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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey from 03/10/2020 through 03/12/2020. During the survey, the SA determined the facility was not in compliance with the Medicare and Medicaid requirements of participation. The SA cited deficiencies at F656, F690, F812, and F880. At the time of the survey, the facility was licensed for 60 beds, and had a census of 51.	F 000		
F 656 SS=E	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the	F 656		3/30/20

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

Electronically Signed | 05/12/2020

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 656	Continued From page 1 findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review the facility failed to follow the care plan related to catheter/incontinent care for three (3) of four (4) care plans reviewed, Resident #28, Resident #14, and Resident #35. Findings include: Review of the facility's "Comprehensive Care Plans" policy, revised July 29, 2019, revealed: "An individual comprehensive care plan that includes measurable objectives and time frames to meet the resident's medical, nursing, mental, and psychological needs is developed for each resident." Resident #35 A review of Resident #35's care plan, revealed, a focused problem, with an onset date of 03/01/2019, related to the resident's diagnosis of Urinary Retention, Benign Prostatic Hyperplasia	F 656	1. The care plan related to catheter/incontinent care for Resident #35, Resident #28, and Resident #14 was reviewed on 3/12/2020 by Registered Nurse(RN)#1 and Director of Nurses(DON). Certified Nursing Assistant(CNA)#3 was counseled by the Director of Nursing on 3/12/2020 on failing to follow the care plan related to catheter/incontinent care to include catheter securement device for Resident #35. Director of Nursing(DON) and Registered Nurse(RN)#1 placed catheter securement device on Resident #35 on 3/11/2020. Resident #35 was assessed by the DON on 3/12/2020 to ensure no distress or negative side effects evident due to failing to implement the comprehensive care plan related to catheter/incontinent care to include catheter securement device. Certified	

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F 656	Continued From page 2 and history of Suprapubic Catheter. Interventions included to provide catheter care every shift and clean the urinary penile catheter. During an observation of Resident #35's catheter care, on 03/11/2020 2:25 PM, Certified Nursing Assistant (CNA) #3 washed the catheter tubing in a downward motion, away from the body, without securing the catheter tubing two (2) times. CNA #3 washed around the head of the penis multiple times, using the same area of the soapy washcloth. CNA #3 rinsed the catheter tubing in a downward motion again, without securing the tubing for three (3) wipes. CNA #3 dried the catheter twice without securing the catheter tubing. CNA #3 failed to apply a leg strap or device to secure the catheter after the care was completed. CNA #3 confirmed Resident #35 did not have a leg strap in place for the urinary catheter, therefore it was not secured. On 03/11/2020 at 2:30-2:40 PM, during an interview with CNA #3, she confirmed Resident #35 should have had a leg strap on to prevent pulling on the catheter. CNA #3 stated, the catheter could be pulled out causing damage. CNA #3 confirmed she wiped multiple times when washing the head of the resident's penis, used the same area of the cloth, and pulled on the catheter without securing the tubing during washing, rinsing and drying the catheter. CNA #3 stated this could cause damage and an infection. CNA #3 confirmed she did not provide catheter care and apply a leg strap for Resident #35, per the care plan. CNA #3 stated the care plans are located on the Kiosk for each resident. A review of the facility's "Face Sheet" revealed, Resident #35 was admitted by the facility, on	F 656	Nursing Assistant(CNA)#1 was unable to be counseled on failing to follow the care plan related to catheter/incontinent care for Resident #28 due to last day worked being 3/11/2020. Resident #28 was assessed by DON on 3/12/2020 to ensure no distress or negative side effects evident due to failing to implement the comprehensive care plan related to catheter/incontinent care. Certified Nursing Assistant(CNA)#4 was counseled by the Director of Nursing(DON) on 3/12/2020 on not following the care plan related to catheter/incontinent care to include catheter securement device for Resident #14. Director of Nursing(DON) and Registered Nurse #1 placed catheter securement device on Resident #14 on 3/11/2020. Resident #14 was assessed by the Director of Nursing(DON) on 3/12/2020 to ensure no distress or negative side effects evident due to failing to implement the comprehensive care plan related to catheter/incontinent care to include catheter securement. 2. Any Resident can be affected by failing to implement the comprehensive care plan related to catheter/incontinent care. 3. All Residents with a catheter care plan were checked to ensure the placement of a catheter securement device by Registered Nurse #1 and Director of Nursing(DON) on 3/11/2020. All Certified Nursing Assistants were in-serviced by the Director of Nursing(DON) beginning 3/12/2020 with completion on 3/16/2020 on properly following the care plan related to catheter/incontinent care. All nursing	

