procedure Administering Medications Through	

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M 655	Continued From page 2 5/30, revealed LPN #3 performed a demonstration of medications per tube. Level II Based on observation, staff interview, record review, and facility policy review, the facility failed to check placement for a Percutaneous Enteral Gastrostomy (PEG) tube for one (1) of two (2) residents observed during administration of medication through a PEG tube (Resident #51). Findings include: Review of the facility's "Administering Medications Through Nasogastric or Gastrostomy Tube" policy, revised March 2018, revealed upon the order of the attending physician medication will be administered through Nasogastric / Gastrostomy tube when a patient is unable to swallow medications or has a Nasogastric Gastrostomy tube for nourishment. #6 noted the procedure revealed to verify proper tube placement by aspirating gastrointestinal contents. Under points to remember, #2 noted to check and document for proper placement of tube every shift and before administering medication.	M 655	Nasogastric or Gastrostomy Tube Policy. Checking Placement of percutaneous enteral gastrostomy tubes prior to medication administration will be monitored by the Director of Nurses and Pharmacy Consultant one time a week times four weeks, then monthly times two months, then quarterly beginning March 2, 2021. The Director of Nurses will report any concerns to the Quality Assurance Committee beginning February 26, 2021. 4) The Director of Nurses will report any concerns to the Quality Assurance Committee monthly times three months then quarterly times one year.If problems are identified with current corrective action plan, the Quality Assurance Committee will revise the corrective action plan, the Quality Assurance Committee will revise the corrective action plan as needed until substantial compliance is achieved.	

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M 655	Continued From page 3 On 2/2/21 at 9:51 AM, during medication pass Licensed Practical Nurse (LPN) #3 failed to check placement of the Percutaneous Enteral Gastrostomy tube (PEG) prior to administering medications. On 2/2/21 at 10:00 AM, an interview with LPN #3 confirmed that she did not check placement of the tube. LPN #3 stated that she just forgot to do it. She stated that she should always check the placement to be sure it is in the right place. LPN #3 stated she had been in-serviced and checked off on PEG tubes. On 2/3/21 at 4:45 PM, an interview, with the Staff Development Nurse, revealed she did periodic check offs with the nurses, but did not always document them. On 2/3/21 at 4:50 PM, an interview with the Director of Nursing, revealed that the nurse should always check placement before using the PEG tube. She stated this is to make sure it is in the right place. The DON stated the nurse should check placement with air or aspirating stomach contents because something could go into the lungs if the tube is not in the right place. Record review of the physician's order, dated 1/31/19, revealed to check PEG-tube placement every shift, and before medication administration. Record review of an In-service Training, dated 5/30/18, revealed LPN #3 performed a demonstration of medications per tube. Review of Resident #51's Facesheet revealed an admission date of 11/3/11 with diagnoses which included Type 2 Diabetes with Hyperglycemia, Dementia with Lewy Body and Gastrostomy	M 655		

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M 655	Continued From page 4 Status.	M 655		
M 735	45.25.1 Medical Records Management Medical Records Management. 1. A medical record shall be maintained in accordance with accepted professional standards and practices on all residents admitted to the facility. The medical records shall be completely and accurately documented, readily accessible, and systematically organized to facilitate retrieving and compiling information. 2. A sufficient number of personnel, competent to carry out the functions of the medical record service, shall be employed. 3. The facility shall safeguard medical record information against loss, destruction, or unauthorized use. 4. All medical records shall maintain the following information: identification data and consent form; assessments of the resident's needs by all disciplines involved in the care of the resident; medical history and admission physical exam; annual physical exams; physician or nurse practitioner/physician assistant orders; observation, report of treatment, clinical findings and progress notes; and discharge summary, including the final diagnosis. 5. All entries in the medical record shall be signed and dated by the person making the entry. Authentication may include signatures, written initials, or computer entry. A list of computer codes and written signatures must be readily available and maintained under adequate	M 735		3/31/21

