STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A422	A. BUILDING _____ B. WING _____	06/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALTER B CROOK NURSING FACILITY	840 NORTH OAK AVENUE RULEVILLE, MS 38771

(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) completed a standard recertification survey from 6/17/19 through 6/20/19. During the survey, the SA determined the facility was not in compliance with requirements of participation for Medicare/Medicaid and cited F656 and F688. The facility held a license for 60 beds and the census was 60.	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		7/16/19

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

Electronically Signed | 07/12/2019

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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, facility policy review, and record review, the facility failed to implement the care plan related to providing a gauze roll into the resident's hand to help prevent contractures for one (1) of 18 resident care plans reviewed, Resident #20. Findings include: Review of the facility's "Comprehensive Care Plan" policy, dated 9/2/15, revealed: Care, treatment and services shall be planned to ensure that they are individualized to the resident's needs. Record review of Resident #20's comprehensive care plan with a problem dated 1/19/17, revealed a risk for further skin breakdown, due to history of pressure ulcers to right hip, left hip, coccyx, and to right hand. An intervention listed for nursing treatment revealed to apply rolled guaze to the right hand daily for preventative measures.	F 656	1. Resident # 20 care plan was developed and implemented on 12/17/2018 by Licensed Practical Nurse to reflect use of rolled gauze to the right hand. 2. All Residents have the potential to be affected, especially Residents requiring use of gauze roll to prevent contractures. No other Residents were identified during this time of using rolled gauze. 3. Treatment Nurse was in-serviced on 06/20/2019 by the Director of Nursing on following care plans to attain or maintain the Residents well being. Director of Nursing will begin to monitor care plans on 06/20/2019 and ongoing to ensure that all care plans are implemented. 4. The Minimum Data Set Coordinator will audit two charts five times a week for four weeks beginning 06/20/2019 to ensure that the results are used to develop, review and revise the Resident's	

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F 656	Continued From page 2 On 06/17/19 at 10:56 AM, an observation of Resident #20, sitting in his wheelchair in his room, revealed the resident with bilateral hand contractures with no hand rolls. On 06/17/19 at 02:45 PM, an observation of Resident #20, sitting in his wheelchair at the nurses station, revealed no hand rolls in either hand. On 06/18/19 at 10:33 AM, an observation of Resident #20, up in his wheelchair at the nurses station, revealed no hand rolls in the right or left hand. On 06/18/19 at 04:06 PM, an observation of Resident #20, in his room in his bed, revealed no hand roll in the right or left hand. On 06/18/19 at 04:04 PM, an interview with the Occupational Therapist (OT) revealed she understood that nursing was placing a gauze roll in the hands of Resident #20 bilateral to prevent further contractures. On 06/18/19 at 04:12 PM, an interview with Certified Nursing Assistant (CNA) #1 revealed she was assigned to Resident #20 and she had not seen anything in Resident #20's hand on that day. CNA #1 revealed she thinks Therapy may be working with Resident #20. On 06/18/19 at 04:25 PM, an interview with Licensed Practical Nurse (LPN) #1 revealed she was the medication nurse for Resident #20 and had worked in this position for eight (8) months. LPN #1 stated "I can't say that I have ever seen a gauze roll in (Resident #20's) hand."	F 656	comprehensive care plan of care for any resident using gauze rolls. Any concerns will be immediately corrected. The Minimum Data Set Coordinator will forward the results of the audits to the monthly Quality Assurance Committee. The monthly Quality Assurance Committee will determine frequency and continuation of audits based upon the results achieved and make recommendations as needed.	

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F 656	Continued From page 3 On 06/18/19 at 04:35 PM, an interview with the Director of Nursing (DON) revealed an order for Resident #20, which instructed nursing to apply a gauze roll to the right hand daily for preventive measures, and the gauze should have been in Resident #20's right hand. The DON confirmed the gauze roll was not in Resident #20's right hand. On 06/19/19 at 11:45 PM, an interview with Licensed Practical Nurse (LPN) #2 revealed she is the Treatment Nurse and responsible for placing the gauze in Resident #20's right hand. LPN #2 revealed she did not know why the gauze roll was not in Resident #20's hand unless it just fell out. LPN #2 revealed she does not check during the day to see if the gauze has fallen out. On 06/19/19 at 01:45 PM, an interview with Licensed Practical Nurse (LPN)/Minimum Data Set Nurse revealed she was responsible for developing the comprehensive care plans related to nursing problems and their interventions. The MDS/LPN confirmed the care plan for Resident #20 included an intervention to apply rolled gauze to right hand daily for preventative measures and should have been followed by nursing.	F 656		
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	F 688		7/16/19

