

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/06/2020  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>255172</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                                                     |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/23/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>STARKVILLE MANOR HEALTH CARE AND REHABILITATION CE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1001 HOSPITAL ROAD<br/>STARKVILLE, MS 39759</b>                              |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                                      | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ID<br>PREFIX<br>TAG                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE                             |
| F 000                                                                                         | INITIAL COMMENTS<br><br>The State Agency (SA) conducted an annual recertification along with complaints, MS #16161, MS# 16246, and MS# 16293, from 10/20/19 to 10/23/19. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid. The SA substantiated MS# 16293, related to the complaint for environment and staffing, and cited F732 and F921. The SA did not substantiate MS# 16161 related to Quality of Care or MS# 16246 for Quality of Care and misappropriation. The SA also cited F645, F656, F657, and F677, during the recertification survey.                                                                                                                                                                                                                                                                                     | F 000                                                                      |                                                                                                                          |  |                                                        |
| F 645<br>SS=D                                                                                 | The census at the time of the survey was 106 with a bed capacity of 119.<br>PASARR Screening for MD & ID<br>CFR(s): 483.20(k)(1)-(3)<br><br>§483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability.<br><br>§483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with:<br>(i) Mental disorder as defined in paragraph (k)(3) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and<br>(B) If the individual requires such level of services, whether the individual requires | F 645                                                                      |                                                                                                                          |  | 11/8/19                                                |

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

TITLE

(X6) DATE

Electronically Signed

11/07/2019

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 645                                                                                         | <p>Continued From page 1</p> <p>specialized services; or</p> <p>(ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission-</p> <p>(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability.</p> <p>§483.20(k)(2) Exceptions. For purposes of this section-</p> <p>(i) The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital.</p> <p>(ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual-</p> <p>(A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital,</p> <p>(B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and</p> <p>(C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.</p> <p>§483.20(k)(3) Definition. For purposes of this section-</p> |                                                                            |  | F 645                                                                                       |                                                                                                                          |                                                        |                            |

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| F 645                                                                                         | <p>Continued From page 2</p> <p>(i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1).</p> <p>(ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, record review, and facility policy review, the facility failed to accurately complete the Level I Pre-Admission Screening (PAS) as evidenced by, failure to accurately identify a mental health diagnosis and use of Psychotropic meds for two (2) of 11 residents reviewed for PAS; Resident #32 and Resident #46.</p> <p>Findings include:</p> <p>A review of the facility's policy regarding Pre-Admission Screening and Resident Review (PASRR), with a revision date of September 2017, revealed the facility would assure that all Serious Mentally Ill or Intellectually Disabled residents would receive appropriate pre-admission screenings according to Federal and State guidelines.</p> <p>Resident #46</p> <p>A review of Resident #46's medical record revealed a Pre-Admission Screening (PAS) dated 3/21/19, that contained information, in the Part B-Level II referral criteria, that indicated resident #46 had no diagnosis of a major mental illness or a history of mental illness. Review of Resident #46's diagnoses information, on the admission</p> | F 645                                                                      | <p>This Plan of Correction does not constitute an admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared solely because it is required by the provisions of Federal law.</p> <p>1. On 10/24/19, a Root Cause Analysis (RCA) was completed by the Quality Assurance Performance Improvement (QAPI) Committee and identified Residents' #32 and #46 had revised Level I Pre-Admission Screenings (PAS's) completed by the Social Services Director on 10/21/19 for Resident #46 and on 10/22/19 for Resident #32. On 10/23/19, the Director of Nurses (DON) assessed Resident #32 and Resident #46 and identified no negative outcomes related to inaccurate PAS's.</p> <p>2. Other residents residing in the facility have the potential to be affected by the alleged deficient practice. On 10/24/19, the Minimum Data Set (MDS) Nurses conducted a Quality Review to ensure the accuracy of completed PAS's. Follow up based on findings.</p> |                            |                                                        |

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| F 645                                                                                         | <p>Continued From page 3</p> <p>face sheet, dated 3/19/19, revealed diagnoses including Schizophrenia - Unspecified, Delusional Disorders, Psychotic Disorder with Delusions due to Known Physiological Condition, and Major Depressive Disorder, single episode, unspecified.</p> <p>On 10/21/19 at 2:49 PM, an interview with the Social Service Designee (SSD) revealed the Pre-Admission Screening (PAS) used to be done by Admissions personnel, but she took it over a few months ago. She stated she had done an audit to be sure all the residents had a Level I done, but she failed to check the information on the Level I for accuracy. She confirmed with Resident #46's diagnoses, he should have had a Level II completed when admitted.</p> <p>On 10/23/19 at 9:59 AM, an interview with the Administrator (ADM) confirmed the PAS was not correctly marked for Resident #46. She stated the Social Services designee was responsible for filling the form out. The ADM stated audits had been done, but she thinks all the questions are not being read. She stated it is the responsibility of the Minimum Data Set (MDS) Nurse to notify Social Services of diagnoses that require assessment, and also notify of changes in a diagnosis.</p> <p>On 10/23/19 at 10:18 AM, an interview with the MDS Nurse revealed Social Service has access to the diagnoses when put into the system, and if she had a question, she called them. The MDS Nurse also stated Social Services coordinates with psychiatric services and dispenses orders. She stated the MDS Nurse gets a copy of the orders every morning and puts any new diagnoses into the system.</p> | F 645                                                                      | <p>3. On 10/24/19, the Assistant Director of Nurses (ADON) educated the MDS Nurses and Social Services Director on completing PAS's accurately and timely.</p> <p>4. On 10/24/19, MDS Nurses will conduct a Quality Monitor to ensure the accuracy of PAS's for five (5) residents five (5) times weekly for two (2) weeks, then three (3) residents monthly for six (6) months. Any negative findings will be corrected immediately and for six (6) months Quality Review results will be submitted monthly to the QAPI Committee for the Interdisciplinary Team (IDT) to review. The IDT will use RCA to update the Performance Improvement Plan (PIP) as indicated by findings.</p> |                            |                                                        |