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F 656	Continued From page 3 12/15/2017, with diagnoses which included Multiple Sclerosis, Type II Diabetes Mellitus, Dementia, Neuromuscular Dysfunction of the Bladder and Benign Prostatic Hyperplasia (BPH). Resident #28 Review of Resident #28's care plan, revealed a focused problem, with an onset date of 03/21/2019, related to the resident being at risk for a Urinary Tract Infection (UTI) due to being occasionally incontinent of bowel and bladder. The goal and target date revealed the resident would be kept clean and dry with no evidence of UTI by 04/20/2020. Interventions included to check every two hours and as needed (prn), and keep clean and dry using good pericare. During an incontinent care observation for Resident #28, on 03/10/2020 at 11:07 AM, CNA #1 used one (1) pair of gloves to pull down the covers, let down the bed, and then provide incontinent care. CNA #1 wiped Resident #28's vaginal area, using a new disposable wipe each time, from top to bottom on the left and right side, but failed to wipe down the middle of the vagina. CNA #1 wiped multiple times using the same area of the wipes. CNA #1 repositioned Resident #28, and adjusted the covers with the soiled gloves after cleaning feces. On 03/11/2020 at 4:15 PM, during an interview with the Director of Nursing (DON), she revealed the facility had on-going training for incontinent care and catheter care. The DON stated all catheters should have a catheter strap to secure the catheter to prevent pulling on the catheter. The DON revealed by not securing the catheter, this could lead to trauma and pain, as well as cause an infection for the residents. The DON	F 656	staff will be in-serviced by the Registered Nurses upon hire and quarterly thereafter on properly following the care plan related to catheter/incontinent care. Catheter/incontinent care observations were begun on all Certified Nursing Assistants for residents with catheter and incontinent care plans by the RN's on 3/12/2020 with completion on 3/30/2020. 4. Findings of the Catheter/Incontinent Care Observation Audit Tool was reviewed and presented to the Quality Assurance and Assessment(QAA) Team by the Director of Nursing(DON) on 4/30/2020 and in one quarter to determine if further action is needed.	

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F 656	Continued From page 4	F 656		

confirmed the staff should only wipe once with the cloth, then use another area of the cloth. The DON also confirmed that at no time should staff place any soiled linen bags or trash bags on the floor. The DON stated the staff should provide care with clean gloves only, not after they have touched anything, and not to pull up the covers with soiled gloves, especially after cleaning a bowel movement (BM). The DON stated this could contribute to the transmission of infections.

On 03/12/2020 at 2:40 PM, during an interview with Registered Nurse (RN) #1, she revealed the care plan was for all staff to follow and is individualized for the needs of each resident and their preferences. RN #1 confirmed all catheters should have a leg strap to prevent trauma and infection, as well as comfort for the resident. RN #1 stated all CNAs are expected to provide care per the resident's care plan.

