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M 000	Initial Comments The State Agency (SA) determined during a complaint survey conducted from 8/3/21 through 8/9/21 the facility was not in compliance with the Minimum Standards of Operations for Institutions for the Aged or Infirm, state licensure requirements. The SA substantiated the complaint for Quality of Care for failure to ensure sufficient licensed staff and neglect. The SA extended CI MS# 17948 and re-entered the facility on 8/26/21 through 9/10/21. During the extended survey, the SA identified deficient practice related to the facility's failure to provide Treatment/Services to Prevent/Heal Pressure Ulcers and inaccurate medical records. The SA identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) which began on 7/25/21, when the facility failed to provide a licensed nurse for Building 78, South Unit. The facility's failure to provide a licensed nurse resulted in missed significant mediations for eleven (11) residents. The facility's failure to ensure sufficient licensed personnel to administer oral and topical medications, monitoring and implementation of resident care plans for 6 (six) hours had the likelihood to cause all residents residing on the South unit of Building 78 serious injury, harm, impairment, or possible death. The facility's failure to provide administration in a manner that enabled it to use resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident had the likelihood of causing serious adverse outcomes for all residents of the South unit of Building 78. The facility's failure to ensure a licensed nurse was present to administer significant medications	M 000		

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M 000	Continued From page 1	M 000		

including anticoagulants, antiseizure and pain management medications for all residents of South unit of Building 78 with these physician orders jeopardized those residents safety. Schedule review, interviews, and record review revealed the facility did not have licensed nurse coverage for six (6) hours from 5:00 PM through 11:00 PM on 7/25/21.

The SA notified the facility's Administrator of the Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) on 8/5/21 at 5:15 PM and provided the facility with the IJ Templates.

The IJ existed at:
Rule 45.17.2 Resident Rights M500 Level IV
Rule 45.2.1 Nursing Facility M225 Level IV

The facility submitted an acceptable Removal Plan on 8/07/21 at 5:16 PM, in which the facility alleged all corrective actions to remove the IJ were completed on 8/6/21, and the IJ removed as of 8/07/21. Therefore, the scope and severity for Rule 45.17.2 Resident Rights M500 Level IV and Rule 45.2.1 Nursing Facility M225 Level IV were lowered to a Level II while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements.

The SA validated the Removal Plan on 8/09/21 and determined the IJ was removed on 8/7/21, prior to exit.

At the time of the survey, the facility had a census of 40 and held a license of 45 beds.

During the extended survey, from 8/26/21 through 9/10/21, the SA identified an Immediate Jeopardy

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(IJ) which began on 3/4/21, when the facility failed to provide Treatment/Services to Prevent/Heal Pressure Ulcers.

The situation was determined to be an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) which began on 3/4/21, as a result of the facility's failure to prevent Resident #1's initial pressure ulcer. The facility's failure to assess and provide treatment resulted in Resident #1 developing four (4) new pressure ulcers and acquiring a wound infection which required debridement procedures and hospitalization. The facility's failure to assess and provide treatment to residents who were at risk for skin breakdown and to prevent further skin breakdown also affected Residents #3 who had existing wounds in which one (1) wound became infected and required debridement procedures and antibiotic therapy and Resident #12 who developed one (1) pressure ulcer that required debridement procedures, antibiotic therapy, and hospitalization.

The facility's failure to provide services necessary to treat and prevent pressure ulcers caused significant harm to Residents #1, #3, and #12 and placed other residents at risk for skin breakdown, in a situation that was likely to cause serious injury, harm, impairment, or death.

On 9/7/21 at 5:15 PM, the SSA informed the Nursing Home Administrator (NHA) of the Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) and was presented with the IJ Template.

The SA identified an Immediate Jeopardy (IJ) which began on 6/16/21, when the facility 's QAPI Committee failed to meet, review, and analyze

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data to develop corrective actions to prevent the failure to monitor treatments and care for Pressure Ulcers.

On 9/7/21 at 5:15 PM, the SA informed the Nursing Home Administrator (NHA) of the IJ and was presented with the IJ Template.

The IJ existed at:

Rule 45.21.3 Pressure Ulcers M 615 Level IV

The facility failed to provide documented evidence the facility's Quality Assurance and Performance Improvement (QAPI) program identified and prioritized problems and opportunities that reflected organizational process, functions, and services provided to residents based on performance indicator data, resident and staff input, and other information. The facility failed to provide documented evidence the facility's QAPI Program reviewed and analyzed data for concerns related to pressure ulcer documentation, missed treatments, and skin assessments prior to the State Agency (SA) re-entering the facility on 8/26/21, for the Extended Survey. This had the potential to affect 40 of 40 residents in the facility.

The SA cited Rule 45.25.1 Medical Records Management M735 at a Level II

The facility submitted an acceptable Removal Plan on 9/08/21 at 5:16 PM, in which the facility alleged all corrective actions to remove the IJ were completed on 9/7/21, and the IJ removed as of 9/08/21. Therefore, the scope and severity for Rule 45.21.3 Pressure Ulcers M615 was lowered from a Level IV to a Level II while the facility develops a plan of correction to monitor the

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M 000	Continued From page 4 effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. The SA validated the Removal Plan on 9/10/21 and determined the IJ was removed on 9/8/21, prior to exit. At the time of the survey, the facility had a census of 40 and held a license of 45 beds.	M 000		
M 225	45.4.1 Nursing Facility Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements: 1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio. 2. Each facility shall have the following licensed personnel as a minimum: a. Seven (7) day coverage on the day shift by a registered nurse. b. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day shift and be responsible for all nursing services in the facility. c. Facilities of one-hundred eighty (180) beds or	M 225		10/22/21

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M 225	Continued From page 5 more shall have an assistant director of nursing services, who shall be a registered nurse. d. A registered nurse or licensed practical nurse shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse. e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse. f. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse. 3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements. 4. There shall be at least two (2) employees in the facility at all times in the event of an emergency. This Statute is not met as evidenced by: Level IV Based on policy review, record review, staff interviews, and resident interviews the facility failed to provide sufficient qualified nursing staff to provide nursing related services to assure resident safety for one (1) of two (2) units, as evidenced by twenty (20) residents without licensed nursing services from 4:55 PM to 11:00	M 225	1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. On 07/25/2021 at 11:30 p.m., Licensed Practical Nurse (LPN)#1 immediately assessed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14,	

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M 225	Continued From page 6 PM on 7/25/21 on the South Unit of the facility. Licensed Practical Nurse (LPN) #4 was scheduled to report at 3:00 PM on 7/25/21, but LPN #4 did not call in and did not arrive for her shift at the facility. Registered Nurse (RN) #1 had been scheduled to work 7:00AM until 3:30 PM on 7/25/21 and had worked since 7:00 AM and left the facility at 4:55 PM without on-site licensed nurse relief present. LPN #1 arrived for work at 3:00 PM but did not accept responsibility for the twenty (20) residents on the South Unit of the facility. The Nurse Administrator and the Registered Nurse (RN) Nurse Manager were aware RN #1 refused to stay. Contract and agency nurses did not respond to the call for replacement. No licensed nurse reported to duty on the South Unit of the facility between 4:55 PM and 11:00 PM. The facility failed to follow it's stated procedure for replacing staff in case of call-ins or "no call, no shows". The Nurse Administrator and the RN Manager were aware of the staffing problem and the On-Call Administrator was not notified. The On-Call Director of Nurses failed to "assure a minimum of one licensed nurse per floor, per building" as needed according to the facility's policy. The facility failed to provide a licensed nurse from 4:55 PM until 11:00 PM on 7/25/21 to administer medications, treatments, and nursing services which placed the twenty (20) residents residing on the South unit of the facility in a situation which was likely to cause serious injury, harm, impairment, or possible death. The State Agency (SA) identified an Immediate Jeopardy (IJ) which began on 7/25/21, when the facility failed to provide a licensed nurse to provide necessary supervision, medications,	M 225	#15, #16, #17, #18, #19, and #20 affected by the insufficient licensed nursing staff and no negative outcomes or harm noted. On 07/26/2021, the attending physician was notified that South Side had insufficient licensed nursing staff on 7/25/2021 from 5:00 p.m. to 11:00 p.m. On 7/26/2021, the attending physician assessed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, and #15, #16, #17, #18, #19, and #20 and no injuries or harm were noted. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice. On 7/26/2021, all physician□s orders of Jaquith Inn residents with medication and treatments were reviewed by a Registered Nurse and identified 40 of 40 residents had the potential to be affected by the deficient practice. 3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. On 07/28/2021, the Jaquith Nursing Home Nurse Administrator counseled the Registered Nurse#1 who did not stay to work 3-11pm shift on 7/25/21. On 08/02/2021, the Director of Nursing in-serviced Certified Nursing Assistants, Licensed Practical Nurses, and Registered Nurses on Jaquith Nursing Home Chain of Notification for Staffing Concerns protocol. The in-service was to ensure the staff understands the protocol for notifying administration of staffing issues, availability and accessibility of nursing staff on a continuing basis to	

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M 225	Continued From page 7 treatments, or monitoring. On 8/05/21 at 5:15 PM, the SA informed the Nursing Home Administrator of the IJ and provided the facility with the IJ Template. The facility submitted an acceptable Removal Plan on 8/07/21 at 10:00 AM, in which the facility alleged all corrective actions to remove the IJ were completed on 8/06/21 at 5:00 PM and the IJ was removed as of 8/07/21. The SA validated the Removal Plan on 8/09/21 and determined the IJ was removed on 8/07/21, prior to exit. Therefore, the scope and severity for Rule 45.4.1 Nursing Facility M225 was lowered from a Level IV to a Level II while the facility develops and implements a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings include: Record review of the facility policy titled "ACCOUNTABILITY FOR NURSING PERSONNEL ASSIGNMENT" dated August 2020, SUPERSEDES February 2017 revealed "1. PURPOSE AND APPLICABILITY. This policy defines the steps to be followed in accounting for nursing personnel reporting to (Proper name of the facility) on each shift. This policy applies to all (facility) nursing personnel ...3. PROCEDURE. The Director of Nursing (DON) will be responsible for preparing the (facility) nurse schedule and unit assignment for each 24-hour period. The schedule and assignment will be forwarded to the Nurse Staffing Coordinator (NSC) and placed on a master staffing schedule. B. The NSC or DON on call will verify by telephone that scheduled	M 225	provide nursing services and supervision necessary to prevent serious injury, serious harm, serious impairment, or death. On 08/02/2021, the Jaquith Nursing Home Nurse Executive revised the Chain of Notification Staffing Concerns protocol. The revised Chain process is as follows: any staff can call the operator when they notice insufficient nurse supervision for the shift. The Mississippi State Hospital operator will notify the Jaquith Nursing Home Ground Supervisor, if the Ground Supervisor is not present the operator will call the Director of Nursing on call. If Ground Supervisor is unable to staff the building with an available nurse, then he/she will notify the Director of Nursing on call. The Director of Nursing on call will call the building Director of Nursing who will attempt to staff the nurses needed and if unable will notify the Nursing Staffing Director or Coordinator. Nursing Staffing Director or Coordinator will attempt to staff the nursing homes and if unable they will notify the Jaquith Nursing Home Administrator. The Jaquith Nursing Home Administrator on Call will determine with the Director of Nursing on call which buildings can be operated with one nurse if additional nurse coverage cannot be found. The remaining building nurse on duty will continue to provide care to all residents until relief arrives or the emergency coverage tier process is activated by the Director of Nursing on call. On 08/03/2021, the Director of Nursing in-serviced all licensed nurses and Certified Nurses Assistants on Jaquith	

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M 225	Continued From page 8 nurses are present in the assigned buildings/units at 7:00 a.m., Monday through Friday. The NSC or DON on call will reassign nurses as necessary to assure a minimum of one licensed nurse per floor, per building in the unit. C. The staffing personnel ...will take call-ins from nursing staff every shift. The staffing personnel will notify the DON on call who will attempt to cover the shift or shifts with a nurse from their building/unit. The NSC will make changes on the Master Schedule and contact the authorized agencies for contract nurses as needed. D. The RN (Grounds) Supervisor or DON on call will take call-ins after 3:30 p.m., Monday through Friday and all shifts on weekends and Holidays ...E. On weekends and holidays ...The A-Shift RN supervisor ... will verify that A-Shift scheduled nurses are present in their assigned building. The A-Shift RN Supervisor ... will verify that B-Shift scheduled nurses are present in their assigned buildings. The B-Shift RN Supervisor or DON on call will verify that C-Shift scheduled nurses are present in their assigned building. (l) If the Nursing Services Coordinator(NSC) receives a call in from a (Proper Name of facility) nurse, a cancellation that the agency was not able to replace, or nurses shown on the written schedule cannot be accounted for, the nurse designated for staffing will call all buildings to ask (Proper Name of facility) nursing staff if they would work overtime, then call the authorized nursing agencies in an attempt to acquire the required minimum nursing staff, if staffing nurse is unable to acquire the minimum nursing staff he/she will notify the DON on call. (2) No licensed nurse will leave the assigned unit until there is relief by another licensed nurse at shift change. (3) When necessary, nurses will be pulled to buildings that has only one (l) nurse. If a building has three (3) or more nurses, excluding the DON, a nurse will	M 225	Nursing Home Policy (550-05) Accountability for Nursing Personnel Assignment to ensure that nurses understand the steps to be followed in accounting for nursing personnel reporting on each shift. On 08/06/2021, the Nurse Executive in-serviced Registered Nurse#1 on the following policy and procedures: Medication Administration, Medication Keys, Narcotics, Mandated Overtime to ensure an incident of leaving the medication cart and/or building without counting off with another nurse does not reoccur nor leaving patients uncared for without relief. On 08/06/2021, Jaquith Nursing Home Nurse Executive implemented staff changes and an on-call schedule with the Staffing Director and Staffing Coordinator to ensure adequate staffing is in place. The Staffing Director and Staffing Coordinator will contact scheduled nurse staff to verify commitment to their shift. The Staffing Department has personnel twenty-four hours to receive call-ins from employees. An employee has to call-in at least two hours before their shift if they are unable to work. The Staffing Department calls each building daily to verify the number of employees on each shift. If a building is short of staff, the staffing personnel may pull from another building to cover the staff shortage. On 08/08/2021 through 08/14/2021 and 09/22/2021, the Jaquith Nursing Home Nurse Administrator in-serviced licensed nurse staff on Jaquith Nursing Home Policies (210-104) Medications, Administration, Timing and Treatment,	