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| F 645                                                                                         | <p>Continued From page 4</p> <p>Resident #32</p> <p>A review of Resident #32's Pre-Admission Screening Level I, dated 01/28/19, indicated the resident was admitted with no major mental illness, and was not taking a psychotropic medication. The PAS was signed and dated 4/23/19.</p> <p>A review of the resident's MDS history indicated the resident had a Discharge MDS on 1/28/19, with return not anticipated. The resident had a new admission to the facility with an admission MDS dated 04/04/19.</p> <p>A review of the facility's face sheet for Resident #32 indicated the resident was re-admitted on 04/04/19, and had diagnoses on admission including Major Depressive Disorder and Post Traumatic Stress Disorder.</p> <p>A review of the physician's orders on admission, dated 04/04/19, included Zoloft, an antidepressant medication, and Seroquel, an antipsychotic medication, which are psychotropic medications.</p> <p>An interview with the Social Services (SS) Representative, on 10/22/19 at 3:34 PM, confirmed Resident #32 was admitted with a Major Mental Illness of Depression and was taking an antidepressant and antipsychotic medication (psychotropic medication). The SS Representative stated the PAS was incorrectly filled out for Resident #32. Further interview with the SS Representative, on 10/23/19 at 11:20 AM, revealed the resident's PAS was received from a transferring facility within the corporation, with no break in stay.</p> | F 645                                                                      |                                                                                                                          |                            |                                                        |

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| F 656<br>F 656<br>SS=E                                                                        | Continued From page 5<br>Develop/Implement Comprehensive Care Plan<br>CFR(s): 483.21(b)(1)<br><br>§483.21(b) Comprehensive Care Plans<br>§483.21(b)(1) The facility must develop and<br>implement a comprehensive person-centered<br>care plan for each resident, consistent with the<br>resident rights set forth at §483.10(c)(2) and<br>§483.10(c)(3), that includes measurable<br>objectives and timeframes to meet a resident's<br>medical, nursing, and mental and psychosocial<br>needs that are identified in the comprehensive<br>assessment. The comprehensive care plan must<br>describe the following -<br>(i) The services that are to be furnished to attain<br>or maintain the resident's highest practicable<br>physical, mental, and psychosocial well-being as<br>required under §483.24, §483.25 or §483.40; and<br>(ii) Any services that would otherwise be required<br>under §483.24, §483.25 or §483.40 but are not<br>provided due to the resident's exercise of rights<br>under §483.10, including the right to refuse<br>treatment under §483.10(c)(6).<br>(iii) Any specialized services or specialized<br>rehabilitative services the nursing facility will<br>provide as a result of PASARR<br>recommendations. If a facility disagrees with the<br>findings of the PASARR, it must indicate its<br>rationale in the resident's medical record.<br>(iv) In consultation with the resident and the<br>resident's representative(s)-<br>(A) The resident's goals for admission and<br>desired outcomes.<br>(B) The resident's preference and potential for<br>future discharge. Facilities must document<br>whether the resident's desire to return to the<br>community was assessed and any referrals to<br>local contact agencies and/or other appropriate | F 656<br>F 656                                                             |                                                                                                                          |  | 11/8/19                                                |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>255172</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/23/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>STARKVILLE MANOR HEALTH CARE AND REHABILITATION CE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1001 HOSPITAL ROAD<br/>STARKVILLE, MS 39759</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                                                        |
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| F 656                                                                                         | <p>Continued From page 6</p> <p>entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, record review, and facility policy review, the facility failed to follow the Comprehensive Care Plan, related to nail care, for three (3) of five (5) resident care plans reviewed for Activities of Daily Living (ADL), Resident #52, Resident #60, and Resident #196.</p> <p>Findings Include:</p> <p>Review of the facility's policy, Plans of Care, with a revision date of 9/25/17, revealed: The interdisciplinary team shall ensure the plan of care addresses any resident needs and that the plan is oriented toward attaining or maintaining the highest practicable physical, mental and psychosocial well being of the resident.</p> <p>Resident #60</p> <p>A review of Resident #60's current Care Plan, related to Diabetes Mellitus, revealed an intervention for diabetic fingernail care as needed.</p> <p>On 10/20/19 at 1:40 PM, an observation of Resident #60's fingernails revealed the nails extended beyond the length of his fingertips. Brown debris was noted under his fingernails, with some fingernails jagged and broken. Resident #60 stated he did not know when his fingernails had last been cut. The Resident stated staff will just show up and cut them whenever. He stated he does not like for the nails to be this long</p> | F 656                                                                      | <p>1. On 10/24/19, a Root Cause Analysis (RCA) was completed by the Quality Assurance Performance Improvement (QAPI) Committee that identified Residents' #52, #60, and #196 were provided nail care and assessed with no negative outcomes related to nail care by the Director of Nurses (DON) on 10/23/19. On 10/23/19, the Minimum Data Set (MDS) Nurses revised care plans based on findings.</p> <p>2. Other residents residing in the facility have the potential to be affected by the alleged deficient practice. On 10/24/19, the DON/Assistant Director of Nurses (ADON)/Registered Nurses (RN) Unit Managers conducted a Quality Review to ensure nail care was provided as outlined by the comprehensive care plan. Follow up based on findings.</p> <p>3. On 10/24/19, the ADON educated MDS Nurses and RN Unit Managers to follow the comprehensive care plans to reflect specific resident needs related to nail care.</p> <p>4. On 10/24/19, MDS Nurses will conduct a Quality Monitor to ensure the comprehensive care plans to reflect specific resident needs related to nail care</p> |                            |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>STARKVILLE MANOR HEALTH CARE AND REHABILITATION CE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1001 HOSPITAL ROAD<br/>STARKVILLE, MS 39759</b>                                                                                                                                                                                                                                                                                                                                   |                            |                                                        |
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| F 656                                                                                         | <p>Continued From page 7</p> <p>and would like to have them cut. Resident #60 is a diabetic and requires staff to cut his nails.</p> <p>On 10/22/19 at 10:31 AM, an interview with the Director of Nursing (DON) confirmed the care plan for diabetic nail care was not followed for Resident #60. The DON stated diabetic nail care should be done every month by the nurse.</p> <p>Resident #52<br/>Record review revealed an Activities of Daily Living (ADL) care plan, for Resident #52, with a review date of 09/12/2019. The interventions for bathing and showering included to check nail length, trim and clean on bath day, and as necessary, as resident allows.</p> <p>An observation, on 10/20/19 at 1:30 PM, revealed Resident #52's fingernails were dirty and needed to be trimmed. Resident #52's daughter was at the bedside and confirmed the resident's fingernails were dirty and long and his toe nails were long. His daughter stated she felt staff should be able to take care of this. Resident #52's daughter stated she doesn't come very often, but every time she comes she has to clean the resident's nails. She stated Resident #52 is bad to put his hands in his brief, so he needs his nails cleaned.</p> <p>On 10/21/19 at 3:40 PM, an observation and interview with Licensed Practical Nurse (LPN) #3 confirmed Resident #52's fingernails were dirty and needed cleaning. She also confirmed the fingernails had jagged areas and needed to be filed smooth, and his toenails needed to be trimmed.</p> <p>Resident #196</p> | F 656                                                                      | <p>for five (5) residents five (5) times weekly for two (2) weeks, then three (3) residents monthly for six (6) months. Any negative findings will be corrected immediately and for six (6) months Quality Review results will be submitted monthly to the QAPI Committee for the Interdisciplinary Team (IDT) to review. The IDT will use RCA to update the Performance Improvement Plan (PIP) as indicated by findings.</p> |                            |                                                        |