A review of the facility's "Face Sheet" revealed, the facility admitted Resident #28, on 12/22/2014, with diagnoses that included Dementia, High Blood Pressure, Chronic Pressure Ulcer to the Right Heel, Diabetes Mellitus Type II and Chronic Kidney Disease.
Resident #14
Review of Resident #14's care plan, revealed, a focused problem, with an onset date of 04/18/2019, related to the resident having an indwelling catheter due to her diagnosis of Retention of Urine. Interventions included to check catheter to ensure it is secured to the resident's thigh with catheter securement device to prevent and/or minimize accidental removal, monitor catheter tubing for kinks or twists in tubing, position catheter tubing below level of bladder, provide foley catheter care every shift,

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F 656	Continued From page 5	F 656		

and record output at end of every shift.

On 03/11/2020 at 11:42 AM, during an observation of catheter care for Resident #14, CNA #4 failed to hang the catheter on the bed frame. Resident #14's catheter dangled at the bedside during the catheter care. CNA #4 stated, "It looks like the catheter is pulling", but she continued with the care. CNA #4 pulled the catheter tubing to clean the left and right side of the perineal area. CNA #4 pulled the tubing away from the meatus without securing the tip to prevent tension. During the catheter care, CNA #4 asked Resident #14 if she was hurting her, and the resident stated, "I can take it."

During an interview, on 03/11/2020 at 3:11 PM, CNA #4 confirmed she failed to secure the catheter tubing while providing care. CNA #4 stated she thought she had placed the catheter on the bed frame. CNA #4 further stated she knew something was wrong, because the catheter was pulling. CNA #4 confirmed that by pulling on the catheter, this could cause trauma to the meatus/bladder and/or urinary tract infections (UTI).

During an interview, on 3/11/2020 at 3:15 PM, RN #1 stated the expectations are for the CNAs to follow the care plan by avoiding tension, while providing catheter care, to prevent trauma and/or infection.

On 3/11/2020 at 3:30 PM, during an interview with the Director of Nursing (DON), she confirmed CNA #4 did not follow the care plan by causing tension while providing catheter care.

Review of the facility's "Face Sheet" revealed,

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F 656	Continued From page 6 Resident #14 was admitted by the facility, on 09/28/2018, with diagnoses which included, Congestive Heart Failure, Urine Retention, and Neuromuscular Dysfunction of Bladder. The Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/06/2019, revealed, Resident#14 had a Brief Interview of Mental Status (BIMS) score of 13, which indicated cognitively intact.	F 656		
F 690 SS=E	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.	F 690		3/30/20

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F 690	Continued From page 7 §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to provide care in a manner to prevent infection and trauma to the meatus during catheter/incontinent care for three (3) of four (4) incontinent observations, Resident #28, Resident #14, and Resident #35. Findings include: Review of the facility's "Indwelling Urinary Catheter Care" policy, undated, revealed: "Providing good catheter care is important because the presence of the catheter in the urethra provides a pathway for bacteria to travel up from the perineum into the bladder." The policy's procedure revealed to use a different area of the wash cloth/perineal wipe after each wipe and to clean four (4) inches of catheter away from the resident, holding the tubing close to the meatus to prevent tension. The policy further revealed, to ensure the catheter tubing is secured to the leg. A review of the facility's "Perineal Care" policy, undated, revealed, when cleaning a female resident, separate the labia, clean front to back using downward strokes and use a clean area of the cloth for each downward motion. The policy	F 690	1. Resident #35 was assessed by the Director of Nursing(DON) on 3/12/2020 to ensure no distress or negative side effects evident due to failing to provide proper catheter/incontinent care in a manner to prevent infection and trauma to the meatus. Certified Nursing Assistant(CNA)#3 was counseled by the Director of Nursing(DON) on 3/12/2020 to ensure proper catheter/incontinent care to include catheter securement device for Resident #35. Director of Nursing(DON) and Registered Nurse(RN)#1 placed catheter securement device on Resident #35 on 3/11/2020. Resident #28 was assessed by Director of Nursing(DON) on 3/12/2020 to ensure no distress or negative side effects evident due to failing to provide proper catheter/incontinent care in a manner to prevent infection and trauma to the meatus.Certified Nursing Assistant(CNA)#1 was unable to be counseled on failing to provide proper catheter/incontinent care in a manner to prevent infection and trauma to the meatus for Resident #28 due to last day worked being 3/11/2020. Resident #14 was assessed by the Director of Nursing(DON) on 3/12/2020 to ensure no	

