STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255172	A. BUILDING _____ B. WING _____	C 10/23/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STARKVILLE MANOR HEALTH CARE AND REHABILITATION CE	1001 HOSPITAL ROAD STARKVILLE, MS 39759

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual 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. The census at the time of the survey was 106 with a bed capacity of 119.	F 000		
F 732 SS=E	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (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: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data	F 732		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 732	Continued From page 1 specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors. §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. §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. This REQUIREMENT is not met as evidenced by: CI MS #16293 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. Findings include: 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. An observation on 10/20/19 at 1:30 PM, revealed staffing information was not posted in an area that is visible for residents and visitors.	F 732	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. 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.	

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F 732	Continued From page 2 Observation revealed the staffing information sheet, dated 10/14/19, was located behind a medical records shelf, on a bulletin board, behind the A hall nurse's desk. During an interview on 10/20/19 at 3:00 PM, the Director of Nursing (DON) stated the Assistant Director of Nursing (ADON) was in charge of posting the staffing information daily. An interview and record review with the ADON on 10/20/19 at 3:10 PM, revealed she printed off the daily staffing sheets for the whole week and posted them on the bulletin board, and the staff is supposed to update the staffing number if it changed. The ADON confirmed 10/14/19, was the last day the staffing information was posted, and it was not current for today's date of 10/20/19.	F 732	3. On 10/24/19, the DON initiated education to the Assistant Director of Nurses (ADON) and Registered Nurses (RNs)on ensuring the Daily Staffing Form is posted in a visible location daily. On 11/07/19, education was completed. The ADON will educate newly hired RNs on ensuring the Daily Staffing Form is posted in a visible location daily. 4. On 10/24/19, the DON/ADON will conduct a Quality Monitor to ensure the Daily Staffing Form is posted in a visible location daily for five (5) times weekly for two (2) weeks, then for three (3) 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.	
F 921 SS=E	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: CI MS #16293 Based on observation, staff interview, resident interview, and facility policy review, the facility failed to ensure a sanitary/safe environment, free of odors, for two (2) of four (4) halls, (A Long and A Short), and the building entrance, during the	F 921	1. On 10/20/19, upon initial tour, the Executive Director (ED) was notified by the surveyors of the failure to ensure a sanitary/safe environment free of odors, for two (2) of four (4) halls, (A Long and A Short), and the building entrance during	11/8/19

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F 921	Continued From page 3 initial tour of the facility. This was evidenced by odors of urine/feces, overflowing linen barrels, and debris on a resident's floor. Findings Include: 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. 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. 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. 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 freshener and it smells a little better now." A	F 921	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. 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. 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. 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. Any negative findings will be corrected	

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F 921	Continued From page 4 visitor, who wished to remain anonymous, stated he visits often and the anonymous resident was telling the truth about the odors. 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. 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. 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. 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.	F 921	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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F 921	Continued From page 5 An Interview on 10/23/19 at 10:45 AM, with Certified Nursing Assistant #2 (CNA), revealed she rotated to help on different halls. She confirmed that she was working on A Hall short on 10/20/19, and she did notice urine odors on the hall. She stated there is a resident on A hall who tried to empty his own catheter bag, and he had poured urine in the floor. She confirmed the linen barrel was overflowing with dirty linens at the end of A Hall Short. CNA #2 stated the shower aids usually take the barrels out to the laundry department, but they were just busy.	F 921		