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| F 656                                                                                         | Continued From page 8<br><br>Record review revealed a current ADL care plan for Resident #196, with interventions for bathing and showering, which included to check nail length, trim and clean on bath day, and as necessary.<br><br>On 10/20/19 at 5:57 PM, an observation revealed Resident #196's fingernails dirty and her toe nails long, with light blue polish on the ends.<br><br>An observation and interview on 10/21/19 at 3:30 PM, with LPN #3, confirmed Resident #196's fingernails were dirty and needed to be trimmed. LPN #3 also confirmed Resident #196 needed to have her toenails trimmed. LPN #3 stated long nails could be a source of infection and could cause scratches.<br><br>On 10/22/19 at 11:00 AM, an interview with the DON, revealed diabetic resident nail care was done by nurses or the Podiatrist and the other residents are done by the Certified Nursing Assistants (CNAs). The DON stated all she could say was the nail care just didn't get done. She confirmed the care plan was not followed for Resident #52 and Resident #196's nail care. | F 656                                                                      |                                                                                                                          |                            |                                                        |
| F 657<br>SS=D                                                                                 | Care Plan Timing and Revision<br>CFR(s): 483.21(b)(2)(i)-(iii)<br><br>§483.21(b) Comprehensive Care Plans<br>§483.21(b)(2) A comprehensive care plan must be-<br>(i) Developed within 7 days after completion of the comprehensive assessment.<br>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--<br>(A) The attending physician.<br>(B) A registered nurse with responsibility for the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | F 657                                                                      |                                                                                                                          | 11/8/19                    |                                                        |

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| F 657                                                                                         | <p>Continued From page 9</p> <p>resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, record review, and policy review, the facility failed to revise the Comprehensive Care Plan to include providing toenail care as needed for Resident #62; and when diuretic medication was discontinued for Resident #40, for two (2) of 31 care plans reviewed.</p> <p>Findings include:</p> <p>A review of the facility's "Care Plan" policy, with a revision date of 09/25/17, revealed the person-centered plan of care will be reviewed, updated and/or revised based on the changing goals, preferences and needs of the resident and in response to current interventions, after the completion of each Minimum Data Set (MDS) assessment, and as needed.</p> | F 657                                                                      | <p>1. On 10/24/19, a Root Cause Analysis (RCA) was completed by the Quality Assurance Performance Improvement (QAPI) Committee that identified Resident #62 was provided nail care by the Director of Nurses (DON) on 10/23/19. In addition, the RCA identified Resident #40 was assessed by the DON on 10/23/19 with no negative outcomes related to medication changes. On 10/23/19, the Minimum Data Set (MDS) Nurses revised care plans based on findings.</p> <p>2. Other residents residing in the facility have the potential to be affected by the alleged deficient practice. On 10/24/19, the DON/Assistant Director of Nurses (ADON)/Registered Nurses (RN) Unit Managers conducted a Quality Review to</p> |                            |                                                        |

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| F 657                                                                                         | <p>Continued From page 10</p> <p><b>Resident #40</b><br/>A review of Resident #40's Care Plan, dated 7/29/19, revealed a problem of diuretic therapy. The resident was not on a diuretic therapy, per physician orders.</p> <p>An observation of Resident #40 on 10/20/19 at 2:00 PM, revealed the resident lying in her bed with gross pitting edema to bilateral feet, with a fluid filled blister to the top of her right foot.</p> <p>During an interview on 10/21/19 at 11:00 AM, and review of the medical record, RN #1 confirmed Resident #40 does not have a diuretic order. She stated today was the first time that she had noticed the fluid and blister to the resident's foot and she had contacted Hospice this morning.</p> <p>On 10/21/19 at 3:40 PM, the MDS nurse confirmed that Resident #40 had a current diuretic care plan, but the resident did not have an order for a diuretic medication. The MDS nurse stated she was not aware if the medication had been discontinued, but she would check the medical record. On 10/21/19 at 4:15 PM, the MDS nurse stated Resident #40 had previously received a diuretic medication, and upon return from the hospital on 05/16/19, the diuretic medication was discontinued. She stated she failed to update the care plan.</p> <p><b>Resident #62</b><br/>A review of Resident #62's current care plan revealed a focus area for Diabetes, that included interventions to refer to a Podiatrist/Foot Care Nurse to monitor/document foot care needs, and to cut long nails.</p> <p>During an observation and interview on 10/20/19</p> | F 657                                                                      | <p>ensure nail care was provided as outlined by the comprehensive care plan. On 10/24/19, the DON/ADON/RN Unit Managers conducted a Quality Review to ensure medication changes were revised on the comprehensive care plan. Follow up based on findings.</p> <p>3. On 10/24/19, the ADON educated MDS Nurses and RN Unit Managers on ensuring the revision of comprehensive resident centered care plans related to nail care and medication changes.</p> <p>4. On 10/24/19, MDS Nurses will conduct a Quality Monitor to ensure the revision of comprehensive care plans related to nail care and medication changes for five (5) residents five (5) times weekly for two (2) weeks, then three (3) residents monthly for six (6) months. Any negative findings will be corrected immediately and for six (6) months Quality Review results will be submitted monthly to the QAPI Committee for the Interdisciplinary Team (IDT) to review. The IDT will use RCA to update the Performance Improvement Plan (PIP) as indicated by findings.</p> |                            |                                                        |