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F 690	Continued From page 8 revealed to wash hands thoroughly and apply gloves prior to beginning care. The policy further revealed the purpose for providing perineal care for the resident was to help prevent skin breakdown, itching, burning, odor and infections, as well as provide comfort to the resident. Resident #35 During an observation of catheter care for Resident #35, on 03/11/2020 at 2:25 PM, with Certified Nursing Assistant (CNA) #3, it was noted Resident #35 did not have a leg strap in place to secure the urinary catheter. During the care, CNA #3 cleaned the catheter tubing downward, away from the body, without securing the catheter tubing two (2) times, and washed around the head of the penis multiple times using the same area of the soapy washcloth. CNA #3 rinsed the catheter tubing downward, away from the body again, without securing the tubing for three (3) wipes. CNA #3 then dried twice, again without securing the catheter tubing. CNA #3 confirmed she had completed the catheter care. CNA #3 failed to apply a leg strap or device to secure the catheter, after the care was completed. Resident #35 did not moan or show signs of discomfort during care. An interview with CNA #3, on 03/11/2020 at 2:30 PM, she confirmed Resident #35 should have had a leg strap on to prevent pulling on the catheter. CNA #3 stated this could cause damage and the catheter could be pulled out, causing damage to his private area. CNA #3 confirmed she wiped multiple times when washing the head of the penis using the same area of the cloth, and pulled on the catheter without securing the tubing during washing, rinsing and drying the catheter. CNA #3 stated	F 690	distress or negative side effects evident due to failing to provide proper catheter/incontinent care in a manner to prevent infection and trauma to the meatus. Certified Nursing Assistant(CNA)#4 was counseled by the Director of Nursing(DON) on 3/12/2020 to ensure proper catheter/incontinent care to include catheter securement device for Resident #14. Director of Nursing(DON) and Registered Nurse(RN)#1 placed catheter securement device on Resident #14 on 3/11/2020. 2. Any Resident can be affected by failing to provide care in a manner to prevent infection and trauma to the meatus during catheter/incontinent care. 3. All Certified Nursing Assistants were in-serviced by the Director of Nursing(DON) beginning 3/12/2020 with completion on 3/16/2020 on proper catheter/incontinent care. All Residents with a catheter were checked to ensure the placement of a catheter securement device by Registered Nurse #1 and Director of Nursing(DON) on 3/11/2020. All nursing staff will be in-serviced by the Registered Nurses upon hire and quarterly thereafter on proper catheter/incontinent care. Catheter/incontinent care observations were begun on all Certified Nursing Assistants for residents with catheter and incontinent care by the RN's on 3/12/2020 with completion on 3/30/2020. 4. Findings of the Catheter/Incontinent Care Observation Audit Tool was reviewed and presented to the Quality Assurance and Assessment(QAA) Team by the	