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M 225	Continued From page 9 be pulled to the buildings of need to maintain a minimum of two (2) nurses on all shifts. (4) At no time will a licensed nurse leave a building without on-site licensed nurse relief. Should a nurse have to leave the building for a meal break or for an emergency, the nurse will notify the on-site RN Supervisor and/or designated staffing person for relief arrangements. F. Shift leaders will notify the shift RN Supervisor and/or DON on call immediately should a licensed nurse leave without relief and there is no other licensed nurse on the unit. The RN supervisor and/or designated staffing nurse will notify the DON on call." Record review of facility "Nurse Staffing Schedule" revealed no licensed staff was on duty for the South unit of the facility from 4:55 PM through 11:00 PM on 7/25/21. Record review revealed the facility completed an investigation related to insufficient staffing on 7/25/21. Record review of the facility "Investigative Findings" dated 8/03/21 revealed: "INVESTIGATIVE FINDINGS-August 3, 2021-NEGLECT: MULTIPLE RESIDENTS-AIT-The Department of Safety and Investigative Services was notified that on Sunday, July 25, 2021, B-shift only had I nurse from 4:55 p.m. until 1 1 p.m. (LPN #1) covered the North Side Hall for B & C shift. The South Side Hall did not have coverage for B-shift. LPN (#2) worked the South Side Hall for C-Shift 11:00 p.m. until 7:00 a.m. A-Shift (RN #1) worked South Side Hall from 7:00 a.m. until 4:55 p.m. but did not pass any medications while she waited for a nurse to relieve her for B-Shift 3-11. The Contract Nurse, (LPN #4), scheduled for B-Shift was a no call/no show and (RN #1) left stating that she had	M 225	(210-116) Management of controlled Substances, (210-100) Medication Keys, and Mandated Overtime to ensure incident(s) of leaving the medication cart or building without counting off with another nurse does not reoccur. Beginning 08/19/2021, to ensure sufficient nursing staff is available to provide care for the residents, the Jaquith Nursing Home administrator on-call verifies each shift□s staffing daily with the Staffing Department. Any insufficient staffing concerns will be discussed through the conference call initiated by the Nursing Home Administrator on-call along with the Nurse Staffing Director and/or Nurse Staffing Coordinator, and Certified Nursing Assistant Staffing Director for all shifts. After the conference call, if shifts are not covered by licensed nurses or Certified Nurse Assistants, the Nurse Staffing Coordinator/Nurse Staffing Director will coordinate with the Director of Nursing on-call and the Nursing Home Administrator on-call to reassign staff to ensure needs are met for 30 days on A-shift (7:00 a.m.- 3:30 p.m.), B-shift (3:00 p.m. - 11:30 p.m.), and C-shift (11:00 p.m. - 7:00 a.m.) using the Jaquith Nursing Home Staffing Concern Log. Any adverse staffing concerns or issues during weekly meeting will be reported to Jaquith Inn Nursing Home Administrator. 4. How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action	

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M 225	Continued From page 10 told the DON on call that she could not stay over that day prior to working A-shift. (LPN #4) also worked A-Shift and was asked if she could stay over for B-Shift and also stated that she could not work B-Shift and left at 4:55 p.m. FINDNGS: NEGLECT - SUBSTANTIATED AGAINST THE FACILITY FAILURE To FOLLOW POLICY JNH POL J550-05 ACCOUNTABILITY FOR NURSNG PERSONNEL ASSIGNMENT - IS SUBSTANTIATED AGANST (Nurse Administrator) and (RN #1) ... Therefore, Neglect is substantiated against the facility ... Failure to follow policy JNH POL J550-05 ACCOUNTABILITY FOR NURSING PERSONNEL ASSIGNMENT is substantiated against Nurse Administrator, DON- on call and RN (#1). Nurse, LPN (#4) was a no call/ no show for B-shift on B78. Nurse Administrator, DON on call did not provide coverage for B78 B-shift. E. (2) No licensed nurse will leave the assigned unit until there is relief by another licensed nurse at shift change. (4) At no time will a licensed nurse leave a building without on-site licensed nurse relief. Should a nurse have to leave the building for a meal break or for an emergency, the nurse will notify the on-site RN Supervisor and/or designated staffing person for relief arrangements. RN (#1) notified the RN Supervisor that she was leaving but no relief was sent, and she left the South Side Unit without a licensed nurse."	M 225	evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system. On 08/19/2021, Jaquith Nursing Home Administrators, Nurse Staffing Director/Nurse Staffing Coordinator, and Certified Nursing Assistant Staffing Director will meet weekly for 30 days to review the weekend and weekday schedule of certified nursing assistants and nurses for A-shift (7:00 a.m.- 3:30 p.m.), B-shift (3:00 p.m. -11:30 p.m.), and C-shift (11:00 p.m.- 7:00 a.m.) using the Jaquith Nursing Home Staffing Concern Log. Any adverse staffing concerns or issues during weekly meeting will be reported to Jaquith Inn Nursing Home Administrator. Beginning 08/19/2021, the Jaquith Nursing Home Administrator will document staffing issues using the Jaquith Nursing Home Staffing Concern Log daily for 30 days, then weekly for 30 days to ensure sufficient nursing staff are available to provide care for the residents. Beginning 08/25/2021, the Director of Nurse Staffing or Nurse Executive will conduct an audit of nursing staff call-ins and nursing staffing adhering to the Accountability for Nursing Personnel Assignment policy and procedure weekly. The reasons for the nursing staff call-ins will be assessed to ensure that any concerns are identified. Findings of this audit will be reported to the Director of Nursing and Nursing Home Administrator weekly. Beginning monthly on 10/06/2021, Jaquith Inn Nursing Home Administrator will report the audit findings to the Jaquith Inn Nursing Home Quality Assurance	

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M 225	Continued From page 11 On 8/03/21 at 10:20 AM, in an interview with the Nursing Home Director, Administrator-in-Training (AIT), and Minimum Data Set (MDS) Nurse revealed Nursing Home Director stated the Nurse Administrator was taking DON on call over that weekend. ON 8/03/21 at 3:48 PM, an interview with LPN #1, revealed RN #1 left the facility on 7/25/21 without on-site relief present, he reported that he was not sure of the time. "She (RN #1) told them she couldn't stay and left at 4:55 PM and the RN Supervisor called between 6:00 PM and 6:30 PM and asked if (RN #1) was still here". LPN #1 stated he told the RN Supervisor "no". When asked how he knew RN#1 had left the facility LPN #1 stated "she said she couldn't stay and after I didn't see her in the building for about an hour, I knew she had left". LPN #1 stated he had not been asked to "count" the 'South Side' narcotics (indicated verification of accuracy of narcotic medication count), RN #1 did not tell him when she left, and he did not know where she left the keys to the medication cart or the narcotics lock box for the South Unit. LPN #1 stated he had not reported the situation to anyone "because I knew they already knew what was going on". He confirmed he had not administered any medications or treatments to residents on the South Unit on 7/25/21. On 8/04/21 at 9:15 AM, an interview with the Medical Director (MD #1), revealed he "found out" on the afternoon of Monday, 7/26/21 that RN #1 had left the facility at 4:55 PM on 7/25/21 without on-site relief present. MD #1 stated he assessed all wounds of the residents on the "South Side" of building 78 on Wednesday 7/28/21 and stated, "they all appeared stable". When asked what he	M 225	Performance Improvement (QAPI) Committee for three months to ensure substantial compliance has been achieved as determined by the committee. Should systemic changes not be effective the Quality Assurance Performance Improvement committee will investigate and determine further action(s) needed based on findings.	

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thought about the residents being without a nurse, MD #1 stated he thought it was "troubling". When asked if there were any residents he felt were vulnerable MD #1 stated in his opinion the residents who received antiseizure medications were particularly at risk for negative outcomes, especially because the residents on "South Side" of building 78 were prone to breakthrough seizures "every few weeks" and of the residents diagnosed with seizure disorders, those prescribed "linear medications" were at the highest risk of breakthrough seizure activity due to having missed a dose of their antiseizure medication. MD #1 stated any resident who had had a recent psychoactive medication change or had recently been started on a new psychoactive medication were most at risk for behavioral disturbances due to having missed a dose of their psychoactive medications. MD #1 stated that although there were no diabetic residents which required routine blood glucose monitoring on "B shift" 3:00PM - 11:00PM it would have been important to have a licensed staff member monitoring diabetic residents for signs and symptoms of hyperglycemia or hypoglycemia. When asked where he thought the breakdown in providing adequate staffing occurred, MD #1 stated "Nursing leadership".

On 8/04/21 at 10:00 AM, an interview with RN #1 revealed she stated she left the facility at 4:55 PM on 7/25/21 without on-site relief present. RN #1 stated she did not administer any medications or treatments to any residents on the South Unit after 4:55 PM on 7/25/21 and did not administer any medications or treatments scheduled for 6:00 PM on 7/25/21. She stated she was scheduled and worked "South Side" of the facility "A shift" 7:00 AM - 3:00 PM on 7/25/21. RN#1 stated at approximately 2:45 PM JNH Nurse Administrator

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phoned and asked her if she or LPN #3 (who had worked North Unit since 7:00 AM the morning of 7/25/21) could work the 3:00PM-11:00PM shift. RN #1 stated she told the Nurse Administrator she could not stay over to work "B shift" from 3:00 PM until 11:00 PM on the evening of 7/25/21. RN #1 stated she "went down the hall and asked" LPN #3, and LPN #3 also stated she could not stay over and work. RN #1 stated the Nurse Administrator, who was "on-call", stated she was "too tired to come in and take the keys (work)". RN #1 stated at approximately 3:00 PM the Nurse Administrator "texted and stated the shift had been covered". RN #1 stated "at around 3:45 (PM) I called Nursing Staffing and they gave me the run around and said whoever would call me. Around 4:20 PM the Nurse Administrator texted and said LPN #4 was not coming in, and asked could I please stay, but I told her I had a family commitment, and I couldn't". RN #1 stated she gave shift report to the CNA's when they arrived for work at 3:00 PM; RN#1 stated, "the residents were fine". RN #1 denied asking LPN #1 to accept responsibility for the "South Side" of the building and stated, "that's not a thing". RN #1 stated the RN Nurse Supervisor called after 4:00 PM and "asked me to stay and I told him no. The RN Supervisor said he was working the cart in another building and couldn't come work. He told me to call the operator, then the operator connected me to DON #1, and I informed her I couldn't stay, and she told me to call the Nurse Administrator back and let her know. I called her extension and didn't get an answer." RN #1 stated she "was tired from working short with no housekeepers and only one (1) CNA on each side and doing three (3) people's jobs on the weekends". RN #1 stated she left the facility without an on-site relief present. When asked why she thought the alleged neglect occurred stated

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again that she "was tired from working short with no housekeepers and only one (1) CNA on each side and doing three (3) people's jobs on the weekends" she stated she told nursing administration "over and over" she could not stay over on 7/25/21. She stated she thought "staffing" and the facility being "short on staff" caused the problem. When asked how staff responded when the residents requested assistance, she stated "I stayed until almost 5:00 (PM) and I got the residents what they wanted while I was here". When asked what she considered as neglect she responded, "when staff don't take care of the residents". When asked what she would do if she suspected that a resident is not receiving necessary care and services she stated, "report it". When asked what actions were taken by the nursing home, RN #1 stated she thought the facility had tried to find someone to come in to work. When asked what training had been received from the facility on neglect identification, prevention, and reporting requirements she responded "In-services".