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| F 657                                                                                         | Continued From page 11<br>at 3:00 PM, Resident #62 had his feet uncovered and his toenails were clean, but very long on both feet. The resident stated his toenails had not been trimmed in a while and they were bothersome at this length, getting caught on his bedcovers. The resident stated he kept his feet uncovered so the nails wouldn't get caught. Resident #62 stated he had told someone on staff he would like his nails trimmed, but he was not sure who he told. The resident is obese and dependent on staff for nail care.<br><br>During an interview on 10/23/19 at 1:26 PM, the Director of Nursing (DON) confirmed the care plan had an intervention to refer to the Podiatrist or Foot Care Nurse to monitor/document foot care needs and to cut long nails. The DON stated the care plan should be revised, because the facility did not have a specific Foot Care Nurse. She further stated the care plan intervention should be changed to cut nails as needed. | F 657                                                                      |                                                                                                                                                                                                                                                                       |                            |                                                        |
| F 677<br>SS=E                                                                                 | ADL Care Provided for Dependent Residents<br>CFR(s): 483.24(a)(2)<br><br>§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;<br>This REQUIREMENT is not met as evidenced by:<br>Based on resident interview, family interview, staff interview, observation, record review, and policy review, the facility failed to provide Activities of Daily Living (ADL) care as needed, to dependent residents, as evidenced by dirty, long, jagged, and unkept fingernails and toenails, for four (4) of five (5) dependent residents reviewed                                                                                                                                                                                                                                                                                                                    | F 677                                                                      | 1. On 10/24/19, a Root Cause Analysis (RCA) was completed by the Quality Assurance Performance Improvement (QAPI) Committee that identified Residents' #52, #60, #62, and #196 were provided nail care and assessed with no negative outcomes related to nail care by | 11/8/19                    |                                                        |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>255172</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/23/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>STARKVILLE MANOR HEALTH CARE AND REHABILITATION CE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1001 HOSPITAL ROAD<br/>STARKVILLE, MS 39759</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |                                                        |
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| F 677                                                                                         | <p>Continued From page 12<br/>for ADL needs, Resident #52, Resident #60,<br/>Resident #62, and Resident #196.</p> <p>Findings Include:</p> <p>A review of the facility's policy, Care of Nails, with<br/>a revision date of 9/1/17, revealed to trim and<br/>clean fingernails.</p> <p>Resident #60<br/>On 10/20/19 at 1:40 PM, an observation of<br/>Resident #60's fingernails revealed they extended<br/>beyond the length of his fingertips and brown<br/>debris was noted under the nails. Some of<br/>Resident #60's fingernails were jagged and<br/>broken. The Resident stated he did not know<br/>when his fingernails had last been cut; he does<br/>not like for them to be this long and would like to<br/>have them cut. Resident #60 is diabetic and<br/>required staff to cut his nails.</p> <p>A review of Resident #60's Physician Orders,<br/>dated October 2019, revealed a treatment order<br/>for Diabetic nail care, trim monthly on the 19th on<br/>the 3-11 shift, and as needed.</p> <p>A review of the October 2019 treatment record,<br/>for Resident #60, revealed the 19th of October<br/>was not documented for nail care.</p> <p>On 10/22/19 at 10:31 AM, an interview with the<br/>Director of Nursing (DON) revealed diabetic nail<br/>care should be done every month by the nurse.</p> <p>On 10/22/19 at 10:39 AM, an interview with<br/>Licensed Practical Nurse (LPN) #1 revealed she<br/>cut Resident #60's nails on 10/20/19, on the 3-11</p> | F 677                                                                      | <p>the Director of Nurses (DON) on 10/23/19.</p> <p>2. Other residents residing in the facility<br/>have the potential to be affected by the<br/>alleged deficient practice. On 10/24/19,<br/>the DON/Assistant Director of Nurses<br/>(ADON)/Registered Nurses (RN) Unit<br/>Managers conducted a Quality Review to<br/>ensure nail care was provided as outlined<br/>by the comprehensive care plan. Follow<br/>up based on findings.</p> <p>3. On 10/24/19, the ADON initiated<br/>education to licensed nurses and Certified<br/>Nursing Assistants (CNAs) on ensuring<br/>nail care. On 11/07/19, education was<br/>completed. The ADON will educate newly<br/>hired licensed nurses and CNAs on<br/>ensuring nail care.</p> <p>4. On 10/24/19, DON/ADON will conduct<br/>a Quality Monitor observing nail care for<br/>five (5) residents five (5) times weekly for<br/>two (2) weeks, then three (3) residents<br/>monthly for six (6) months. Any negative<br/>findings will be corrected immediately and<br/>for six (6) months Quality Review results<br/>will be submitted monthly to the QAPI<br/>Committee for the Interdisciplinary Team<br/>(IDT) to review. The IDT will use RCA to<br/>update the Performance Improvement<br/>Plan (PIP) as indicated by findings.</p> |                            |                                                        |

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| F 677                                                                                         | <p>Continued From page 13</p> <p>shift. She stated the resident's nails were long, dirty and jagged, and in need of cutting and cleaning.</p> <p>On 10/22/19 at 10:50 AM, the Assistant Director of Nursing (ADON) stated she had not been able to locate Resident #60's treatment record for September, and was not sure if his nails were cut in September.</p> <p>Resident #52<br/>On 10/20/19 at 1:30 PM, Resident #52 was observed in bed. His daughter, who was at the bedside, stated the resident's fingernails were dirty and long and his toe nails were too long. Resident #52's daughter stated she felt they (staff) should be able to take care of this. She stated she doesn't come very often, but every time she comes she has to clean the resident's nails. She stated the resident often put his hands in his brief, so he needed the nails cleaned.</p> <p>On 10/21/19 at 3:40 PM, an observation and interview with Licensed Practical Nurse (LPN) #3 confirmed Resident #52's fingernails were dirty and needed cleaning. She also confirmed that the fingernails had ragged areas and needed to be filed smooth. LPN #3 also confirmed Resident #52's toenails needed to be trimmed and if nursing could not get them done, he should be referred to the Podiatrist.</p> <p>On 10/22/19 at 11:00 AM, an interview with the Director of Nursing (DON) revealed the diabetic residents' nail care was done by nurses or the Podiatrist, and the other residents are done by the Certified Nursing Assistants, (CNAs). The DON stated all she could say was the nail care just didn't get done.</p> | F 677                                                                      |                                                                                                                          |                            |                                                        |

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| F 677                                                                                         | Continued From page 14<br><br>Resident #196<br>On 10/20/19 at 5:57 PM, an observation revealed Resident #196's fingernails were dirty. Resident #196's toe nails were long with light blue polish on the ends.<br><br>An observation and interview on 10/21/19 at 3:30 PM, with LPN #3, confirmed Resident #196's fingernails were dirty and needed to be trimmed. She stated the long dirty nails could cause infection and the fingernails should be clean, since she is eating meals now. LPN #3 also confirmed Resident #196 needed to have her toenails trimmed. LPN #3 stated long nails could be a source of infection and it could cause scratches.<br>Resident #62<br>During an observation and interview on 10/20/19 at 3:00 PM, Resident #62 had his feet uncovered. His toenails were clean, but very long on both feet. The resident stated his toenails had not been trimmed in a while and they were bothersome at this length, getting caught on his bedcovers; that's why he kept his feet uncovered. Resident #62 stated he had told someone on staff he would like his nails trimmed, but he was not sure who he told. Resident #62 is obese and dependent on staff for nail care.<br><br>Record review revealed a physician's order with a start date of 08/08/18, "Diabetic fingernail trim monthly". There was a standing order for the resident to see the Podiatrist as needed. Review of the resident's chart revealed no indication the resident had been seen by the podiatrist. Review of the Treatment Administration Record | F 677                                                                      |                                                                                                                          |  |                                                        |