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F 690	Continued From page 9 this could cause damage and an infection. Review of the facility's "Face Sheet" revealed, Resident #35 was admitted by the facility, on 12/15/2017, with diagnoses which included Multiple Sclerosis, Type II Diabetes Mellitus, Dementia, Neuromuscular Dysfunction of the Bladder and Benign Prostatic Hyperplasia (BPH). Resident #28 On 03/10/2020 at 11:07 AM, during an observation of incontinent care for Resident #28, performed by CNA #1, she stated that she washed her hands, prior to the surveyor entering the room. CNA #1 pulled the covers down on Resident #28, lowered the bed down, using the handle at the foot of the bed, with the same pair of gloves on, prior to providing care. CNA #1 wiped the left and right side of the vagina, going from top to bottom, using a new wipe each time, but failed to wipe down the middle of the vagina. CNA #1 used perineal wash to spray Resident #28's buttocks, then using a disposable wipe, she wiped feces from the anal area, in an upward motion. CNA #1 cleaned the resident's buttocks, using a new wipe, and wiped three (3) times, using the same area of the wipe . CNA #1 obtained a new wipe and wiped upward once, folded the wipe, and proceeded to wipe nine (9) times, using the same area of the disposable wipe. CNA #1 repositioned Resident #28 and pulled the covers up, with the soiled gloves still on. Attempts were made multiple times via phone, to obtain an interview with CNA #1, without success. On 03/11/2020 at 4:15 PM, during an interview with the Director of Nursing (DON), she revealed	F 690	Director of Nursing(DON) on 4/30/2020 and in one quarter to determine if further action is needed.	

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F 690	Continued From page 10	F 690		

the facility has on-going training for incontinent care and catheter care. The DON stated all catheters should have a catheter strap to secure the catheter to prevent pulling on the catheter. This could lead to trauma and pain as well as cause an infection for the residents. The DON confirmed the staff should only wipe once with the cloth then use another area of the cloth. The DON also confirmed that at no time should staff place any soiled linen bags or trash bags on the floor. The DON stated the staff should provide care with clean gloves only, not after they have touched anything and not to pull up the covers with soiled gloves, especially after cleaning a bowel movement (BM). The DON stated this could contribute to the transmission of infections.

Review of the facility's "Face Sheet" revealed, the facility admitted Resident #28, on 12/22/2014, with diagnoses that included Dementia, High Blood Pressure, Chronic Pressure Ulcer to the Right Heel, Diabetes Mellitus Type II and Chronic Kidney Disease.

Resident #14

On 03/11/2020 at 11:42 AM, during an observation of Resident #14's catheter care, revealed, CNA #4, failed to hang the resident's catheter bag on the bed frame. Resident #14's catheter dangled beside the bed during the catheter care. CNA #4 stated, "It looks like the catheter is pulling", but continued with the care. CNA #4 asked Resident #14 if she was hurting her, and Resident #14 grimaced, and stated, "I can take it." CNA #4 pulled the catheter tubing to the left side of the perineal area, and wiped down the right side of the vagina. CNA #4 pulled the tubing to the right side, and wiped down the left side of the vagina. CNA #4 pulled the tubing away from the meatus, without securing the tip to

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER CHASE VILLAGE	5090 GAUTIER VANCLEAVE ROAD GAUTIER, MS 39553

(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 690	Continued From page 11 prevent tension. During an interview, on 03/11/2020 at 3:11 PM, CNA #4 confirmed she failed to secure Resident #14's catheter tubing while providing care. CNA #4 stated she thought she had placed the catheter on the bed frame. CNA #4 further stated she knew something was wrong, because the catheter was pulling. CNA #4 confirmed that pulling on the catheter could cause trauma to the meatus/bladder and/or urinary tract infections (UTI). Review of the facility's training records, revealed, CNA #4 attended in-services related to catheter care, on 01/27/2020 and 12/01/2019. During an interview on 3/11/20 at 3:30 PM with the Director of Nursing (DON) said the CNA's are trained to secure the tubing to prevent tension. The DON confirmed CNA #4 could have caused trauma to the meatus/urethra and/ or infections. A review of the facility's "Face Sheet" revealed, Resident #14 was admitted by the facility, on 09/28/2018, with diagnoses which included, Congestive Heart Failure, Urine Retention, and Neuromuscular Dysfunction of Bladder. The Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/06/2019, revealed, Resident#14 had a Brief Interview of Mental Status (BIMS) score of 13, which indicated cognitively intact.	F 690		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must -	F 812		3/30/20