On 8/04/21 at 11:00 AM, an interview with the Nurse Administrator revealed her job duties included monitoring nursing services. She stated, "due to lack of staff and nurses" she offered to work the cart and take call. She also stated she was the interim Director of Nurses (DON) for two (2) months at another building during June and July of 2021. The Nurse Administrator stated, "I was on call the week before and that weekend DON #1, was on call that weekend and on Thursday or Friday she called me and asked me to take call and I told her I would, but I could not work due to plans for the weekend." Nurse Administrator stated on 7/23/21 she came in to work 11:00AM-7:00AM and came back and worked 11:00PM-7:00AM on 7/24/21. She stated

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she texted the Staffing Director at 1:02 AM she would not be able to work anymore on 7/24/21. She had not slept for twenty-four (24) hours and was sick with a virus. She stated she notified the RN nurse supervisor on 7/24/21 and "let him know that I was sick and would be unable to work anymore the weekend". She stated on 7/25/21 the Nursing Home Director called her and asked her to go to the campus to check on another matter in another building. She stated while she was there, she went to her office and checked the J-Drive and saw a nurse on another building had called in for the 3:00PM-11:00PM shift. Nurse Administrator stated it was common practice to "move nurses around" to fill positions as needed due to call-ins. Nurse Administrator stated at 2:45 PM she phoned the facility and asked RN #1 and LPN #3 if one of them could stay and work the 3:00PM-11:00PM shift due to a call-in at a different building, but both declined. She stated that at 3:00 PM she thought she had the staffing covered, but then LPN # 4 did not show up for work for 3:00PM-11:00PM shift. She stated there was some back and forth between herself and RN #1 during which she "reminded her" of the MSH policy and procedure mandatory overtime and RN #1 reiterated that she could not stay over. SA asked Nurse Administrator to explain the procedure in place on 7/25/21, for notification nurses were to make on weekends or after business hours if their relief did not arrive. The Nurse Administrator explained the following: if on-site relief did not arrive the nurse on duty would call the switchboard operator, the operator would call the RN supervisor, if the RN supervisor was unable to relieve the nurse themselves, they would notify the DON on call and the Staffing Director, if the DON on call was unable to relieve the nurse the Staffing Director would call the Nurse Administrator, the Nurse Administrator

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would notify the administrator on call. Nurse Administrator stated she had notified the Staffing Director and the Administrator on call. She stated the staffing agency the facility had a contract with was called and texted, but no nurses responded. When asked how she monitored for the deployment of sufficient numbers of qualified and competent staff across all shifts to meet resident needs Nurse Administrator stated the facility nursing supervision and staffing department used the "J Drive" which she reported they all had access to. When asked how the facility determined staffing assignments based on the levels and types of care needed for the resident(s) she said they referred to the facility assessment. When asked how staff communicated across shifts, she listed the morning meeting, e-mail, text messaging, telephone calls and printed notifications posted at the timeclocks in the buildings the staffing department is located where the agency and contract staff clocked in. When asked why she thought the alleged neglect occurred, she stated it was because RN #1 left without relief. When asked how nursing supervision/administration monitored for staff burnout, which could contribute to neglect, the Nurse Administrator stated the facility tried to adhere to scheduling practices such as limiting nurses to forty (40) hours per week and using agency and contract nurses to "fill in the blanks". The Nurse Administrator stated if there are concerns, such as insufficient staffing, she would report this to administration. When asked what the response of the administration, the Nurse Administrator stated the administration had developed a written "Chain of notification" and posted it prominently. The Nurse Administrator stated "burnout" is a real concern and the nursing supervision and administration try to monitor for it. She added that

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M 225	Continued From page 17 COVID-19 had caused additional strain on facility staffing. The Nurse Administrator confirmed that when she spoke with her, RN #1 told her she could not stay; the Nurse Administrator left the facility without ensuring sufficient staffing was in place for the South Unit of the facility. On 8/04/21 at 1:20 PM, an interview with Resident #2 revealed he was the one who reported there was no nurse on 'South Side' hall of the facility, but he could not recall the name of the nurse he reported to or the date. Resident #2 stated, "The problem with the staffing of the CNAs, and the nurses and the shower help has been going on for a while. Then they make the A shift feel obligated and feel guilty to stay." He also stated his opinion was "poor coordination is what I think the problem is". Resident #2 stated he realized there was a problem on 7/25/21 between 7:00 PM and 7:30 PM when he had not received any medicine. He stated medicine was usually administered by the nurses at "around 6:00 PM". Resident #2 stated there were other days before 7/25/21 when medicines had been delivered "late" and he had been told it was because of "staffing". Resident #2 stated "This Sunday (7/25/21) nobody ever came at all". When asked if there were any medication, he was particularly concerned about having not received on 7/25/21, Resident #2 responded "I was supposed to get my suppository, my bowels won't move without it and I don't get it every day, only certain days every week. I get to feeling bad if I don't get it, so it worried me. Also, I was supposed to get a dose of Baclofen muscle relaxer that was missed and that worried me too, but I didn't really have any problem from it". When asked how it made him feel to have not received his medications to which Resident #2 responded "aggravating, frustrating, disappointing, angry. It made me feel insecure.".	M 225		

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Resident #2 stated, "I'm dependent on these people. They are responsible for me. It's just like they don't understand that."

On 8/04/21 at 1:40 PM, an interview with Resident #3 revealed he recalled not having received his medications on 'B shift' 7/25/21. Resident #3 was alert and oriented and communicated well verbally. Resident #3 stated "it bothered me to think people don't come to work when they should". He denied having any negative outcome from missing his medications on 'B shift' 7/25/21. Resident #3 stated "They need to do something" and provided clarification, "The people that run this place need to do something to make sure there is somebody here to give us our medicines and stuff".

On 8/04/21 at 2:39 PM, an interview with LPN # 3 revealed on July 25, 2021, she was working 7:00AM-3:00PM shift (B shift) on the North Unit. She stated that on 7/25/21 at approximately 2:45 PM, RN #1 "came down the hall and said the Nurse Administrator wanted to know if either of us would work over". LPN #3 stated she said no. She stated she "finished her treatments and went back to the nurses station around 3:00 (PM) and RN #1 said the Nurse Administrator had called, and someone was coming to relieve us", but the only one who showed up was LPN #1 She stated she "counted" the North side narcotics with LPN #1 and "left between 4:00 (PM) and 5:00 (PM)." She stated RN #1 told her she was going to stay and see if anybody was going to come and RN #1 called 'staffing' and talked to the RN Nurse Supervisor, DON #2, and the Nurse Administrator.

On 8/04/21 at 3:58 PM, a telephone interview with the Staffing Director revealed LPN #1 and LPN

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M 225	Continued From page 19 #4 were scheduled to work 3:00PM-11:00PM (B shift) on 7/25/21. The Staffing Director stated "On Thursday (7/22/21) at 1:17 PM prior to the weekend I sent a text message to (LPN #4) to confirm the scheduled shifts for the weekend to review and confirm. She texted back and asked if she could be off on Saturday, but I texted her back and told her no, that I really, really needed her and she texted back and confirmed the schedule". She stated LPN #4 did not report for work or call-in on 7/25/21. She was unable to explain beyond that how the South Unit was without a nurse on 7/25/21 from 4:55 PM to 11:00 PM. When asked how residents' acuity, needs, and diagnoses considered when determining staffing requirements and assignments the Staffing Director stated, "We try to have two aides for each side (North and South) for day shift and we have a resident on 'North Side' that's on one-on-one". When asked how the facility's census impacts staffing levels, the Staffing Director stated that the census had held steady at forty (40) for quite a while had a maximum of forty-five (45). When asked how call-ins are handled, the Staffing Director stated they "pull staff from other buildings" if available, the DONs could "work the cart", the RN Supervisor on the 3:00PM-11:00PM shift "works the cart if needed" and if none of those staff were available, they relied on "Mandated Overtime". When asked if staff, residents, or families bring up workload concerns and if so, how the concerns are handled, the Staffing Director stated the facility tried to make sure there was enough staff to "take care of the residents". When asked if there was a system in place to address these concerns the Staffing Director stated that even prior to the COVID-19 pandemic staffing had been a concern and it had been exacerbated by the pandemic, but staff were encouraged to report concerns to	M 225		

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their supervisor and the concern would move up the chain of command until resolution had been accomplished if possible. She stated staffing was a difficult issue because "it takes everyone working together, coming in when they are supposed to and doing what they are supposed to do while they are here" in order to have an equitable workload. When asked about the turnover rate the Staffing Director reported it was "high".

On 8/05/21 at 12:54 PM, an interview with the Nurse Administrator revealed the Nurse Administrator stated, "I had told the Staffing Director and RN Supervisor on Saturday (7/24/21) per text message I was on call the weekend before as the interim DON at another building and worked the weekend before (7/17/21 and 7/18/21) before I agreed to take call for DON #1". The Nurse Administrator stated "I texted the Staffing Director and told her if she would take call until Sunday morning, I would appreciate it; the Staffing Director said she had called in sick until Thursday and another LPN could cover call-ins for day shift and the RN supervisor would be in at 3:00 PM." The Nurse Administrator stated, "Nurse Executive asked Staffing Director if agency needed to be contacted and the Staffing Director responded she had and would continue to reach out to agency without success; no one returned her calls or messages." The Nurse Administrator stated "I checked the J Drive and saw two (2) nurses had called in." The Nurse Administrator stated she initially intended to move LPN #4 to another building and that is why she called RN #1 at 2:45 PM before it was realized that LPN #4 was not coming in to work at 3:00 PM. Nurse Administrator stated at 4:19 PM, the RN Supervisor texted to say RN #1 had left. The Nurse Administrator also stated LPN #1 had

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approached her "weeks before" and voiced concerns that he was having to stay over frequently due to mandated overtime and on-site relief not arriving to relieve him. She stated LPN #1 inquired about compensation for working the entire building by himself and working sixteen (16) hour shifts. The Nurse Administrator stated she had reported LPN #1's concerns/request to the Nursing Home Director and was told there were no funds available for such compensation. She stated she had reported this to LPN #1.

On 8/05/21 at 1:37 PM, interview with DON #1 revealed she was the full time DON of another building. She stated when she started taking call on weekends twelve years ago there was five (5) DONs taking call on weekends, "around 2017" the call rotation dropped to four (4) DONs and in 2021 it dropped to three (3) DONs on the weekend call rotation. She stated prior to 2020 there was not enough staff. She stated the "On-Call" DON's did not have to come in to work to cover call-ins very often until 2019. She stated "over the past two (2) years we've really had to fill in a good bit. In 2021 DONs are having to come in and work the cart every time, every weekend we are on call". She stated the DON on call is on call from Wednesday at 5:00 PM until the following Wednesday at 5:00 PM. She stated the DONs are also having to come in on the 3:00PM-11:00PM and the 11:00PM-7:00AM "quite frequently". DON #1 stated she worked Monday, 7/19/21 through Friday 7/23/21 and worked 11:00 PM 7/23/21 until 8:00 AM 7/24/21. She stated she worked Sunday 7/25/21 7:00 PM and stayed and worked all of 11:00PM-7:00AM at another building, left at approximately 7:00 AM Monday 7/26/21 and returned and worked the cart 3:00PM-7:00PM on 7/26/21 due to call-ins. DON #1 stated "If we are on call, we make every effort

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to find somebody to replace that person, especially if the nurse has already worked sixteen (16) hours." She stated on 7/25/21, "we had no way to contact the contract nurse that was supposed to have come in". She stated the RN Supervisor "was assigned to a cart". She also stated two (2) buildings were short staffed. DON #1 stated "if the DON on call exhausted all resources and the nurse won't stay it's my responsibility to come in". When asked about outcomes for a resident who missed medications, DON #1 stated there could be negative outcomes such as blood sugar with hypoglycemic or hyperglycemic events, behaviors could be affected negatively. The DON #1 stated "usually" there is a housekeeper in the building for eight (8) hours a day. She reported the CNAs sweep after super and take out the trash and do housekeeping like cleaning up spills to provide a safe environment for the residents. She stated the nurses must help the CNAs every day because of the CNA shortage. She stated she thought "Mandated Overtime" was intended for "emergency purposes" and as a "last resort". DON #1 stated "Nurses are exhausted at the end of their shifts because at the end of the day the nurses can do the housekeeping and CNA work but who can do our work."