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| F 677                                                                                         | <p>Continued From page 15</p> <p>(TAR)revealed nail trimming had been provided monthly. There was no order or documentation for toenails to be trimmed.</p> <p>In an observation and resident interview, on 10/21/19 at 9:22 AM, Resident #62's toenails were still long. Resident # 62 stated he would still like to have his nails clipped. He stated Hospice staff, as well as facility staff, have done this in the past, but no one has trimmed his nails in a while.</p> <p>During an interview on 10/21/19 at 2:51 PM, CNA #3 stated the CNAs cut nails when assisting with hygiene, or when they see the nails are too long, but if the resident is a diabetic, the nurse has to cut them. CNA #3 stated the CNAs verbally tell the nurses, but don't record if the resident's nails needed clipping. She stated if the CNAs clip the nails, it was documented on the kiosk.</p> <p>In an interview on 10/21/19 at 2:53 PM, CNA #4 stated she was assigned to Resident #62, and usually worked with him a couple days a week. The CNA stated Resident #62 was dependent on staff for ADL care and nail care. CNA #4 stated she had bathed the resident and cleaned the nails, but she didn't think they were too long, and had not reported to the nurse of the resident's nails needing to be trimmed. CNA #4 stated the resident is diabetic, and the nurse would have to trim the nails. CNA #4 stated the resident was on hospice and they do care too.</p> <p>During an interview on 10/21/19 at 2:57 PM, the Unit Coordinator/RN #1 stated nurses are to trim the diabetic resident's toenails. RN #1 stated either LPNs or RNs could trim the nails. RN #1 stated when an order for the fingernails to be trimmed is written, the staff know to do a toenail</p> | F 677                                                                      |                                                                                                                          |                            |                                                        |

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| F 677                                                                                         | Continued From page 16<br>trim also. RN #1 stated if nails are too thick for staff to trim, an appointment with the Podiatrist is scheduled, but at this time the facility staff were able to do care.<br><br>An observation and interview on 10/21/19 at 2:59 PM, with LPN #2, revealed she had not been informed Resident #62's nails needed to be trimmed by anyone. LPN stated she had been the resident's Nurse and had not noticed the nails were too long. LPN #2 stated the Podiatrist cuts the diabetic resident's nails if they are too thick for staff to cut. Observation revealed LPN #2 measured Resident #62's toenails and found the great toes bilaterally to measure approximately one (1) inch from the nail bed and the other four (4) toenails measured one half (1/2) inch from the nail bed. LPN #2 stated she would trim the nails. | F 677                                                                      |                                                                                                                          |                            |                                                        |
| F 732<br>SS=E                                                                                 | Posted Nurse Staffing Information<br>CFR(s): 483.35(g)(1)-(4)<br><br>§483.35(g) Nurse Staffing Information.<br>§483.35(g)(1) Data requirements. The facility must post the following information on a daily basis:<br>(i) Facility name.<br>(ii) The current date.<br>(iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:<br>(A) Registered nurses.<br>(B) Licensed practical nurses or licensed vocational nurses (as defined under State law).<br>(C) Certified nurse aides.<br>(iv) Resident census.<br><br>§483.35(g)(2) Posting requirements.                                                                                                                                                                                    | F 732                                                                      |                                                                                                                          | 11/8/19                    |                                                        |