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M 735	Continued From page 5 safeguards. 6. All clinical information pertaining to the residents stay shall be centralized in the resident's medical records. 7. Medical records of discharged residents shall be completed within sixty (60) days following discharge. 8. Medical records are to be retained for five (5) years from the date of discharge or, in the case of a minor, until the resident reaches the age of twenty-one (21), plus an additional three (3) years. 9. A resident index, including the resident's full name and birth date, shall be maintained. This Statute is not met as evidenced by: Based on observation, staff interview, record review, and facility policy review, the facility failed to develop a care plan related to oxygen tubing for one (1) of 15 resident care plans reviewed and failed to implement a care plan for checking Percutaneous Endoscopic Gastrostomy (PEG) tube placement for 1 of 15 resident care plans reviewed. Resident #35 and #51 Findings include: Resident #35: Record review of the facility policy titled "Care Plan Process" with a revision date 8/17 revealed the Care Area Assessment (CAA) should help staff identify areas of concern that may warrant interventions, develop, to the extent possible, interventions to help improve, stabilize, or prevent	M 735	Infection Prevention & Control 1) A plan of care was developed for resident #35 on February 4, 2021 for her nasal oxygen administration. Licensed Practical Nurse #3 was in-serviced on February 3, 2021 on following the plan of care for resident #51 and all other residents. 2) All residents have the potential to be affected by the deficient practices of not following their plans of care. All care plans for residents with oxygen and percutaneous gastrostomy tubes were reviewed on February 4, 2021 by the Nurse Case Manager. 3) All registered and licensed nurses will be in-serviced by the Director of Nurses	

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M 735	Continued From page 6 decline in physical, functional, and psychosocial well-being, in the context of the resident's condition, choices, and preferences for interventions. The overall care plan should be oriented towards: Preventing avoidable declines in functioning or functional levels or otherwise clarifying why another goal takes precedence. Managing risk factors to the extent possible or indication the limits of such interventions. On 02/01/21 at 12:15 PM on initial tour an observation of Resident # 35 revealed the resident lying in bed with her oxygen on via nasal cannula (NC) at two (2) liters. There was no date noted on the tubing documenting the date the tubing was changed. On 02/02/21 at 2:25 PM a subsequent observation revealed Resident #35 wearing oxygen per nasal cannula. There was no date on the tubing documenting when the tubing was changed. On 02/04/21 at 09:43 AM an interview with the Director of Nursing (DON) revealed all oxygen tubing is to be replaced every seven (7) days and it should be on the Medication Administration Record (MAR) and the care plan to change on Sundays. If the tubing is not changed it gets dirty and nasty and can cause an infection. The DON confirmed there was no order written for changing the oxygen tubing and no interventions on the care plan addressing the oxygen tubing. The DON confirmed she did not have any way of knowing if or when the tubing was changed. On 02/04/21 at 11:50 AM an interview with Licensed Practical Nurse #2 revealed she is the Minimum Data Set Nurse and responsible for development of care plans. LPN #2 revealed she	M 735	on following Care Plans of residents by March 22, 2021. When a new order is received a care plan will be established for that resident's plan of care. Monitoring will occur five times a week during Stand Up Meeting starting March 8, 2021, by the interdisciplinary team which consists of the Director of Nurses, the Administrator, the Medicare Nurse Case Manager, the assessment nurse, the Medical Records Director and the Social Services Director. New orders are read aloud each morning and care plans will be developed and/or changed to include the new orders. The Director of Nurses will report any concerns to the Quality Assurance Committee beginning March 8th. 4) The Director of Nurses or the Administrator will report any concerns to the Quality Assurance Committee monthly times three months then quarterly times one year. If problems are identified with current corrective action plan, the Quality Assurance Committee will revise the corrective action plan as needed until substantial compliance is achieved.	

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develops the care plan after discussing all new orders during the stand up meeting every morning. LPN #2 revealed there was no order written addressing the oxygen tubing so she did not know to develop an intervention. LPN #2 revealed usually an order is written, it is discussed in stand up, a nurse places the order on the MAR for the nurses to sign off and then LPN #2 adds an intervention to change the oxygen tubing on the care plan. This did not happen, it just didn't happen.

Record review of Resident #35's Care Plan, problem list revealed, "Resident has a history diagnosis of respiratory failure with hypoxia/bronchitis." There were no documented interventions addressing the oxygen tubing.

Resident #51:

An observation on 2-2-21 at 9:51 AM, during medication pass, revealed Licensed Practical Nurse (LPN) #3 failed to check placement of the Percutaneous Endoscopic Gastrostomy tube (PEG) prior to administration of medications.

On 2-2-21 at 10:00 AM, an interview with LPN #3 confirmed that she did not check placement of the PEG tube. LPN #3 stated that she just forgot to do it.