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F 812	Continued From page 12 §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to label and date opened meats in the meat freezer, for one (1) of two (2) days of observation. Findings include: Review of the facility's, "Food Storage" policy, dated 2013, revealed, frozen foods should be covered, labeled and dated. All foods will be checked to assure that foods will be consumed by their safe use by dates or discarded. During the initial tour of the kitchen, on 03/10/2020 at 9:12 AM, with the Dietary Manager (DM), revealed, the meat freezer had a bag of chicken breasts opened and not dated. The chicken breasts were frozen together, and were not able to determine the number, but greater than ten (10). A bag of shrimp (undetermined amount), but about one-third (1/3) of a gallon	F 812	1. The Dietary Manager(DM) immediately threw away all unlabeled and undated frozen foods in the meat freezer. No known negative effects to any residents due to not labeling and dating opened meats in the meat freezer. Dietary Manager(DM) counseled all of Dietary Staff beginning 3/11/2020 with completion date of 3/13/2020 on proper food storage. 2. Any Resident can be affected by failing to label and date opened meats in the meat freezer. 3. An in-service on proper food storage was begun by Dietary Manager(DM) on 3/11/2020 to all Dietary Staff with completion on 3/13/2020. A Dating and Labeling Log Audit Tool was created by Dietary Manager(DM) on 3/12/2020 to ensure that food is properly labeled and dated and checked twice daily. An in-service for the Dating and Labeling Log	

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F 812	Continued From page 13 freezer bag full, and 12 cube steak patties were also opened and not dated. An interview with the DM, on 03/10/2020 at 9:24 AM, he confirmed all opened food items should be labeled and dated. The DM stated, "I think someone used a dry eraser on the bag of shrimp and the cube steak and it rubbed off, but the chicken breast does not have a visible date or label." The DM stated the staff that opens the bags, are responsible for labeling and dating them. The DM revealed not labeling and dating food items could cause food borne illnesses. During an interview and observation, on 03/12/2020 at 3:04 PM, revealed, the meat freezer contained opened bags of meats that were labeled and dated. The DM stated there was an in-service held on the previous day regarding the labeling and dating of all opened food items.	F 812	Audit Tool was completed on 3/13/2020 by the Dietary Manager(DM) to all Dietary Staff. 4. Findings of the Dating and Labeling Log Audit Tool was presented by the Dietary Manager(DM) to the Quality Assurrance and Assessments(QAA) Team on 4/30/2020 and in one quarter to determine if further action is needed.	
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:	F 880		3/30/20

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F 880	Continued From page 14 §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents	F 880		

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F 880	Continued From page 15 identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to prevent the possible spread of infection during two (2) of four (4) catheter/incontinent care observations Resident #28 and Resident #35. Findings include: Review of the facility's, "Standard Precautions" policy, revised 01/2020, revealed Standard Precautions are intended to be applied to the care of all residents regardless of the suspected or confirmed presence of an infectious agent. Resident #35 During a catheter care observation for Resident #35, on 03/10/2020 at 2:18 PM, Certified Nursing Assistant (CNA) #3 placed a soiled linen bag on the floor twice, after the care was provided and prior to disposing it in the dirty utility room. During an interview with CNA #3, on 03/10/2020 at 2:25 PM, she confirmed that sitting the soiled linen bag on the floor twice could spread germs. CNA #3 stated she was just nervous.	F 880	1. Certified Nursing Assistant #3 counseled by the Director of Nursing(DON)on 3/12/2020 on failing to prevent the possible spread of infection during catheter/incontinent care for Resident #35. Resident #35 was assessed by the Director of Nursing(DON) on 3/12/2020 to ensure no negative side effects evident due to failing to prevent the possible spread of infection during catheter/incontinent care. Certified Nursing Assistant(CNA)#1 was unable to be counseled on failing to prevent the possible spread of infection during catheter/incontinent care for Resident #28 due to last day worked being 3/11/2020. Resident #28 was assessed by Director of Nursing(DON) on 3/12/2020 to ensure no distress or negative side effects evident due to failing to prevent possible spread of infection during catheter/incontinent care. 2. Any Resident can be affected by failing to prevent possible spread of infection during catheter/incontinent care. 3. All Certified Nursing Assistants were	