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| F 732                                                                                         | <p>Continued From page 17</p> <p>(i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift.</p> <p>(ii) Data must be posted as follows:</p> <p>(A) Clear and readable format.</p> <p>(B) In a prominent place readily accessible to residents and visitors.</p> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>CI MS #16293</p> <p>Based on observation, staff interview, and record review, the facility failed to post daily staffing in an area that was visible to residents and visitors, and failed to have current staffing posted for one (1) of four (4) days of survey.</p> <p>Findings include:</p> <p>Interview with the Director of Nursing (DON), on 10/23/19 at 10:00 AM, revealed the facility does not have a policy related to daily posting of staff information.</p> <p>An observation on 10/20/19 at 1:30 PM, revealed staffing information was not posted in an area</p> |                                                                            |  | F 732                                                                                       | <p>1. On 10/24/19, a Root Cause Analysis (RCA) was completed by the Quality Assurance Performance Improvement (QAPI) Committee that identified the Daily Staffing Form to be posted daily and in a visible location. On 10/23/19, the Director of Nurses (DON) ensured by visual observation the Daily Staffing Form was posted daily in a visible location.</p> <p>2. Current residents whom were within the facility on 10/23/19 have the potential to be affected by the alleged deficient practice. On 10/24/19, the DON conducted a Quality Review to ensure by visual observation the Daily Staffing Form was posted in a visible location daily. Follow up based on findings.</p> |                                                        |                            |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>STARKVILLE MANOR HEALTH CARE AND REHABILITATION CE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1001 HOSPITAL ROAD<br/>STARKVILLE, MS 39759</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |                                                        |
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| F 732                                                                                         | Continued From page 18<br>that is visible for residents and visitors.<br>Observation revealed the staffing information<br>sheet, dated 10/14/19, was located behind a<br>medical records shelf, on a bulletin board, behind<br>the A hall nurse's desk.<br><br>During an interview on 10/20/19 at 3:00 PM, the<br>Director of Nursing (DON) stated the Assistant<br>Director of Nursing (ADON) was in charge of<br>posting the staffing information daily.<br><br>An interview and record review with the ADON on<br>10/20/19 at 3:10 PM, revealed she printed off the<br>daily staffing sheets for the whole week and<br>posted them on the bulletin board, and the staff is<br>supposed to update the staffing number if it<br>changed. The ADON confirmed 10/14/19, was<br>the last day the staffing information was posted,<br>and it was not current for today's date of<br>10/20/19. | F 732                                                                      | 3. On 10/24/19, the DON initiated<br>education to the Assistant Director of<br>Nurses (ADON) and Registered Nurses<br>(RNs) on ensuring the Daily Staffing Form<br>is posted in a visible location daily. On<br>11/07/19, education was completed. The<br>ADON will educate newly hired RNs on<br>ensuring the Daily Staffing Form is posted<br>in a visible location daily.<br><br>4. On 10/24/19, the DON/ADON will<br>conduct a Quality Monitor to ensure the<br>Daily Staffing Form is posted in a visible<br>location daily for five (5) times weekly for<br>two (2) weeks, then for three (3) months.<br>Any negative findings will be corrected<br>immediately and for six (6) months Quality<br>Review results will be submitted monthly<br>to the QAPI Committee for the<br>Interdisciplinary Team (IDT) to review.<br>The IDT will use RCA to update the<br>Performance Improvement Plan (PIP) as<br>indicated by findings. |                            |                                                        |
| F 921<br>SS=E                                                                                 | Safe/Functional/Sanitary/Comfortable Environ<br>CFR(s): 483.90(i)<br><br>§483.90(i) Other Environmental Conditions<br>The facility must provide a safe, functional,<br>sanitary, and comfortable environment for<br>residents, staff and the public.<br>This REQUIREMENT is not met as evidenced<br>by:<br>CI MS #16293<br>Based on observation, staff interview, resident<br>interview, and facility policy review, the facility<br>failed to ensure a sanitary/safe environment, free<br>of odors, for two (2) of four (4) halls, (A Long and                                                                                                                                                                                                                                                                                                                                            | F 921                                                                      | 1. On 10/20/19, upon initial tour, the<br>Executive Director (ED) was notified by<br>the surveyors of the failure to ensure a<br>sanitary/safe environment free of odors,<br>for two (2) of four (4) halls, (A Long and A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 11/8/19                    |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>STARKVILLE MANOR HEALTH CARE AND REHABILITATION CE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1001 HOSPITAL ROAD<br/>STARKVILLE, MS 39759</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                        |
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| F 921                                                                                         | <p>Continued From page 19</p> <p>A Short), and the building entrance, during the initial tour of the facility. This was evidenced by odors of urine/feces, overflowing linen barrels, and debris on a resident's floor.</p> <p>Findings Include:</p> <p>A review of the facility's policy, "Hospitality Services", dated 11/30/14, revealed: Policy, Standards for routine cleaning of all interior spaces will be followed, including, but not limited to patient rooms, patient and public baths, tub and shower rooms, closets, utility rooms, offices, diet kitchens, storage spaces, TV and sitting rooms. Procedure: The Hospitality Services Supervisor will: Ensure the cleanliness of all interior areas indicated above.</p> <p>Upon entrance to the front door of the building, on 10/20/19 at 1:00 PM, there was a strong odor of urine. Strong odors of urine were also noted at the end of A hall short. On 10/20/19 at 1:10 PM, an observation of a linen barrel was overflowing with dirty, soiled linens at the end of the hallway, by room A1. Dirty gloves and garbage bags were also observed sitting in the floor of the room and bathroom of room A2A, along with a broken razor and urinal lying on the floor.</p> <p>On 10/20/19 at 1:30 PM, during the initial tour, an observation of A Long Hall revealed urine and bowel movement odors down the hallway, more pronounced at the end of the hall.</p> <p>On 10/20/19 at 2:00 PM, an interview with a resident, who wished to remain anonymous, stated, "Normally this place smells like shit, but when y'all walked in they started spraying air</p> | F 921                                                                      | <p>Short), and the building entrance during the initial tour of the facility as evidenced by odors of urine/feces, overflowing linen barrel, and debris on a resident's floor. On 10/20/19, upon notification of not ensuring a sanitary/safe environment, the ED had the housekeeping staff clean two (2) of four (4) halls, (A Long and A Short), and the building entrance of the facility to reduce the odors. On 10/24/19, a Root Cause Analysis (RCA) was completed by the Quality Assurance Performance Improvement (QAPI) Committee on ensuring a sanitary/safe environment.</p> <p>2. Other residents residing in the facility have the potential to be affected by this alleged deficient practice. On 10/20/19, the ED and the Director of Nurses (DON) conducted a facility wide observation Quality Review to ensure a sanitary/safe environment and that the facility was cleaned as previously stated. Follow up based on findings.</p> <p>3. On 10/20/19, the Assistant Director of Nurses (ADON) initiated education with housekeeping staff, licensed nurses, and Certified Nursing Assistants (CNAs) regarding ensuring a sanitary/safe environment. On 11/07/19, education was completed. Newly hired staff will be educated by the ADON on ensuring a sanitary/safe environment.</p> <p>4. On 10/24/19, the ED/DON will conduct a Quality Monitor to ensure a sanitary/safe environment for five (5) times weekly for two (2) weeks, then for six (6) months.</p> |                            |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>STARKVILLE MANOR HEALTH CARE AND REHABILITATION CE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1001 HOSPITAL ROAD<br/>STARKVILLE, MS 39759</b>                                                                                                                                                                                                              |                            |                                                        |
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| F 921                                                                                         | <p>Continued From page 20</p> <p>freshener and it smells a little better now." A visitor, who wished to remain anonymous, stated he visits often and the anonymous resident was telling the truth about the odors.</p> <p>On 10/20/19 at 2:30 PM, an interview with Certified Nursing Assistant (CNA) #1 revealed she really could not smell any odors. The CNA stated she had worked in the area so long that she just does not notice it anymore.</p> <p>On 10/20/19 at 2:40 PM, an interview with the Administrator revealed A Long Hall is the worse hall in the building as far as odors. The Administrator confirmed A Hall smelled of urine and feces. The Administrator stated there were three (3) Housekeeping staff in the building and this was the normal amount for day shift.</p> <p>On 10/20/19 at 3:00 PM, an interview with Resident #60 revealed he had noticed odors in the building. Resident #60 stated, "Sometimes it's worse than others". He stated he couldn't identify what the odor was, but it wasn't pleasant. He stated staff will sometimes spray some stuff that helps with the odors.</p> <p>On 10/21/19 at 10:42 AM, an interview with the Housekeeping Supervisor (HS) revealed she didn't know what happened with the crew that was working yesterday. The HS stated normally she will have some full time staff on the weekend, but does supplement with PRN (as needed) staff on the weekends. She stated when she came in yesterday, she smelled the urine odors which were worse on the Long Hall of A unit. The Supervisor stated she, along with her staff on duty, started working to remove the odors from the building.</p> | F 921                                                                      | <p>Any negative findings will be corrected immediately and for six (6) months Quality Review results will be submitted monthly to the QAPI Committee for the Interdisciplinary Team (IDT) to review. The IDT will use RCA to update the Performance Improvement Plan (PIP) as indicated by findings.</p> |                            |                                                        |