On 8/05/21 at 3:00 PM, an interview with the Nursing Home Director (NHD) revealed he was aware staffing was a problem for the facility. He stated the staff were all tired and that fatigue affects performance. He stated he had been working there for fifteen (15) years and staffing had "always been a problem". He stated "COVID-19 escalated the challenges". He stated the facility had contracts with three staffing agencies, used "contract" staff and emergency COVID Contracts to try to get staffing. He stated,

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M 225	Continued From page 23 "when everyone shows up for work, we have enough staff, other days you have call-ins because they are tired from working so much". He stated the staffing problems "are a combination of call-ins and not enough staff". He stated "there are disciplinary steps for excessive call-ins" which could result in attendance counseling, written reprimands, and termination. When asked what effect inadequate staffing could have on residents the Nursing Home Director responded, "Inconsistent staff could result in residents not getting the best care we can give them". He stated adequate staffing was important for residents to be more comfortable, happier and for their safety. When asked his opinion what effects on the residents he might expect if residents did not get medications as prescribed, he expressed concern for residents that were diabetic or had been prescribed medications that were "time sensitive" and stated, "the medications are a concern, a legitimate issue, not having a nurse on that wing." The Nursing Home Director stated he was not aware until Wednesday 7/28/21 that the facility had been without a nurse for six (6) hours on 7/25/21. The Nursing Home Director stated the Nurse Administrator had accepted the responsibility of being "on-call" for the weekend. On 8/05/21 at 3:30 PM, in an interview with the facility's Interim Administrator revealed when asked how nursing supervision monitored and provided oversight to assure care and services are implemented based upon the care plan and the resident's identified needs, and if there is an acute change of condition, she responded the shift report and physician orders are reviewed in the morning meeting. When asked how the facility monitored staff/resident interactions the Interim Administrator responded direct	M 225		

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observation was employed. When asked how the facility monitored for the deployment of sufficient numbers of qualified and competent staff across all shifts to meet resident needs, the Interim Administrator responded the "J Drive" was used to check for sufficient staffing, and staff competencies and in-services were used to ensure competent staff. When asked how the facility determined staffing assignments based on the levels and types of care needed for the residents, the Interim Administrator referred to the census of forty (40) residents with two nurses and the facility's policy for staffing. When asked how staff communicated across shifts, she responded with shift reports, verbal communication and posted writtennotices. When asked how the facility monitored for staff burnout, which could contribute to neglect, she reported she was aware that all medical personnel were subject to burnout and "getting tired; especially since COVID". She stated the facility tried to provide adequate staffing so that staff were not required to work over forty (40) hours weekly or having to stay over to work unscheduled shifts. She stated the nursing supervision and administration also utilized "agency nurses" and "contract nurses". The Interim Administrator stated the residents on the South Unit did not have a licensed nurse on 7/25/21 from 4:55 PM until 11:00 PM because the nurse scheduled did not come in to work and the nurse at work for 'A shift' (7:00AM-3:00PM) did not stay". The Interim Administrator stated if there were concerns, such as insufficient staffing or lack of availability of food, medications, or supplies, she reported this to administration; she stated the administration had obtained contracts with multiple staffing agencies and made contracts with nurses and were trying to recruit "new hires" to attempt to ensure sufficient staffing. She reported she had not been notified

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M 225	Continued From page 25 of staffing issues on 7/25/21. On 8/06/21 at 12:10 PM, an interview with the Nursing Administrator revealed she does not have any input into the Facility Assessment and is not sure how often the assessment is updated. The Nurse Administrator said that the Administrator and the directors discuss the Facility Assessment, and the Facility Assessment is most likely changed as the acuity of residents' change. She confirmed that residents' acuity, needs, and diagnoses are considered when determining staffing requirements and assignments. She stated that the facility census does not change based on census because the facility keeps the same staffing as if the census was at maximum and they do not call off staff if the census is low. She stated that each shift has enough staff to take care of the resident's needs. She confirmed that staff will bring their workload concerns to her at times, especially when they are "fed up" and "tired". She stated the staff will use the term "stuck here" when making complaints about being required to work over if the relief staff does not show up for work. She stated she has had a few residents say that it takes a little longer to answer call lights, but the residents say they are getting their needs met. The Nurse Administrator stated that she has not had any complaints from family members related to staffing or staff workload. She stated that she is unsure of what the staff turnover rate is but that she knows it is higher than it used to be. She confirmed that exit interviews are conducted with staff and they discuss the exit interview results in QA meetings.The Nurse Administrator stated the facility did not use position alarms on residents at the time. She confirmed staff are not supposed to leave the medication cart until they count off with a nurse. She states she has stressed to the	M 225		

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nursing staff that you cannot leave until you count off with another nurse and that is why she was so shocked that RN #1 had left without counting narcotics. She stated she thought the Nurse Executive had notified the Board of Nursing related to RN #1 leaving without counting.

The facility submitted an acceptable Removal Plan for the IJ on 8/06/21 at 5:00 PM. Review of the facility's Removal Plan revealed the facility took the following actions to remove the IJ on 8/06/21:

REMOVAL PLAN

In response to the Immediate Jeopardy (IJ) template provided to the Administrator cited on August 5, 2021, at 5:10 p.m., the following is a summary of the event and the actions taken by the facility to remove the Immediate Jeopardy.

Brief Summary

On 07/25/2021 Jaquith Inn Building 78, had insufficient licensed nursing staff from 4:55p.m. - 11:00p.m., which gives us neglect of Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 on South Side unit of building 78. Medications were missed and no monitoring for Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 during this time frame.

The following corrective actions were taken for Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, and #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 affected by the insufficient licensed nursing staff and other facility Residents who could be potentially affected by insufficient

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M 225	Continued From page 27 licensed nursing staff in the future. 1. On July 25, 2021, at 11:30 pm Licensed Practical Nurse#1 observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 and no negative outcomes or harm noted. On 07/26/2021 at 9:00 a.m., the attending physician was notified that there were no adverse reactions. On 7/26/2021 at 9:00 a.m. attending physician observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 and found no negative outcomes. The attending physician reviewed care plans and no care plans needed to be revised. On July 28, 2021, at 4:52p.m., the Mississippi State Department of Health Division of Health Facilities Licensure and Certification was notified of the incident. On August 3, 2021, at 2:45p.m. the Mississippi Attorney General's Medicaid Abuse and Fraud Division was notified of the incident. 2. On July 28, 2021, at 2:30pm until 3:00pm Jaquith Nursing Home Nurse Administrator verbally counseled the Registered Nurse #1 who did not stay to work 3-11pm shift on 7/25/21. On 08/06/2021 at 3:30 p.m., the Nurse Executive did a one on one in-service with Registered Nurse#1. Registered Nurse#1 was educated and counseled on the following policies and procedures: Medication Administration, Medication Keys, Narcotics, Mandated Overtime to ensure incident of leaving the medication cart and or building without counting off with another nurse does not reoccur nor leaving patients uncared for without relief. On 08/06/2021 at 3:30p.m., the Nurse Executive contacted the MS Board of Nurses to report the actions of Registered Nurse #1.	M 225		

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3. On July 29, 2021, at 02:30 p.m., a Quality Assurance meeting was conducted with Jaquith Nursing Home Director, Chief Medical Doctor, Safety Investigative Services, Jaquith Inn Nursing Home Administrator, MS State Hospital Nurse Executive, Jaquith Nursing Administrator, Director of Nursing, Administrator-in-Training to discuss and determine corrective actions for further incidents of this magnitude. Corrective actions discussed were to inform resident's representative of incident on 07/25/2021. Educate staff on notifying leadership through proper communication (campus switchboard). Inservice staff on Injuries, Abuse, Neglect, Mistreatment, Misappropriation of Resident Property or Exploitation of Resident POL J530-55, Mandatory Overtime/Required Supervision Department of Mental Health (DMH), Rights of Residents J530-65, Accountability for Nursing Personnel Assignment J550-05, Management of Controlled Substances NUR210-116 and Chain of Notification for Staffing Concerns. No changes to the discussed policies were made. On 08/06/2021 at 3:30pm licensed nursing staff was in-serviced on Care Plan Policy and Procedures. On 07/30/2021 through 08/06/2021 the above policies listed were reviewed with licensed nursing staff.

4. On July 30, 2021, and August 2, 2021, Social Worker#1 called Residents #1, #2, #3, #4, #5, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20 representative of the incident and documented in resident's medical chart.

5. On August 2, 2021, at 07:10pm Jaquith Nursing Home Nurse Executive revised the Chain of Notification protocol, begin in-servicing all nursing staff. No staff will be allowed to work until Inservice is completed. The Chain of

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Notification protocol ensures the notification of nurses for availability and accessibility of nursing staff on a continuing basis to work a medication cart for shortage of Nursing Home nurses. The Chain process is as follows: The Mississippi State Hospital operator will notify the Jaquith Nursing Home Ground Supervisor, if the Ground Supervisor is not present operator will call Director of Nursing on call. If Ground Supervisor is unable to staff the nurse needed, then he/she will notify the Director of Nursing on call. Director of Nursing on call will call the building Director of Nursing who will attempt to staff the nurses needed and if unable will notify the Nursing Staffing Director or Coordinator. Nursing Staffing Director or Coordinator will attempt to staff the nursing homes and if unable will notify the Jaquith Nursing Home Administrator. The Jaquith Nursing Home Administrator on Call will determine with the Director of Nursing on call which buildings can be operated with one nurse if additional nurse cannot be found. After this occurs the Jaquith Nursing Home Director should be notified.

6. On 08/05/2021, the attending physician began to evaluate the medication load on all shifts to efficiently maximize staffing.

7. On 08/06/2021 at 10:00 a.m. an additional executive meeting was held to discuss staffing concerns and expedite contracts. Those present were, Human Resource Director, Chief Medical Officer, Service Outcome Director, Nurse Executive, and Jaquith Nursing Home Director. On 08/06/2021, Jaquith Nursing Home Nurse Executive implemented staff changes and an on-call schedule with the Staffing Director and Staffing Coordinator to ensure adequate staffing is in place. The Staffing Director and Staffing

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M 225	Continued From page 30 Coordinator will text and or call all scheduled nurse staff to verify commitment to their shift. The Staffing Director or Coordinator will contact scheduled nurses the day before their scheduled shift to verify commitment. The Staffing Department has personnel twenty-four hours to receive calls from employees. An employee has to call at least two hours before their shift if they are unable to work. The Staffing Department calls each building to verify the number of employees on each shift. If a building is short, the staffing personnel may pull from another building to cover staff shortage. On 07/30/2021, 8 of 15 emergency covid nursing contracts that were executed on July 16, 2021, were extended through 09/01/2021. New contracts were advertised through 08/04/2021. On 08/02/2021 through 08/06/2021, the Nurse Executive participated in interviewing 18 contract and 8 full time licensed nurse applicants. A formal offer of employment has to go through personnel. The corrected actions were implemented on 08/06/2021 at 5:00 p.m. The facility alleges the Immediate Jeopardy was removed on 08/07/2021 at 10:00 a.m. Validation: On 8/09/21, the SA validated the facilities Removal Plan by staff interview, record reviews, review of In-Service Sign-in Sheets, review of Monitoring Forms, review of Physician Progress Notes, review of Social Services Notes, and review of the On-Call Schedule. The SA verified the facility had implemented the following measures to remove the IJ: 1. On 8/09/21 at 12:46 PM through interview with	M 225		

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LPN #2 and record review of monitoring forms on the Medical Administration Record (MAR) for 7/25/21 11:00PM-7:00AM shift, the SA validated on7/25/21 at 11:30 PM LPN #2 observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 and no negative outcomes or harm noted. On 8/09/21 at 11:49 AM through interview with MD #1, the SA validated on 7/26/21 at 9:00 AM attending physician observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 and found no negative outcomes. On 8/09/21 at 11:49 AM through interview with MD #1 and record review of resident care plans, the SA validated on 7/26/21 the attending physician reviewed care plans and no care plans needed to be revised. On 8/09/21 through record review of facility investigation dated 8/04/21 SA validated on 7/29/21 at 4:52 PM, the SA was notified of the incident. On 8/09/21 through record review of the Attorney General's "Crime Web Submission" dated 8/03/21 at 2:45 PM, the SA validated on 8/03/21 at 2:45 PM the Attorney General's Medicaid Abuse and Fraud Division was notified of the incident.

2. On 8/09/21 at 12:15 PM through interview with the Nurse Administrator, the SA validated on 7/28/21 at 2:30 PM until 3:00 PM the Nurse Administrator verbally counseled RN #1 who did not stay to work 3:00PM-11:00PM shift on 7/25/21. On 8/09/21 through record review of facility "Staff Education/Continuing Education In-Service/Training" sign-in sheet, the SA validated on 8/06/21 at 3:30 PM the Nurse Executive did a one-on-one in-service with RN #1. RN #1 was educated and counseled on the following policies and procedures: Medication Administration, Medication Keys, Narcotics,

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M 225	Continued From page 32 Mandated Overtime to ensure incident of leaving the medication cart and or building without counting off with another nurse does not reoccur nor leaving patients uncared for without relief. In-service included counseling. On 8/09/21 at 12:05 PM through interview with Nurse Executive, the SA validated on 8/06/21 the Nurse Executive contacted the Board of Nurses to report the actions of RN #1. 3. On 8/09/21 at 12:22 PM through interviews with Administrator in Training (AIT), DON #2, and Nurse Administrator and record review of facility "Staff Education/Continuing Education In-Service/Training" sign-in sheet, the SA validated on 7/29/21 at 2:30 PM QAPI meeting was conducted with facility Nursing Home Director, Chief Medical Doctor, Safety Investigative Services, Nursing Home Administrator, Nurse Executive, Nursing Administrator, Director of Nurses (DON #2), Administrator in Training, to discuss and determine corrective actions for further incidents of this magnitude. Corrective actions discussed were to inform resident's representatives of incident on 7/25/21. Educate staff on notifying leadership through proper communication (switchboard). Inservice staff on Injuries, Abuse, Neglect, Mistreatment, Misappropriation of Resident Property or Exploitation of Resident POL J530-55, Mandatory Overtime/Required Supervision Department of Mental Health (DMH), rights of Residents J530-65, Accountability for Nursing Personnel Assignment J550-05, Management of Controlled Substances NUR210-116 and Chain of Notification for Staffing Concerns. No changes to the discussed policies were made. On 8/09/21 through record review of In-Service sign in sheets related to following care plans, the SA validated on 8/06/21 at 3:30 PM	M 225		

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M 225	Continued From page 33 licensed nursing staff was in-serviced on Care Plan Policy and Procedures. On 8/09/21 through record review of In-Service sign in sheets related to following care plans, the SA validated on 7/30/21 through 8/06/21 the above policies listed were reviewed with licensed nursing staff was in-serviced on Care Plan Policy and Procedures. 4. On 8/09/21 at 12:03 PM through interview with Social Worker #1, the SA validated on 7/30/21 and 8/02/21, Social Worker #1 called Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 representative of the incident and documented in resident's medical chart. 5. On 08/09/21 through record review of In-Service sign-in sheets with topic of "Chain of Notification for Staffing Concerns" dated 8/02/21, the SA validated on 9/02/21 at 7:10 PM facility Nurse Executive revised the Chain of Notification protocol, begin in-servicing all nursing staff. No staff will be allowed to work until In-Service is completed. The Chain of Notification protocol ensures the notification of nurses for availability and accessibility of nursing staff on a continuing basis to work a medication cart for shortage of Nursing Home nurses. The Chain process is as follows: The (switchboard) operator will notify the (facility) Ground (RN) Supervisor, if the Ground Supervisor is not present operator will call Director of Nursing on call. If Ground Supervisor is unable to staff the nurse needed, then he/she will notify the Director of Nursing on call. Director of Nursing on call will call the building Director of Nursing who will attempt to staff the nurses needed and if unable will notify the Nursing Staffing Director or Coordinator. Nursing Staffing Director or Coordinator will attempt to staff the nursing homes and if unable will notify the	M 225		

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M 225	Continued From page 34	M 225		

(facility) Nursing Home Administrator. The Jaquith Nursing Home Administrator on Call will determine with the Director of Nursing on call which buildings can be operated with one nurse if additional nurse cannot be found. After this occurs the (facility) Nursing Home Director should be notified.