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F 880	Continued From page 16 Resident #28 During the incontinent care observation for Resident #28, on 03/10/2020 at 1:45 PM, CNA #1 washed her hands and put on gloves. CNA #1 pulled the covers down, and lowered the bed, using the handle at the foot of the bed, prior to providing incontinent care using the same gloves. After providing incontinent care, which included cleaning feces, CNA #1 repositioned Resident #28 and pulled the covers up, with the same soiled gloves. Numerous attempts were made to contact CNA #1 by telephone for an interview, but attempts were unsuccessful. On 03/11/2020 at 4:15 PM, during an interview with the Director of Nursing (DON), she stated the facility has on-going training for incontinent care and catheter care. The DON confirmed that at no time should staff place any soiled linen bags or trash bags on the floor. The DON stated the staff should provide care with clean gloves only, not after they have touched anything, and not to pull up the covers with soiled gloves especially after cleaning a bowel movement (BM). The DON stated this could contribute to the transmission of infections.	F 880	in-serviced by the Director of Nursing(DON) beginning 3/12/2020 with completion on 3/16/2020 on proper catheter/incontinent care to prevent possible spread of infection. All nursing staff will be in-serviced upon hire and quarterly thereafter on proper catheter/incontinent care to prevent possible spread of infection. Catheter and incontinent care observations were begun on all CNA's for residents with catheter/incontinent care needs by the Registered Nurses beginning on 3/12/2020 with completion on 3/30/2020. 4. Findings of the Catheter/Incontinent Care Observation Audit Tool was presented by the Director of Nursing(DON) to the Quality Assurance and Assessment(QAA) Team on 4/30/2020 and in one quarter to determine if further action is needed.	

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	255289	A. BUILDING **02 - RIVER CHASE VILLAGE** B. WING _____	**03/12/2020**

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K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility must meet the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA) ...	K 000		
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on record review, the facility failed to properly ensure the operability of the fire sprinkler system as required by NFPA 25. This deficiency affected all residents in the facility at the on day of survey. Findings include:	K 353	1. On 3/12/2020 the Administrator immediately counseled and in-serviced the Maintenance Director on properly following through with annual fire sprinkler inspections. The red and yellow deficiencies cited by the fire sprinkler contractor was corrected and fixed on	3/31/20

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

Electronically Signed | 05/12/2020

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 353	Continued From page 1 On 3/12/2020 at 10:00 AM, observation revealed red and yellow deficiencies cited by the fire sprinkler contractor. The deficiencies were cited and noted during the contractor annual fire sprinkler inspection conducted on 1/22/2020. These deficiencies were not corrected and fixed by the facility. The administrator was made aware of the issue during the exit conference.	K 353	3/31/2020 by the fire sprinkler contractor. 2. All Residents have the potential to be affected by failing to ensure the operability of the fire sprinkler system as required by NFPA 25. 3. On 3/12/2020 the Administrator immediately counseled and in-serviced the Maintenance Director on properly following through with annual fire sprinkler inspections. A Life Safety Code Audit Tool was created on 3/16/2020 for the Maintenance Director to review and complete as needed to ensure life safety code compliance. 4. Life Safety Code Audit Tool to be presented to the Administrator once a month by the Maintenance Director to ensure life safety code compliance. On 4/21/2020 the Maintenance Director reviewed the Life Safety Code Audit Tool to the Administrator. On 4/30/2020 the Maintenance Director presented the Life Safety Code Audit Tool to the Quality Assessment and Assurance (QAA) Team and in one quarter to determine if further action is needed.	

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E 000	Initial Comments ********** Survey conducted on 03/12/20 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were cited.	E 000		

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

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