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| F 921                                                                                         | Continued From page 21<br><br>An Interview on 10/23/19 at 10:45 AM, with<br>Certified Nursing Assistant #2 (CNA), revealed<br>she rotated to help on different halls. She<br>confirmed that she was working on A Hall short<br>on 10/20/19, and she did notice urine odors on<br>the hall. She stated there is a resident on A hall<br>who tried to empty his own catheter bag, and he<br>had poured urine in the floor. She confirmed the<br>linen barrel was overflowing with dirty linens at<br>the end of A Hall Short. CNA #2 stated the shower<br>aids usually take the barrels out to the laundry<br>department, but they were just busy. | F 921                                                                      |                                                                                                                          |                            |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>STARKVILLE MANOR HEALTH CARE AND REHABILITATION CE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1001 HOSPITAL ROAD<br/>STARKVILLE, MS 39759</b>                              |                            |                                                        |
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| K 000                                                                                         | INITIAL COMMENTS<br><br>42 CFR 483.70(a)<br><br>The facility must meet the applicable provisions of<br>the 2012 (existing) Edition of the Life Safety Code<br>(LSC) of the National Fire Protection Association<br>(NFPA) ...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | K 000                                                                      |                                                                                                                          |                            |                                                        |
| K 321<br>SS=D                                                                                 | Hazardous Areas - Enclosure<br>CFR(s): NFPA 101<br><br>Hazardous Areas - Enclosure<br>Hazardous areas are protected by a fire barrier<br>having 1-hour fire resistance rating (with 3/4 hour<br>fire rated doors) or an automatic fire extinguishing<br>system in accordance with 8.7.1 or 19.3.5.9.<br>When the approved automatic fire extinguishing<br>system option is used, the areas shall be<br>separated from other spaces by smoke resisting<br>partitions and doors in accordance with 8.4.<br>Doors shall be self-closing or automatic-closing<br>and permitted to have nonrated or field-applied<br>protective plates that do not exceed 48 inches<br>from the bottom of the door.<br>Describe the floor and zone locations of<br>hazardous areas that are deficient in REMARKS.<br>19.3.2.1, 19.3.5.9<br><br>Area                      Automatic Sprinkler<br>Separation   N/A<br>a. Boiler and Fuel-Fired Heater Rooms<br>b. Laundries (larger than 100 square feet)<br>c. Repair, Maintenance, and Paint Shops<br>d. Soiled Linen Rooms (exceeding 64 gallons)<br>e. Trash Collection Rooms<br>(exceeding 64 gallons)<br>f. Combustible Storage Rooms/Spaces<br>(over 50 square feet)<br>g. Laboratories (if classified as Severe | K 321                                                                      |                                                                                                                          | 11/8/19                    |                                                        |