6. On 8/09/21 at 11:49 AM through interview with MD #1, the SA validated on 08/05/21 the attending physician began to evaluate the medication load on all shifts to efficiently maximize staffing.

7. On 8/09/21 at 11:54 AM through interviews with Human Resource Director, Administrator in Training, and DON (#2), the SA validated on 8/06/21 at 10:00 AM an additional executive meeting was held to discuss staffing concerns and expedite contracts. Those present were, Human Resource Director, Chief Medical Officer, Service Outcome Director, Nurse Executive, and (facility) Nursing Home Director. On 8/09/21 at 12:34 PM through interview with Staffing Director and record review of "On-Call Schedule" for the week of 8/09/21 through 8/15/21, the SA validated on 8/06/21, Jaquith Nursing Home Nurse Executive implemented staff changes and an on-call schedule with the Staffing Director and Staffing Coordinator to ensure adequate staffing is in place. The Staffing Director and Staffing Coordinator will text and or call all scheduled nurse staff to verify commitment to their shift. The Staffing Director or Coordinator will contact scheduled nurses the day before their scheduled shift to verify commitment. The Staffing Department has personnel twenty-four hours to receive calls from employees. An employee has to call at least two hours before their shift if they are unable to work. The Staffing Department calls

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M 225	Continued From page 35 each building to verify the number of employees on each shift. If a building is short, the staffing personnel may pull from another building to cover staff shortage. On 8/09/21 through record review of nursing contracts extended through 9/01/21, the SA validated on 7/30/21, 8 (eight) of 15 (fifteen) emergency covid nursing contracts that were executed on July 16, 2021, were extended through 9/01/21. New contracts were advertised through 8/04/21. On 8/09/21 at 12:40 PM through interview with Nurse Executive, the SA validated on 8/02/21 through 8/06/21, the Nurse Executive participated in interviewing 18 (eighteen) and 8 (eight) full time licensed nurse applicants. A formal offer of employment must go through personnel. The SA validated on 8/09/21 all corrective actions had been completed as of 8/6/21 and IJ was removed on 8/7/21, prior to exit.	M 225		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility,	M 500		10/22/21

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M 500	Continued From page 36 and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care	M 500		

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M 500	Continued From page 37 established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;	M 500		

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M 500	Continued From page 38 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent	M 500		

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M 500	Continued From page 39 personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level IV Based on staff interviews, resident interviews, facility policy review, and record review the facility failed to prevent the neglect of twenty (20) residents on the South Unit of the facility for six (6) hours on 7/25/21 from 4:55 PM through 11:00 PM, which resulted in Resident #1, Resident #2, Resident #3, Resident #4, Resident #5, Resident #6, Resident #7, Resident #8, Resident #9, Resident #10, and Resident #11 not receiving medications, supervision, treatments and monitoring. The facility did not have licensed nurse coverage for twenty (20) residents on the South Unit of the facility for six (6) hours from 4:55 PM through 11:00 PM on 7/25/21. Licensed Practical Nurse (LPN) #4 was scheduled to report at 3:00 PM on 7/25/21 after having sent confirmation to the staffing director which indicated acceptance of the assignment. LPN #4 did not call in and did not arrive for her shift at the facility. Registered Nurse (RN) #1 had worked 7:00 AM and left the facility at 4:55 PM without on-site licensed nurse relief present. LPN #1 arrived for work at 3:00 PM but did not accept responsibility for the twenty (20) residents on the South Unit of the facility. The Nurse Administrator and the Registered Nurse (RN) Nurse Manager were aware RN #1 refused to stay. Contract and agency nurses did not respond to the call for replacement. No licensed nurse reported to duty on the South Unit of the facility between 4:55 PM and 11:00 PM.	M 500	1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. On July 25, 2021 at 11:30 pm Licensed Practical Nurse#1 observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 and no negative outcomes or harm noted. On 07/26/2021 at 9:00 a.m., Jaquith Inn□s Licensed Practical Nurse notified the attending physician that there were no adverse reactions. On 7/26/2021 at 9:00 a.m. attending physician observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 and no residents appeared to have suffered an adverse effect as a result of the deficient practice. The attending physician reviewed care plans and no care plans needed to be revised. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice. On 7/26/2021 all physician□s orders of Jaquith Inn residents with medication and treatments were reviewed by a Registered Nurse, 40 of 40 residents had the potential to be affected by the deficient practice. 3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. On 07/28/2021, Jaquith Nursing Home Nurse Administrator counseled the	

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M 500	Continued From page 40 The facility's failure to ensure sufficient licensed staff on 7/25/21 from 4:55 PM through 11:00 PM to administer medications and treatments, and provide monitoring and supervision resulted in the deprivation of goods and services by staff of services necessary to attain or maintain physical, mental, and psychosocial well-being, and had the likelihood to cause residents residing on the South unit of the facility serious injury, harm, impairment, or possible death. The State Agency (SA) identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) on 8/5/21, which began on 7/25/21, when the facility's failure to ensure sufficient licensed nurse was present to provide necessary services. On 8/05/21 at 5:15 PM, the SA informed the Nursing Home Administrator of the Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) and provided the facility with the IJ Template. The facility submitted an acceptable Removal Plan on 8/07/21 at 10:00 AM, in which the facility alleged all corrective actions to remove the IJ and SQC were completed on 8/06/21 at 5:00 PM and the IJ was removed as of 8/07/21. The SA validated the Removal Plan on 8/09/21 and determined the IJ and SQC was removed on 8/07/21, prior to exit. Therefore, the scope and severity for Rule 45.17.2 Resident Rights M500 was lowered from a Level IV to a Level II while the facility develops and implements a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements.	M 500	Registered Nurse #1 who did not stay to work 3-11 pm shift on the policy and procedure of notifying the on-call Administrator and Director of Nursing as needed for unintended occurrences. On 07/30/2021, the Nursing Home Administrator in-serviced all staff (pantry, housekeeping, laundry, behavior health services, full time/ agency/contract licensed nurses and certified nurse assistants) on Jaquith Nursing Home Policy (J530-65) Rights of Residents to ensure staff is aware that residents will receive care consistent with basic human dignity within the reasonable capabilities and limitation of Jaquith Nursing Home. On 07/30/2021, the Nursing Home Administrator in- serviced all staff (pantry, housekeeping, laundry, behavior health services, full time/ agency/contract licensed nurses and certified nurse assistants) on Jaquith Nursing Home Policy (J530-55) Injuries, Abuse, Neglect, Mistreatment, Misappropriation of Resident Property or Exploitation of Residents with emphasis on Abuse and Neglect. The in-serviced was to ensure staff is aware of what is defined as Abuse and Neglect and how to report. On 08/31/2021, the Investigator from the State of Mississippi Attorney General Office in-serviced all staff (pantry, housekeeping, laundry, behavior health services, full time/ agency/contract licensed nurses and certified nurse assistants) on Abuse and Neglect, Insufficient Nursing staff and leaving building unattended and the criminal charges associated with the actions. On 08/06/2021, the Nurse Executive	

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M 500	Continued From page 41 Findings include: Record review of the facility policy titled "INJURIES, ABUSE, NEGLECT, MISTREATMENT, MISSAPPROPIATION OF RESIDENT, EXPLOITATION OF RESIDENTS" dated July 2021, SUPERSEDES: September 2019, revealed " ... 2. POLICY.A. (Proper Name of Facility) residents have a right to be free from abuse, neglect, exploitation, mistreatment, sexual battery, and misappropriation of property ... C. JNH will screen potential employees, train (Proper Name of Facility) staff, and put measures in place to prevent abuse, neglect, injuries, and exploitation of (Proper Name of Facility) residents ...3. DEFINITION. B. Neglect: The failure of the facility, its employees, or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress." Record review of the facility policy titled "ACCOUNTABILITY FOR NURSING PERSONNEL ASSIGNMENT" dated August 2020, SUPERSEDES February 2017 revealed "1. PURPOSE AND APPLICABILITY. This policy defines the steps to be followed in accounting for nursing personnel reporting to (Proper Name of Facility) on each shift. This policy applies to all (Proper Name of Facility) nursing personnel. 3. PROCEDURE. E. (2). No licensed nurse will leave the assigned unit until there is relief by another licensed nurse at shift change. (4) At no time will a licensed nurse leave a building without on-site licensed nurse relief ..." Record review of the facility policy, dated October 2018, titled "MEDICATIONS, ADMINISTRATION, TIMING, AND TREATMENT" revealed ...C. "Time critical medications are those for which an early	M 500	in-serviced Registered Nurse #1 on the policy for Mandated Overtime to ensure an incident of leaving the medication cart and or building without counting off with another nurse does not reoccur nor leaving patients uncared for without relief. 4. How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system. Beginning 08/19/2021, Jaquith Nursing Home Administrator on call, Director of Nursing on-call, Nurse Staffing Director or Nurse Staffing Coordinator, and C.N.A Staffing Director will meet weekly to review upcoming weekend and weekday schedule of certified nurse assistants and licensed nurses. Beginning 8/19/2021, the Nursing Home Administrator will document staffing issues using the Jaquith Nursing Home Staffing Concern Log daily (7 day per week) for 30 days, then weekly for 30 days to ensure sufficient nursing staff is available to provide care for the residents. Beginning 8/25/2021, the Director of Nurse Staffing or Nurse Executive will conduct an audit of nursing staff call-ins and nursing staffing adhering to the Accountability for Nursing Personnel Assignment policy and procedure weekly for 30 days. The reasons for the nursing staff call-ins will be assessed to ensure that any concerns are identified. Findings	

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M 500	Continued From page 42 or late administration of greater than thirty minutes might cause harm or have significant, negative impact on the intended therapeutic or pharmacological effect. These medications must be administered within thirty minutes before or after their scheduled dosing time, for a total window of 1 hour. Time critical scheduled medications include but are not limited to; (1) Antibiotics, (2) Anticoagulants, (3) Insulin, (4) Anticonvulsant, (5) Immunosuppressive agents, (6) Pain medication, (7) Medications prescribed for administration within a specified period of time of the medication order ..." Record review of the facility schedule for 7/25/21 revealed the facility did not have licensed nurse coverage for twenty (20) residents on the South Unit of the facility for six (6) hours from 4:55 PM through 11:00 PM on 7/25/21. Record review of the facility's "INVESTIGATIVE FINDINGS" dated August 3, 2021, revealed "The Department of Safety and Investigative Services was notified that on Sunday, July 25, 2021, B-shift only had I nurse from 4:55 PM until 1 1 PM LPN (#1) covered the North Side Hall for B & C shift. The South Side Hall did not have coverage for B-shift." A-Shift RN (#1) worked South Side Hall from 7:00 AM until 4:55 PM but did not pass any medications while she waited for a nurse to relieve her for B-Shift 3-11. The Contract Nurse, (LPN #4) scheduled for B-Shift was a no call/no show and RN (#1) left stating that she had told the DON on call that she could not stay over that day prior to working A-shift. LPN (#3) also worked A-Shift and was asked if she could stay over for B-Shift and also stated that she could not work B-Shift and left at 4:55 p.m. FINDNGS: NEGLECT - SUBSTANTIATED AGAINST THE FACILITY" and also, "Based on the information	M 500	of this audit will be reported to the Director of Nursing and the Nursing Home Administrator weekly for 30 days. Beginning monthly on 10/06/2021, Jaquith Inn Nursing Home Administrator will report the audit findings to the Jaquith Inn Nursing Home Quality Assurance Performance Improvement (QAPI) Committee for three months to ensure substantial compliance has been achieved as determined by the committee. Should systemic changes not be effective the Quality Assurance Performance Improvement committee will investigate and determine further action(s) needed based on findings.	