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F 688	Continued From page 4 §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to 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, facility policy, and record review, the facility failed to provide services and care of splinting, with a hand roll, to maintain or prevent the resident's decline in range of motion for one (1) of two (2) residents investigated for range of motion, Resident #2. Findings include: Review of the facility's policy titled, "Splinting", not dated, revealed splinting is used to protect joints and surrounding soft tissues. This can be accomplished by maintaining joints at position of rest, preventing positions that contribute to contracture and/or deformity, protecting the system of arches within the hands and feet and increasing or maintaining range of motion (ROM) in the joint. Review of Resident #20's June 2019 orders revealed an order dated 12/17/18, to apply rolled gauze to the right hand daily for preventive measures. Observations on 06/17/19 at 10:56 AM and 2:45	F 688	1. Resident # 20 care plan was developed and implemented on 12/17/2018 by Licensed Practical Nurse to reflect application of rolled gauze for right hand contracture. Resident # 20 was assessed by Restorative Licensed Practical Nurse on 06/20/2019 showing no harm from gauze not being applied. Director of Nursing applied the rolled gauze to Resident # 20's right hand on 06/20/2019. 2. All Residents have the potential to be affected, especially residents requiring use of gauze roll to prevent contractures. No other Residents were identified during this time. 3. Treatment Nurse was in-serviced on 06/20/2019 by the Director of Nursing on the application of rolled gauze to Resident #20 per Physician Orders for prevention of contractures. Director of Nursing will monitor Residents with roll gauze applications two times a week for four weeks beginning 06/20/2019 to ensure the applications of rolled gauze are applied.	

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F 688	Continued From page 5 PM, 6/18/19 at 10:33 AM and 4:06 PM revealed Resident #20 without any type of hand roll in his hands, which had bilateral contractures. During an interview on 06/18/19 at 4:04 PM, the Occupational Therapist (OT) revealed she understood nursing was placing a gauze roll in the hands of Resident #20 bilateral to prevent further contractures. An interview on 06/18/19 at 04:12 PM, with Certified Nursing Assistant (CNA) #1 revealed she was assigned to Resident #20 and gauze had not been in his hands. CNA #1 stated she thinks Therapy may be working with Resident #20. An interview on 06/18/19 at 4:25 PM, with Licensed Practical Nurse (LPN) #1 revealed she was the Medication Nurse for Resident #20 and had worked in this position for eight (8) months. LPN #1 stated she couldn't say she'd ever seen a gauze roll in Resident #20's hand. An interview and observation on 06/18/19 at 4:35 PM, with the Director of Nursing (DON) revealed an order for Resident #20, which instructed nursing to apply a gauze roll to the right hand daily for preventive measures and the gauze should have been in Resident #20's right hand. The DON confirmed the gauze roll was not the in Resident #20's right hand. An interview on 06/19/19 at 11:45 PM, with Licensed Practical Nurse (LPN) #2 revealed she is the Treatment Nurse and responsible for placing the gauze in Resident #20's right hand. LPN #2 revealed she did not know why the gauze was not in Resident #20's hand on 6/17/19 and 6/18/19 unless it fell out. LPN #2 revealed she	F 688	4. The Treatment Nurse will observe Residents with rolled gauze applications beginning 06/20/2019 and ongoing to ensure that they are being applied. Any concerns will be immediately corrected. The Director of Nursing will continue to audit monthly and to ensure that all applications are being applied as ordered by Physician. The Treatment Nurse will forward the results of the audit to the monthly Quality Assurance Committee. The Quality Assurance Committee will determine the frequency and continuation of the audits based upon the results achieved and make recommendations as needed.	

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F 688	Continued From page 6 does not check during the day to see if the gauze has fallen out. Record review of Occupational Therapy quarterly screen notes, dated 4/4/19, revealed, under section of equipment comments, that nursing is providing the patient with rolled gauze in bilateral hands to decrease risk of further contracture and skin breakdown.	F 688		

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	25A422	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**06/20/2019**

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WALTER B CROOK NURSING FACILITY	**840 NORTH OAK AVENUE** **RULEVILLE, MS 38771**

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K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	K 000		

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

Electronically Signed | 07/11/2019

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E 000	Initial Comments * EMERGENCY PREPAREDNESS * Survey conducted on 6/20/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were identified.	E 000		

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