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

TITLE

(X6) DATE

Electronically Signed

11/07/2019

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| K 321                                                                                         | <p>Continued From page 1</p> <p>Hazard - see K322)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, the facility failed to properly protect hazardous areas in accordance NFPA 101 section 19.3.2.1. This deficiency affected two (2) of six (6) smoke compartments and 20 of 106 residents in the facility on the day of survey</p> <p>Findings Include:</p> <p>During the building inspection on October 21, 2019 at 10:40 AM, observation revealed ceiling damage in the Beauty Shop and the Kitchen Storage Area of the facility These areas were incapable of resisting the passage of smoke throughout the facility and the ceiling damage was from result of roof leaks.</p> | K 321                                                                      | <p>This Plan of Correction does not constitute an admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared solely because it is required by the provisions of Life Safety requirements.</p> <p>1. On 10/24/19 a Root Cause Analysis (RCA) was completed by the Quality Assurance Performance Improvement (QAPI) Committee related to ensuring properly protecting hazardous areas in accordance with NFPA 101 section 19.3.2.1. The ceilings in the Beauty Shop and Kitchen Storage Area were repaired on 10/28/19 by the Maintenance Director.</p> <p>2. Current residents whom were within the facility from 10/21/19 through 10/28/19 have the potential to be affected by the alleged deficient practice. On 10/24/19 a facility wide Quality Review of ensuring properly protecting hazardous areas in accordance with NFPA 101 section 19.3.2.1 was completed by the Executive Director (ED) and Maintenance Director. Follow up based on findings.</p> <p>3. On 10/24/19 the ED educated the Maintenance Director and Maintenance Assistant to ensure properly protecting hazardous areas in accordance with NFPA 101 section 19.3.2.1.</p> |                            |                                                        |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>255172</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01 - MAIN BUILDING 01</b><br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                              |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/21/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>STARKVILLE MANOR HEALTH CARE AND REHABILITATION CE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1001 HOSPITAL ROAD<br/>STARKVILLE, MS 39759</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                                      | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID<br>PREFIX<br>TAG                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                                                                                                                                                                                                                                                                                                                                                 | (X5)<br>COMPLETION<br>DATE |                                                        |
| K 321                                                                                         | Continued From page 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | K 321                                                                      | 4. ED/Maintenance Director will conduct a Quality Monitor five (5) times weekly for two (2) weeks, then for six (6) months to ensure properly protecting hazardous areas in accordance with NFPA 101 section 19.3.2.1. Any negative findings will be corrected immediately and for six (6) months Quality Review results will be submitted monthly to the QAPI Committee for the Interdisciplinary Team (IDT) to review. The IDT will use RCA to update the Performance Improvement Plan (PIP) as indicated by findings. |                            |                                                        |
| K 351<br>SS=D                                                                                 | <p>Sprinkler System - Installation<br/>CFR(s): NFPA 101</p> <p>Spinkler System - Installation<br/>2012 EXISTING<br/>Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.<br/>In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers.<br/>In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.<br/>19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)<br/>This REQUIREMENT is not met as evidenced by:<br/>Based on observations, the facility failed to</p> | K 351                                                                      | 1. On 10/24/19 a Root Cause Analysis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 11/8/19                    |                                                        |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>255172</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01 - MAIN BUILDING 01</b><br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/21/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>STARKVILLE MANOR HEALTH CARE AND REHABILITATION CE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1001 HOSPITAL ROAD<br/>STARKVILLE, MS 39759</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |                                                        |
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| K 351                                                                                         | <p>Continued From page 3</p> <p>provide a supervised automatic sprinkler system with complete coverage for all portions of the building as required by NFPA 101 section 19.3.5.1. This deficiency affected one (1) of six (6) smoke compartments and 26 of the 106 residents in the facility on the day of survey.</p> <p>Findings include:</p> <p>On October 21, 2019 at 10:05AM observation revealed no sprinkler heads and coverage in the newly installed office in the Reception Area of the facility. The facility Maintenance Director and Administrator was made aware of the deficiency during the exit conference.</p> | K 351                                                                      | <p>(RCA) was completed by the Quality Assurance Performance Improvement (QAPI) Committee related to providing a supervised automatic sprinkler system with complete coverage for all portions of the building as required by NFPA 101 section 19.3.5.1. On 11/07/19 an outside vendor installed a sprinkler head in the newly installed office in the Reception Area of the facility.</p> <p>2. Current residents whom were within the facility from 10/21/19 through 11/07/19 have the potential to be affected by the alleged deficient practice. On 10/24/19 a facility wide Quality Review of providing a supervised automatic sprinkler system with complete coverage for all portions of the building as required by NFPA 101 section 19.3.5.1 was completed by the Executive Director (ED) and Maintenance Director. Follow up based on findings.</p> <p>3. On 10/24/19 the ED educated the Maintenance Director and Maintenance Assistant on providing a supervised automatic sprinkler system with complete coverage for all portions of the building as required by NFPA 101 section 19.3.5.1.</p> <p>4. ED/Maintenance Director will conduct a Quality Monitor five (5) times weekly for two (2) weeks, then for six (6) months to provide a supervised automatic sprinkler system with complete coverage for all portions of the building as required by NFPA 101 section 19.3.5.1. Any negative findings will be corrected immediately and for six (6) months Quality Review results</p> |                            |                                                        |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>255172</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01 - MAIN BUILDING 01</b><br><br>B. WING _____                                                                                                                 |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/21/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>STARKVILLE MANOR HEALTH CARE AND REHABILITATION CE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1001 HOSPITAL ROAD<br/>STARKVILLE, MS 39759</b>                                                                                                                 |                            |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                                      | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ID<br>PREFIX<br>TAG                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                                    | (X5)<br>COMPLETION<br>DATE |                                                        |
| K 351                                                                                         | Continued From page 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | K 351                                                                      | will be submitted monthly to the QAPI<br>Committee for the Interdisciplinary Team<br>(IDT) to review. The IDT will use RCA to<br>update the Performance Improvement<br>Plan (PIP) as indicated by findings. |                            |                                                        |
| K 363<br>SS=D                                                                                 | Corridor - Doors<br>CFR(s): NFPA 101<br><br>Corridor - Doors<br>Doors protecting corridor openings in other than<br>required enclosures of vertical openings, exits, or<br>hazardous areas resist the passage of smoke<br>and are made of 1 3/4 inch solid-bonded core<br>wood or other material capable of resisting fire for<br>at least 20 minutes. Doors in fully sprinklered<br>smoke compartments are only required to resist<br>the passage of smoke. Corridor doors and doors<br>to rooms containing flammable or combustible<br>materials have positive latching hardware. Roller<br>latches are prohibited by CMS regulation. These<br>requirements do not apply to auxiliary spaces that<br>do not contain flammable or combustible material.<br>Clearance between bottom of door and floor<br>covering is not exceeding 1 inch. Powered doors<br>complying with 7.2.1.9 are permissible if provided<br>with a device capable of keeping the door closed<br>when a force of 5 lbf is applied. There is no<br>impediment to the closing of the doors. Hold open<br>devices that release when the door is pushed or<br>pulled are permitted. Nonrated protective plates<br>of unlimited height are permitted. Dutch doors<br>meeting 19.3.6.3.6 are permitted. Door frames<br>shall be labeled and made of steel or other<br>materials in compliance with 8.3, unless the<br>smoke compartment is sprinklered. Fixed fire<br>window assemblies are allowed per 8.3. In<br>sprinklered compartments there are no<br>restrictions in area or fire resistance of glass or | K 363                                                                      |                                                                                                                                                                                                             | 11/8/19                    |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>STARKVILLE MANOR HEALTH CARE AND REHABILITATION CE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1001 HOSPITAL ROAD<br/>STARKVILLE, MS 39759</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |                                                        |
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| K 363                                                                                         | <p>Continued From page 5<br/>frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483,<br/>and 485<br/>Show in REMARKS details of doors such as fire<br/>protection ratings, automatics closing devices,<br/>etc.<br/>This REQUIREMENT is not met as evidenced<br/>by:<br/>Based on observation and testing, the facility<br/>failed to properly protect corridor openings as<br/>directed by NFPA 101 section 19.3.6.3.5. This<br/>deficiency affected one (1) of six (6) smoke<br/>compartments and 24 of 106 residents in the<br/>facility during the survey.</p> <p>Findings Include:</p> <p>On October 21, 2019 at 10:35 AM, observation<br/>revealed an air transfer grille in the corridor door<br/>to the Disaster Recovery Room of the facility.<br/>Observation also revealed the door to the A Side<br/>Janitor's Office was incapable of closing and<br/>positive latching. These corridor doors were<br/>incapable of resisting the passage of smoke<br/>throughout the facility. The administrator was<br/>made aware of the problem during the exit<br/>conference.</p> | K 363                                                                      | <p>1. On 10/24/19 a Root Cause Analysis<br/>(RCA) was completed by the Quality<br/>Assurance Performance Improvement<br/>(QAPI) Committee related to properly<br/>protecting corridor openings as directed<br/>by NFPA 101 section 19.3.6.3.5. On<br/>10/30/19 the Maintenance Director<br/>corrected the Disaster Recovery Room<br/>corridor door to resist the passage of<br/>smoke. On 11/06/19 the Maintenance<br/>Director corrected the corridor door to the<br/>A Side Janitor's Office to close and<br/>positively latch.</p> <p>2. Current residents whom were within the<br/>facility from 10/21/19 through 11/06/19<br/>have the potential to be affected by the<br/>alleged deficient practice. On 10/24/19 a<br/>facility wide Quality Review of properly<br/>protecting corridor openings as directed<br/>by NFPA 101 section 19.3.6.3.5 was<br/>completed by the Executive Director (ED)<br/>and Maintenance Director. Follow up<br/>based on findings.</p> <p>3. On 10/24/19 the ED educated the<br/>Maintenance Director and Maintenance<br/>Assistant on properly protecting corridor<br/>openings as directed by NFPA 101 section<br/>19.3.6.3.5.</p> |                            |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>STARKVILLE MANOR HEALTH CARE AND REHABILITATION CE</b> |                                                                                                                              |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1001 HOSPITAL ROAD<br/>STARKVILLE, MS 39759</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                                                        |
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| K 363                                                                                         | Continued From page 6                                                                                                        | K 363                                                                      | 4. ED/Maintenance Director will conduct a Quality Monitor five (5) times weekly for two (2) weeks, then for six (6) months on properly protecting corridor openings as directed by NFPA 101 section 19.3.6.3.5. Any negative findings will be corrected immediately and for six (6) months Quality Review results will be submitted monthly to the QAPI Committee for the Interdisciplinary Team (IDT) to review. The IDT will use RCA to update the Performance Improvement Plan (PIP) as indicated by findings. |                            |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>STARKVILLE MANOR HEALTH CARE AND REHABILITATION CE</b> |                                                                                                                                                                                                                           |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1001 HOSPITAL ROAD<br/>STARKVILLE, MS 39759</b>                              |  |                                                        |
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| E 000                                                                                         | <p>Initial Comments</p> <p>*****</p> <p>Survey conducted on 10/21/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements.</p> <p>No deficiencies were cited.</p> | E 000                                                                      |                                                                                                                          |  |                                                        |

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

TITLE

(X6) DATE

Electronically Signed

11/07/2019

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.