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obtained, on July 25, 2021, there was only one B-shift nurse for (the facility). When A shift RN (#1) notified the DON on call, RN (Nurse Administrator) she was told that contract nurse, LPN (#4) was coming. LPN (#4) was a no call/no show. RN (#1) notified RN (Nurse Administrator) and RN Supervisor that she could not stay and was leaving. They asked LPN (#3) if she could stay, and she said that she could not stay. At 4:55 PM RN (#1) clocked out after counting the narcotics alone and left her keys in the med room. There was no licensed nurse working the South Side Hall on (the facility) until C-shift LPN (#2) arrived at I I PM Therefore, Neglect is substantiated against the facility. The Care Records for all 20 residents on (facility) South Side Hall were reviewed." (Formal names replaced by SA with Staff Indicators.)

On 8/03/21 at 3:48 PM, an interview with LPN #1 confirmed he was the only nurse on duty from 5:00 PM until 11:00 PM in the facility on 7/25/21, and he was working on the North Unit. He stated there was no nurse working on the South Unit for twenty (20) residents. LPN #1 stated RN #1 was working 'South Side' 7:00AM-3:00PM on Sunday 7/25/21 and left at 5:00 PM. He stated, "After I didn't see her in the building for about an hour, I knew she had left". LPN #1 stated he had not been asked to "count" the 'South Side' narcotics (verification of accuracy of narcotic medication count), RN #1 did not tell LPN #1 when she left, and he did not know where she left the keys to the medication cart or the narcotics lock box for the 'South Side'. LPN #1 stated he had not been asked to accept the responsibility for the 'South Side' of the facility on "B shift" 3:00 PM -11:00 PM. When asked why he thought the alleged neglect occurred LPN #1 stated it was because the nurse scheduled to report to work had not.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 500	Continued From page 44 When asked how staff responded when the resident requested assistance, LPN #1 stated the CNAs "took care of them". When asked what he considered as neglect he stated it was when residents were not taken care of the way they were supposed to be. When asked what he would do if he suspected that a resident is not receiving necessary care and services, LPN #1 stated he would do his part to get the resident what they needed and beyond that he would report it to the DON. When asked if he had been aware of the care not being provided, LPN #1 stated "I didn't even know she (South side nurse) had left". LPN #1 stated he had not reported the situation to anyone "because I knew they already knew what was going on". On 8/04/21 at 9:15 AM an interview with Medical Director (MD) #1, revealed he had been notified about the incident after noon on 7/26/21 and was told there was no licensed nurse on South Unit of the facility from 5:00 PM until 11:00 PM. MD #1 stated he "found out" about the incident on the afternoon of Monday, July 26, 2021. When asked what he thought about the residents being without a nurse, MD #1 stated he thought it was "troubling". When asked if there were any residents he felt were vulnerable MD #1 stated in his opinion the residents who received antiseizure medications were particularly at risk for negative outcomes, especially because the residents on "South Side" of the facility were prone to breakthrough seizures "every few weeks" and of the residents diagnosed with seizure disorders, those prescribed "linear medications" were at the highest risk of breakthrough seizure activity due to having missed a dose of their antiseizure medication. MD #1 stated any resident who had had a recent psychoactive medication change or had recently been started on a new psychoactive	M 500		

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medication were most at risk for behavioral disturbances due to having missed a dose of their psychoactive medications. MD #1 stated that although there were no diabetic residents which required routine blood glucose monitoring on "B shift" 3:00PM - 11:00PM it would have been important to have a licensed staff member monitoring diabetic residents for signs and symptoms of hyperglycemia or hypoglycemia. When asked where he thought he breakdown in providing adequate staffing occurred, MD #1 stated "nursing leadership".

On 8/04/21 at 10:00 AM, an interview with RN #1 revealed she had left the facility at 4:55 PM without on-site licensed nurse relief. She stated she had clocked out at 4:55PM and left the facility. She stated she did not administer any medications prior to leaving. RN #1 denied asking LPN #1 to accept responsibility for the "South Side" of the building and stated, "that's not a thing". RN #1 stated the RN Nurse Supervisor called after 4:00 PM and "asked me to stay and I told him no". The RN Supervisor said he was working the cart in another building and wasn't able to come work. He told me to call the operator, then the operator connected me to DON #1 and I informed her I couldn't stay and she told me to call the Nurse Administrator back and let her know. I called her extension and didn't get an answer." RN #1 stated she agreed the residents "needed their medicines". When asked what she considered as neglect she responded, "when staff don't take care of the residents". When asked what training had been received from the facility on neglect identification, prevention, and reporting requirements she responded "In-services".

On 8/04/21 at 11:00 AM an interview with the

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M 500	Continued From page 46 Nurse Administrator confirmed there was no licensed nurse on duty for the South Unit of the facility from 5:00 PM until 11:00 PM on 7/25/21. The Nurse Administrator stated LPN # 4 did not show up for work at the facility for the 3:00PM-11:00PM shift. She stated the staffing agency the facility had a contract with was called and texted, but no nurses responded. When asked why she thought the alleged neglect occurred she stated it was because RN #1 left without relief. The Nurse Administrator stated LPN #1 had come to her weeks before 7/25/21 and shared with her concerns about staffing and about how he had to work the entire building alone and work "mandated overtime" which meant working sixteen (16) hour shifts without compensation. The Nurse Administrator stated she took the concerns of LPN #1 to the Nursing Home Director who told her there were no funds to compensate nurses for working extra units or extra shifts. The Nurse Administrator confirmed these concerns were not taken to the Quality Assurance and Performance Improvement (QAPI) committee. She stated she shared with LPN #1 the response of Administration. On 8/04/21 at 1:20 PM, an interview with Resident #2 revealed he was the one who reported there was no nurse on 'South Side' hall of the facility, but he could not recall the name of the nurse he reported to or the date. Resident #2 stated "The problem with the staffing of the Certified Nurses Assistants (CNA)s, and the nurses and the shower help has been going on for a while. Then they make the A shift feel obligated and feel guilty to stay." He also stated his opinion was "poor coordination is what I think the problem is". Resident #2 stated he realized there was a problem on 7/25/21 between 7:30 PM and he had not received any medicine. He	M 500		

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stated medicine was usually administered by the nurses at "around 6:00 PM". Resident #2 stated there were other days before 7/25/21 when medicines had been delivered "late" and he had been told it was because of "staffing". Resident #2 stated "This Sunday (7/25/21) nobody ever came at all". When asked if there were any medication he was particularly concerned about having not received on 7/25/21, Resident #2 responded "I was supposed to get my suppository, my bowels won't move without it and I don't get it every day, only certain days every week. I get to feeling bad if I don't get it, so it worried me. Also, I was supposed to get a dose of Baclofen muscle relaxer that was missed and that worried me too, but I didn't really have any problem from it". When asked how it made him feel to have not received his medications to which Resident #2 responded "aggravating, frustrating, disappointing, angry. It made me feel insecure.". Resident #2 stated "I'm dependent on these people. They are responsible for me. It's just like they don't understand that."

On 8/04/21 at 1:40 PM, an interview with Resident #3 revealed he recalled not having received his medications on 'B shift' 7/25/21. Resident #3 was alert and oriented and communicated well verbally. Resident #3 stated "it bothered him to think people don't come to work when they should". He denied having any negative outcome from missing his medications on 'B shift' 7/25/21. Resident #3 stated "They need to do something" and provided clarification, "The people that run this place need to do something to make sure there is somebody here to give us our medicines and stuff".

On 8/04/21 at 2:39 PM, with LPN # 3 revealed she had been aware upon her departure from the

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facility on 7/25/21 no one had arrived to relieve the South Unit nurse. She stated on 7/25/21 she was working the 7:00AM-3:00PM shift on the 'North Side' of the facility and the only nurse who showed up at 3:30 PM for shift change was LPN #1. When asked what could happen if a resident doesn't get their medications LPN #3 responded "the resident could have increased behaviors, could get sick, could have problems with their blood pressure, among other things". When asked she stated she was not sure what could happen if a resident diagnosed with epilepsy did not their antiseizure medication. LPN #3 stated if a topical medication was missed "a wound could get worse or get infected". LPN #3 stated if nurses were not present to monitor residents according to their care plans and physician orders "lots of things could happen" but did not elaborate. When asked what she considered neglect, LPN #3 stated "When the residents aren't getting taken care of, not getting what they need".

On 8/04/21 at 3:58 PM, a telephone interview with Staffing Director revealed LPN #1 and LPN #4 were scheduled to work 3:00PM-11:00PM (B shift) on 7/25/21. The Staffing Director stated "On Thursday (7/22/21) at 1:17 PM prior to the weekend I sent a text message to (LPN #4) to confirm the scheduled shifts for the weekend to review and confirm. She texted back and asked if she could be off on Saturday, but I texted her back and told her no, that I really, really needed her and she texted back and confirmed the schedule". She stated LPN #4 did not report for work or call-in on 7/25/21. She was able to confirm but unable to explain how the South Side of the facility ended up without a nurse on 7/25/21 except to say that LPN #4 "was a no-call, no-show".

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On 8/04/21 at 4:20 PM, a telephone interview with CNA #2, revealed she worked 3:00PM-11:00PM on 7/25/21 in the facility. CNA #2 stated she remembered working on 7/25/21 and there had not been a nurse on the 'South Side' since 5:00 (PM).

On 8/05/21 at 9:30 AM, an interview with CNA #3 stated she worked 3:00PM-11:00PM and 11:00PM-7:00AM on 7/25/21 in the facility. CNA #3 stated on 7/25/21 "One (1) nurse worked 'North Side' and no nurse on 'South Side'." CNA #3 stated the only time LPN #1 came to the 'South Side' was to "find a 'North Side' resident to give them their medicine".

Resident #1:

Record review of resident Face Sheet with diagnoses revealed Resident #1's admission date was 10/05/15 with diagnoses of Alzheimer's Disease, Dementia, Peripheral Vascular Disease (PVD), Peripheral Neuropathy, Gastroesophageal Disease (GERD) and Cerebrovascular Disease (CVD).

Record review of 5/05/21 Annual Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) Section C revealed a BIMS score of 0 out of 15 which indicated severe cognitive deficit for Resident #1.

Record review of Resident #1's Physician Orders dated 7/21/21 revealed orders for "Santyl Ointment 30 grams (GM) apply topically every 12 hours and as needed when soiled until healed", "Bacid capsule take (two) 2 capsules by mouth twice daily", "Acidophilus Capsule Take 2 (two) Capsules by mouth twice daily", "Hydroco/APAP

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M 500	Continued From page 50 5/325MG Take 1 (one) Tablet by mouth twice daily for 28 (twenty-eight) days" starting 7/19/21, "Arginaide 1 (one) pack by mouth three (3) times a day", and for "Ferrous Sulfate 220 milligrams (MG) per milliliter (ML) Elixir Give 220 MG (5ML) by mouth 3 (three) times a day". Record review of Resident #1's Medication Chart revealed on 7/25/21 Ferrous Sulfate 220MG/ML Elixir Give 220MG (5ML) by mouth 3 (three) times a day, 6:00 PM Dose, Acidophilus Capsule Take 2 (two) Capsules by mouth twice daily, 6:00 PM Dose, Hydroco/APAP 5/325MG Take 1 (one) Tablet by mouth twice daily for 28 (twenty-eight) days. 9:00 PM Dose, Arginaide 1 (one) pack by mouth three (3) times a day, 6:00 PM Dose, was not initialed on the Medication Chart. Record review of Resident #1 Treatment Chart revealed on 7/25/21 on B shift (3 to 11) "Wound Care: Right Back scapula area "Wash wound, and pat dry Apply scant amount of Santyl to wound bed and cover with gauze and Aldress every (twelve) 12 hours and as needed when soiled until healed. Notify MD of acute changes". On 7/25/21 on B shift (3-11). This was not initialed on the Treatment Chart. Resident #2: Record review of resident Face Sheet with diagnoses revealed Resident #2's admission date was 4/04/16 with diagnoses of Paraplegia, Mood Disorder and Chronic Viral Hepatitis C. Record review of 5/26/21 Quarterly Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) section C revealed a BIMS score of 15 out of 15 which indicated no cognitive deficit for Resident #2.	M 500		

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M 500	Continued From page 51 Record review of Resident #'s2 Physician Orders dated 7/21/21 revealed orders for "BISCODYL suppository 10 MG insert (one) 1 rectally every Tuesday, Thursday and Sunday", "Docusate 100 MG. Take (two) 2 capsules by mouth twice daily", "Observe for side effects of Eliquis ...Report these to MD immediately", "Eliquis 2.5 MG by mouth twice daily", "Polyethylene Glycol Powder (MIRALAX Power) Dissolve 17 Grams in 6 (six) ounces of juice/water and give by mouth 2 (two) times a day", "Bisacodyl 10MG suppository Insert 1 (one) suppository rectally on Tuesday, Thursday, Sunday and Daily as needed for Constipation", and "Baclofen 20MG Tablet Take 1 Tablet by mouth 3 (three) times daily". Record review of Resident #2's Medication Chart revealed on 7/25/21 BISCODYL suppository 10 MG insert (one) 1 rectally every Tuesday, Thursday and Sunday, Docusate 100 MG. Take (two) 2 capsules by mouth twice daily, observe for side effects of Eliquis ...Report these to MD immediately, Eliquis 2/5 MG by mouth twice daily, Polyethylene Glycol Powder (MIRALAX Power) Dissolve 17 Grams in 6 (six) ounces of juice/water and give by mouth 2 (two) times a day, Bisacodyl 10MG suppository Insert 1 (one) suppository rectally on Tuesday, Thursday, Sunday and Daily as needed for constipation, Baclofen 20MG Tablet Take 1 Tablet by mouth 3 (three) times daily, was not initialed on the Medication Chart. Record review of Resident #2 Treatment Chart revealed on 7/25/21 on B shift (3 to 11) "Flush foley catheter with 60 (sixty) cc sterile water every shift". This was not initialed on the Treatment Chart.	M 500		

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Resident #3:

Record review of resident #3's Face Sheet with diagnoses revealed Resident #3's admission date was 9/13/19 with diagnoses of Paraplegia, Hypertension (HTN), Osteomyelitis, Chronic Kidney Disease, Diabetes, Multiple Pressure Sores and Obesity.