On 02/04/21 at 10:51 AM, an interview with the Staff Development nurse revealed the care plan shows the care for the resident. She confirmed that the care plan revealed to check tube placement. The Staff Development nurse confirmed that LPN #3 did not follow the care

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M 735	Continued From page 8 plan. On 2/4/21 at 10:45 AM, an interview with LPN #3 revealed that the care plan was in place so anybody would know what to do for the resident. LPN #3 confirmed she did not follow the care plan. On 2/4/21 at 11:00 AM, an interview with the Director of Nursing (DON) stated the care plan guides the plan of care for the resident. She confirmed that LPN #3 did not follow the care plan. Record review of the Care Plan problem, "Resident has a Feeding Kangaroo Pump related to Anorexia and a Decline in Cognition related to Dementia", with a problem onset date of 10/20 /2017 and a target date of 4/10/20 21, revealed, under approaches, to check placement every shift and before medication administration. Level II Based on observation, staff interview, record review and facility policy review the facility failed to develop a care plan related to oxygen tubing for one (1) of 15 resident care plans reviewed (Resident #35) and failed to implement a care plan for checking peg tube placement for one (1) of 15 residents care plans reviewed (Resident #51).	M 735		

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Findings include:

Review of the facility's "Care Plan Process" policy, with a revision date 8/17 revealed the Care Area Assessment (CAA) should help staff identify areas of concern that may warrant interventions, develop, to the extent possible, interventions to help improve, stabilize, or prevent decline in physical, functional, and psychosocial well-being, in the context of the resident's condition, choices, and preferences for interventions. The overall care plan should be oriented towards: Preventing avoidable declines in functioning or functional levels or otherwise clarifying why another goal takes precedence. Managing risk factors to the extent possible or indication the limits of such interventions.

On 02/01/21 at 12:15 PM on initial tour an observation of Resident # 35 revealed the resident lying in bed with her oxygen on by nasal cannula (BNC) at two (2) liters. No date noted on the tubing documenting the date the tubing was changed.

On 02/02/21 at 2:25 PM an observation of the oxygen tubing on Resident #35 BNC at 2 liters revealed there was no date on the tubing documenting when the tubing was changed.

On 02/03/21 at 3:45 PM an observation and interview with Licensed Practical Nurse (LPN) # one (1)revealed Resident # 35 did not have a date on the oxygen tubing documenting when it was changed. LPN #1 revealed the staff is supposed to change the tubing every Sunday on the evening shift and document the date it is changed, on the tubing near the end of the tubing

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that connects to the concentrator. LPN #1 revealed she has been in serviced on changing oxygen tubing and dating the day it is changed. LPN #1 revealed she is unable to know when the tubing was last changed because there is no documentation.

On 02/04/21 at 09:43 AM an interview with the Director of Nursing (DON) revealed all oxygen tubing is to be replaced every seven (7) days and it should be on the Medication Administration Record (MAR) and the care plan to change on Sundays. If the tubing is not changed it gets dirty and nasty and can cause an infection. The DON confirmed there was no order written for changing the oxygen tubing and no interventions on the care plan addressing the oxygen tubing. The DON confirmed she did not have any way of knowing if or when the tubing was changed.

On 02/04/21 at 11:50 AM an interview with Licensed Practical Nurse #2 revealed she is the Minimum Data Set nurse and responsible for development of care plans. LPN #2 revealed she develops the care plan after discussing all new orders during the stand up meeting every morning. LPN #2 revealed there was no order written addressing the oxygen tubing so she did not know to develop an intervention. LPN #2 revealed usually an order is written, it is discussed in stand up, a nurse places the order on the MAR for the nurses to sign off and then LPN #2 adds an intervention to change the oxygen tubing on the care plan. This did not happen, it just didn't happen.

Record review of Resident #35's care plan revealed no interventions under the problem of Resident has a history diagnosis of respiratory failure with hypoxia/bronchitis addressing the

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M 735	Continued From page 11 oxygen tubing. Resident #51 An observation on 2/02/21 at 9:51 AM, during medication pass, revealed Licensed Practical Nurse (LPN) #3 failed to check placement of the Percutaneous Enteral Gastrostomy tube (PEG) prior to administration of medications. On 02/02/21 at 10:00 AM, an interview with LPN #3 confirmed that she did not check placement of the PEG tube. LPN #3 stated that she just forgot to do it. On 02/04/21 at 10:51 AM, an interview with the Staff Development nurse revealed the care plan shows the care for the resident. She confirmed that the care plan revealed to check tube placement. The Staff Development nurse confirmed that LPN #3 did not follow the care plan. On 02/04/21 at 10:45 AM, an interview with LPN #3 revealed that the care plan was in place so anybody would know what to do for the resident. LPN #3 confirmed she did not follow the care plan. On 02/04/21 at 11:00 AM, an interview with the Director of Nursing (DON) stated the care plan guides the plan of care for the resident. She confirmed that LPN #3 did not follow the care plan. Record review of the care plan problem, Resident has a Feeding Kangaroo Pump related to Anorexia and a Decline in Cognition related to Dementia, with a problem onset date of 10/20	M 735		

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M 735	Continued From page 12 /2017 and a target date of 4/10/20 21, revealed, under approaches, to check placement every shift and before medication administration.	M 735		