Record review of 5/12/21 Quarterly Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) Section C revealed a BIMS score of 15 out of 15 which indicated no cognitive deficit for Resident #3.

Record review of Resident #3's Physician Orders dated 7/21/21 revealed orders for "Vitamin C 500 MG tablet take (one) 1 tablet by mouth twice a day", "Meloxicam 15 MG Tablet take (one) 1 tablet by mouth every evening", "Amlodipine 5 MG tablet take (one) 1 tablet by mouth at bedtime", "Omeprazole 20 MG capsule take (one) 1 capsule by mouth at bedtime", "Baclofen 20 MG tablet take (one) 1 tablet by mouth every 2:00 PM and 6:00 PM", "Ferrous Gluconate 324 MG tablet take (one) 1 tablet by mouth every 2:00 PM and 6:00 PM", "Metformin 850 MG tablet take (one) 1 tablet by mouth (thirty) 30 minutes prior to lunch and dinner", "Miralax powder dispense as Polyethylene Glycol powder mix 17 grams in 6 ounces of liquid and give by mouth (two) 2 times a day", "Gabapentin 800 MG tablet take (one) 1 tablet by mouth (three) 3 times daily", "Pravachol 40 MG dispense as Pravastatin 40 MG tablet take (one) 1 tablet by mouth at bedtime", "Divalproex Sodium 500 MG tablet take (one) 1 tablet by mouth twice a day", and "Santyl Ointment 300 Grams apply topically every (twelve) 12 hours to wounds", and "Observe for signs and symptoms of hypoglycemia ...Obtain vital signs and

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accu-check & report to MD", "Observe for signs and symptoms of hypoglycemia ...Obtain vital signs and accu-check & report to MD", and "Accu-Checks as needed with regular insulin per sliding scale as needed".

Record review of Resident #3's Medication Chart revealed on 7/25/21 Baclofen 20MG Tablet Take 1 Tablet by mouth every 2PM and 6PM, 6:00 PM Dose, Ferrous Gluconate 324MG Tablet Take 1 (one) tablet by mouth every 2PM and 6PM, 6:00 PM Dose; Lidocaine 5% Patch Apply 2 (two) patches to right knee every 12 (twelve) hours, 6:00 PM Dose; Bisacodyl 10MG suppository Insert 1 (one) suppository rectally Daily, 6:00 PM Dose; Polyethylene Glycol Powder (MIRALAX Power) Dissolve 17 Grams in 6 (six) ounces of juice/water and give by mouth 2 (two) times a day, 6:00 PM Dose; Vitamin C 500MG Tablet Take 1 (one) tablet by mouth twice a day, 6:00 PM Dose; Meloxicam 15MG Tablet Take 1 (one) tablet by mouth every evening, 6:00 PM Dose (once a day dose); Amlodipine 5MG Tablet Take 1 (one) tablet by mouth at bedtime, 6:00 PM Dose (once a day dose); Omeprazole 20MG Tablet Take 1 (one) tablet by mouth at bedtime, 6:00 PM Dose (once a day dose); Pravastatin 40MG Tablet Take 1 (one) tablet by mouth at bedtime, 6:00 PM Dose (once a day dose); Divalproex Sodium 500MG Tablet Take 1 (one) tablet by mouth twice a day, 6:00 PM Dose was not initialed on the Medication Chart.

Record review of Resident #3's Treatment Chart revealed on 7/25/21 on B shift (3 to 11) "Suprapubic catheter/Perineal area: cleanse with Dakin's solution, pat dry, apply mupirocin ointment to peri-wound area twice daily cover with soft gauze and paper tape", "Wound Care: Left Heel wound: Cleanse with Normal Saline, pat dry,

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M 500	Continued From page 54 apply Dakin's solution to gauze and apply to wound bed. Cover with Kerlex or Conform twice daily", "Right Heel: Apply damp to dry Normal Saline dressing. Every twelve (12) hours. Notify MD of acute changes", "Treatment to coccyx: Irrigate with 0.25% Dakin's Solution then rinse with Normal Saline, pat dry, pack with Calcium Alginate with Silver, cover with gauze and abdominal dressing, secure with Medi pore tape twice daily and as needed due to soilage". These were not initialed on the Treatment Chart. Resident #4: Record review of resident Face Sheet with diagnoses revealed Resident #4's admission date 3/09/20 with diagnoses of Seizures, HTN, Dementia with Behavioral Disturbances, and Hyperosmolality & Hypernatremia. Record review of 5/12/21 Quarterly Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) section C revealed a BIMS score of 0 out of 15 which indicated no cognitive deficit for Resident #4. Record review of Resident #4's Physician Orders revealed orders for "Dilantin 100 MG dispense as Phenytoin Sodium extended release 100 MG take (one) 1 capsule by mouth each morning and (two) 2 capsules each evening" dated 7/23/21, "Keppra 500 MG tablet dispense as Levetiracetam 500 MG tablet take (one) 1 tablet by mouth twice a day" dated 7/23/21, "Promod 30CC (ML) by mouth twice a day" dated 7/21/21, and "Resource 2.0 by mouth four (4) times a day (with documentation of percent consumed)" dated 7/21/21.	M 500		

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Record review of Resident #4's Medication Chart revealed on 7/25/21 (Resident #4's Seizure medication was adjusted on 7/23/21), Phenytoin Sodium Extended 200MG (Dilantin 200MG) Take 200MG by mouth each bedtime, 6:00 PM Dose; Levetiracetam 750MG (Keppra 750MG) Take 750MG by mouth twice a day, 6:00 PM Dose; Promod 30CC (ML) by mouth twice a day, 6:00 PM Dose; Resource 2.0 by mouth four (4) times a day (with documentation of percent consumed), 6:00 PM Dose was not initialed on the Medication Chart.

Resident #5:

Record review of resident Face Sheet with diagnoses revealed Resident #5's admission date was 4/02/01 with diagnoses of Delusional Disorders, Diabetes, Psychotic Disorder, Dementia, HTN, Obstructive and Reflux Uropathy, Joint Disorder, Peripheral Neuropathy, Osteoarthritis, and Epilepsy.

Record review of 6/30/21 Quarterly Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) section C revealed a BIMS score of 14 out of 15 which indicated no cognitive deficit for Resident #5.

Record review of resident's Physician Orders dated 7/21/21 revealed orders for "Keppra 500 MG tablet dispense as Levetiracetam 500 MG tablet take ½ tablet by mouth every morning and 1 (one) tablet by mouth every evening", "Check for pain every shift using pain rate scale # 0-10; record", "Duloxetine 40MG Take 40MG by mouth at bedtime", "Tamsulosin Hydrochloride (Flomax) 0.4MG Capsule Take 1 (one) capsule by mouth every 24 (twenty-four) hours", "Furosemide 10MG/ML solution Take 40MG (4 CC) by mouth

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M 500	Continued From page 56	M 500		

twice a day", "Polyethylene Glycol Powder (MIRALAX Power) Dissolve 17 Grams in 6 (six) ounces of juice/water and give by mouth 2 (two) times a day", "Lortisone 0.5% cream to bilateral inguinal rash twice daily (7:00AM-3:00PM shift and 3:00PM-11:00PM shift)", "Diazepam 2MG Tablet Take 1 (one) tablet by mouth at bedtime for 28 (twenty-eight) days" ordered 7/13/21, "HYDROCO/APAP 5/325 MG take 1 (one) tablet by mouth every 6 (six) hours as needed for 28 (twenty-eight) days" order date of 7/14/21, and "Risperidone 0.5MG Tablet (Risperdal 0.5MG) Take 1 tablet by mouth twice a day" order date 7/30/21.

Record review of Resident #5's Medication Chart revealed on 7/25/21 Duloxetine 40MG Take 40MG by mouth at bedtime, 6:00 PM Dose; Risperidone 0.5MG Tablet (Risperdal 0.5MG) Take 1 tablet by mouth twice a day, 6:00 PM Dose; Tamsulosin Hydrochloride (Flomax) 0.4MG Capsule Take 1 (one) capsule by mouth every 24 (twenty-four) hours, 6:00 PM Dose; Furosemide 10MG/ML solution Take 40MG (4 CC) by mouth twice a day, 6:00 PM Dose; Levetiracetam 500MG Tablet (Keppra 500MG Tablet) Take ½ (half) tablet by mouth morning and 1 (one) tablet by mouth every evening, 6:00 PM Dose; Polyethylene Glycol Powder (MIRALAX Power) Dissolve 17 Grams in 6 (six) ounces of juice/water and give by mouth 2 (two) times a day, 6:00 PM Dose; Diazepam 2MG Tablet Take 1 (one) tablet by mouth at bedtime for 28 (twenty-eight) days, started 7/13/21, 8:00 PM Dose, was not initialed on the Medication Chart.

Record review of Resident #5's Treatment Chart revealed on 7/25/21 on B shift (3 to 11) "Lortisone 0.5% cream to bilateral inguinal rash Twice Daily". This was not initialed on the Treatment Chart.

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M 500	Continued From page 57 Resident #6: Record review of the Face Sheet with diagnoses revealed Resident #6's admission date 6/08/05 with diagnoses of Osteoarthritis, Dementia with Behavioral Disturbances, Psychosis, Diabetes, Epilepsy, and HTN. Record review of 7/07/21 Quarterly Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) section C revealed a BIMS score of 14 out of 15 which indicated no cognitive deficit for Resident #6. Record review of resident #6's physician orders dated 7/21/21 and MDS section N revealed orders for "Vimpat 200 MG tablet take (one) 1 tablet by mouth twice daily for (twenty-eight) 28 days (started 7/13/21)", "Potassium Chloride 20 milliequivalents tablet take (one) 1 tablet by mouth twice a day", "Depakote 125 MG sprinkle capsule dispense as Divalproex 125 MG sprinkle take (four) 4 capsules by mouth (three) 3 times daily", "Olanzapine 15 MG tablet take (one) 1 tablet by mouth at bedtime", "Tamsulosin Hydrochloride (Flomax) 0.4MG Capsule Take 2 (two) capsules by mouth every 24 (twenty-four) hours ", "Lithium Carbonate 300 MG tablet take (one) 1 tablet by mouth every morning and (two) 2 tablets by mouth at bedtime", "Miralax powder dispense as Polyethylene Glycol Powder dissolve 17 Grams and give by mouth twice a day", and "Metoprolol Tar 25 MG tablet take (one) 1 tablet by mouth twice a day". Record review of Resident #6's Medication Chart revealed on 7/25/21 Vimpat 200MG Tablet Take 1 (one) tablet by mouth twice daily for 28 (twenty-eight) days, started 7/01/21, 6:00 PM	M 500		

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M 500	Continued From page 58	M 500		

Dose; Potassium Chloride 20MEQ (milliequivalents) Tablet Take 1 (one) tablet by mouth twice a day, 6:00 PM Dose; Divalproex 125MG Sprinkle (Depakote 125MG Sprinkle) Take 4 (four) capsules by mouth 3 (three) times daily, 6:00 PM Dose; Olanzapine 15MG Tablet Take 1 (one) tablet by mouth at bedtime, 6:00 PM Dose; Tamsulosin Hydrochloride (Flomax) 0.4MG Capsule Take 2 (two) capsules by mouth every 24 (twenty-four) hours, 6:00 PM Dose; Lithium Carbonate 300MG Tablet Take 1 (one) tablet by mouth every morning and 2 (two) tablets by mouth at bedtime, 6:00 PM Dose; Polyethylene Glycol Powder (MIRALAX Power) Dissolve 17 Grams in 6 (six) ounces of juice/water and give by mouth 2 (two) times a day, 6:00 PM Dose; Metoprolol Tartrate 25MG Tablet Take 1 (one) tablet by mouth twice a day, 6:00 PM Dose were not initialed on the Medication Chart.

Resident #7:

Record review of resident Identification and Summary Sheet with diagnoses revealed Resident #7's admission date 6/01/76 with diagnoses of Profound Intellectual Disabilities, Glaucoma, Cerebral Palsy, Spastic Paraplegia and Epilepsy.

Record review of 6/09/21 Quarterly Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) section C revealed a BIMS score of 0 out of 15 which indicated severe cognitive deficit for Resident #7.

Record review of Resident #7's Physician Orders dated 7/21/21 revealed orders for "MiraLAX Powder dispense as Polyethylene Glycol Powder mix 17 grams in 6 ounces of juice and give by mouth twice daily", "Bisacodyl 10 MG suppository

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M 500	Continued From page 59 insert (one) 1 suppository rectally at bedtime", "Phenobarbital 30 MG tablet take (one) 1 by mouth at bedtime", and "Phenobarbital 60 MG tablet take (two) 2 by mouth at bedtime", "Observe for	M 500		
M 615	45.21.3 Pressure sores Pressure sores. Residents with a pressure sore shall receive necessary treatment and service to promote healing and prevent the development of new pressure sores. Residents without pressure sores will not develop pressure sores unless the residents' clinical condition indicates they were unavoidable. This Statute is not met as evidenced by: Level IV Based on observation, staff interview, record review, and facility policy review, the facility failed to prevent the development of pressure ulcers and the worsening of pressure ulcers due to pressure ulcers becoming infected for three (3) of 12 residents reviewed for pressure ulcers, Residents #1, #3, and #12. The facility's failure to assess and provide treatment resulted in Resident #1 developing four (4) new pressure ulcers and acquiring a wound infection which required debridement procedures and hospitalization. The facility's failure to assess and provide treatment to residents who were at risk for skin breakdown and to prevent further skin breakdown also affected Residents #3 who had existing wounds in which one (1) wound became infected and required debridement procedures and antibiotic therapy and Resident #12 who developed one (1) pressure ulcer that	M 615	1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. On 07/25/2021 at 11:30 pm Licensed Practical Nurse#1 immediately assessed Residents #1, #3, and #12 and none of the residents appeared to have suffered any adverse effects as a result of the deficient practice. On 7/26/2021 at 9:00 a.m. the attending physician observed Residents #1, #3, and #12 found no negative outcomes. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice. On 09/07/2021, the facility Licensed Practical Nurse#3 and Licensed Practical Nurse#5 began performing body audits on all residents and documented the findings on the Treatment Chart. A review of records identified forty (40) residents were	10/22/21

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required debridement procedures, antibiotic therapy, and hospitalization.

The facility's failure to provide services necessary to treatment and prevent pressure ulcers caused significant harm to Residents #1, #3, and #12 and placed other residents at risk for skin breakdown, in a situation that was likely to cause serious injury, harm, impairment, or death.

The State Survey Agency (SSA) identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) which began on 3/4/21, as a result of the facility's failure to prevent Resident #1's initial pressure ulcer.

On 9/7/21 at 5:15 PM, the SSA informed the Nursing Home Administrator (NHA) of the Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) and provided the IJ template to the Nursing Home Administrator.

The facility submitted a credible Removal Plan on 9/8/21, and determined the IJ was removed, prior to exit. Therefore, the scope and severity for Rule 45.21.3 Pressure Ulcers M615 was lowered from a Level IV to a Level II, while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements.

Findings Include:

Record review of the facility's "SKIN/WOUND CARE" policy, dated February 2016, revealed, "PROCEDURE: A. IDENTIFICATION OF PATIENTS/RESIDENTS AT RISK FOR PRESSURE ULCERS ... (2) each patient/resident will have a skin audit completed by the nurse at

at risk for impaired skin integrity. The Physician reviewed treatment orders for all residents with skin issues; and there were no changes needed.

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.
On 09/02/2021 through 09/06/2021, the Jaquith Nursing Home Nurse Administrator in-serviced all licensed nursing staff on Jaquith Nursing Policy (210-358) Skin/Wound Care to provide guidelines which prevent, identify, treat and document wounds. On 09/02/2021 through 09/06/2021, the Jaquith Nursing Home (JNH) Nurse Administrator educated licensed nurses on Jaquith Nursing Home Wound Documentation Form 117 to ensure physician orders are carried out for wound treatments as ordered, pressure ulcers/injuries are measured and staged (by a Registered Nurse) on a weekly basis to measurement of the progression of the wound healing is noted.
On 09/04/2021 through 09/09/2021, the Jaquith Nursing Home Nurse Administrator in-serviced certified nursing assistants on Jaquith Nursing Home Incontinent Care policy and procedure and reporting skin integrity issues to the nurse. The Jaquith Nursing Home Nurse Administrator observed certified nursing assistants performing incontinent care on residents using the Incontinent and/or Catheter Care Competency Checklist.
On 09/07/2021, the facility Nursing Home Nurse Administrator in-serviced the Director of Nursing on reviewing pressure

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M 615	Continued From page 61 the following times as part of the identification process: ... (e) Weekly by the nurse (3) The skin audit will include: (b) Nurse audit will include inspection of each pressure point for discoloration. (4) Skin audit documentation includes a. Narrative nurse's notes (monthly) .... C. Initial discovery of pressure ulcer. The nurse will:..a. Document in nurses notes on the wound/ulcer documentation form Wound/Ulcer Nurse Note MSH-530 ...D. TREATMENT OF WOUNDS: (1) The nurse will: ... f. Document the treatment on the treatment record/Medication Administration Record (MAR) at the time treatment is given .... ATTACHMENT B WOUND/ULCER DOCUMENTATION A. The nurse will document on each wound weekly and document the following in the nurse's notes on Wound/Ulcer documentation form MSH-530. (1) Classification of wound ...(2) Location (3) Accurate measurements in centimeters ...(4) Description of the wound tissue and surrounding tissue. (5) Description of drainage, odor, eschar, undermining or tunneling if present (6) Description of pain if present and treatments ... (7) Pressure or absence of palpable peripheral pulses if wound is on an extremity (8) Any lab or x-ray ordered for suspected wound infection (9) Any changes from previous week (10) Preventive and/or pressure-relieving devices in use (11) Current treatment." Resident #1 Record review of Resident #1's "Face Sheet", revealed he was admitted on 10/5/15 with diagnoses including Unspecified Dementia with Behavioral Disturbance, Peripheral Vascular Disease, Hypothyroidism, Cerebrovascular Disease, and Alzheimer's Disease.	M 615	ulcer documentation, body audit documentation, and reviewing resident□s charts weekly. On 09/07/2021, the Jaquith Nursing Home Nurse Administrator and Director of Nursing began in-servicing all licensed nurses and certified nurse assistants on Skin, Wound Care and Reporting skin issues to ensure staff is aware to immediately report any signs of skin irritation and breakdowns. 4. How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system. Beginning 09/08/2021, the Jaquith Nursing Home Nurse Administrator and the Director of Nursing will monitor and review the thirty-nine (39) Medication Administration Report, the Treatment Charts, Body Audit Documentation, Weekly Wound Report for pressure injuries, surgical and skin tears, and ensure treatments are being provided as noted in physician orders weekly for 30 days, then monthly for sixty (60) days. Beginning 09/08/2021, the Jaquith Nursing Home Nurse Administrator will complete three (3) wound care audits two times weekly for 30 days, then monthly for 60 days. Audits will be completed to ensure that wound care is documented, the	

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M 615	Continued From page 62 Record review of Resident #1's Minimum Data Set (MDS) Section C dated 5/5/21, revealed a Brief Interview for Mental Status (BIMS) score of 00 which indicated severely cognitive impairement. Section M of the MDS dated 5/5/21 revealed Resident #1 had two (2) Stage 2 pressure ulcers and one (1) Stage 3 pressure ulcer. Record review of the "MDS Assessment Notes" dated 7/28/21 revealed Resident #1 was totally dependent on staff for bed mobility and transfers. Record review of "Pressure and Nonpressure Wound Report (Form JNH 117)" and "(Physician) Progress Notes" revealed from 3/4/21 through 5/7/21 revealed Resident #1 had four (4) in-house acquired pressure ulcers to develop. The pressure ulcers sites were Left Trochanter (Stage 3), Right Trochanter (Stage 3), Left Shoulder (Stage 3) and Right Posterior Scapula (Stage IV) in which the pressure ulcer to the Right Posterior Scapula became infected. The infection caused Resident #1 to have a twenty-day acute care hospital stay. Record review of "Pressure and Nonpressure Wound Report (Form JNH 117)" and the "Treatment Records" revealed a lack of weekly body audits, wound assessments, measurements, and missed treatments. On 8/26/21 at 12:20 PM, SA observation revealed Resident #1 had a clean, dry dressing on his left posterior shoulder dated 8/25/21, a dressing on the resident's left hip, dated 8/25/21 and right hip had a dressing dated 8/25/21. Resident was lying on his right side and SA was unable to observe if he had dressing to right scapula.	M 615	progression of the wound healing and physician orders are carried out for wound treatments. Any deficient audit findings by the nurse will be addressed through education by the JNH Nurse Administrator. The JNH Nurse Administrator will report any deficient practice to the Jaquith Inn□s Nursing Home Administrator. Beginning monthly on 10/06/2021, the Jaquith Inn Nursing Home Administrator will report the audit findings to the Jaquith Inn Nursing Home Quality Assurance Performance Improvement (QAPI) Committee for three months to ensure substantial compliance has been achieved as determined by the committee. Should systemic changes not be effective the Quality Assurance Performance Improvement committee will investigate and determine further action(s) needed based on findings.	

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M 615	Continued From page 63 On 9/01/21 at 2:30 PM, SA observed Resident #1 during wound care of Right posterior scapula and noted the wound to be a round area which had well approximated edges and a healthy dark pink appearance. Resident #1 Right Trochanter Record review of the "Pressure and Nonpressure Wound Report (Form JNH 117)" revealed the following: On 3/4/21-Resident #1 had a Stage II pressure area on his right trochanter with partial thickness skin loss and a small amount of bloody drainage. The area measured 0.3 centimeters (cm) length, 0.3 cm width, 0 cm depth. This was the first documented assessment of Resident #1's pressure wound to his Right Trochanter. 3/10/21 - Stage II with a small amount of bloody drainage and measures 1.5 cm length, 1.0 cm width 0 cm depth. 3/23/21 -(13 days from previous assessment) Stage II 5.0 cm length, 3.3 cm width, 0 cm depth. 4/12/21- (19 days from the previous assessment) pressure injury to the right trochanter Stage III (previous assessment was a Stage 2) full thickness with moderate amount of bloody serous drainage and measures 5 cm length x 3 cm width x 0 cm. 4/22/21 -(9 days from previous assessment) a full thickness skin loss injury with small amount of bloody drainage and slough present and measurement 4.5 cm length, 5.5 cm width, and 0.2 cm depth 4/28/21- noted a full thickness injury with a small amount of bloody drainage and measures 4.5 cm length, 3.4 cm width, and 0.2 cm depth. There were no Pressure and Nonpressure Wound Reports after 4/28/21 even though there continued to be treatments ordered and on the Treatment Chart through the month of July 2021.	M 615		

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M 615	Continued From page 64 A record review of the "Treatment Chart' for the month of March 2021, revealed "St (Stage) II (2) Wash R (Right) Trochanter with soap and H2O (water), pat dry q (every) 12 hours, apply scant amt (amount) Santyl, cover with gauze q 12/hr (12 hours)" was started on 3/4/21 and was missed 22 times. A record review of the "Treatment Chart' for the month of April 2021, revealed "St II Wash R Trochanter with soap and H2O, pat dry q 12 hours, apply scant amt Santyl, cover with gauze q 12/hr" was missed 14 times from 4/1/21 until the order was changed on 4/12/21. "Wash wounds Lt (Left) and Rt (Right) hip with NS (Normal Saline), pat dry, apply scant amount of Santyl to wound bed and cover with gauze, Alldress q (every) 12 hrs. Notify MD of any changes" was missed five (5) times between 4/7/21 until it was changed on 4/12/21. "Wash Stage III pressure injury to Rt trochanter (upper leg) with normal saline, pat dry and apply damp to dry dressing with NS cover with Alldress BID (two times daily)" was missed seven times from 4/12/21 through 4/30/21. A record review of the "Treatment Chart" for the month of May 2021, revealed "Rt Trochanter: wash stgIII (Stage 3) pressure injury w/NS pat dry; cover w/Alldress BID " was missed 21 times. A record review of the "Treatment Chart" for the month of June 2021, revealed Resident #1 was transferred to the hospital on 6/2/21 and returned 6/22/21. "Clean Rt Trochanter and Lt shoulder with ns (normal saline) pat dry apply Santyl 2X (two times) daily and cover with Alldress" was missed five (5) times from 6/23/21 to 6/30/21. A record review of the "Treatment Chart" for the	M 615		

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month of July, 2021, revealed "Clean Rt Trochanter and Lt shoulder w/NS; pat dry and apply Santyl BID and cover w/Alldress" was missed 17 times.

Resident #1 Left Posterior Shoulder

Record review of the "Pressure and Nonpressure Wound Report (Form JNH 117)" dated 4/12/21 revealed a Stage III (Stage 3) pressure ulcer to the left posterior shoulder with full thickness skin loss and a moderate amount of serosanguinous drainage and slough present in the wound bed. The pressure area measures 6 cm length, 5 width, 0 cm depth. This is the first assessment of the wound to the left posterior shoulder, however, a review of a Physician Order dated 3/31/21 at 10:35 AM revealed "L (Left) shoulder apply Santyl to wound bed Q (every) 12 hr (hours) with dressing" which means the wound was not assessed and recorded by the nurse until 12 days after the physician order was written. A review of the "pressure and Nonpressure Wound Report (Form JNH 117)" dated 4/22/21 (9 days from previous assessment) revealed Stage III (Stage 3) full thickness pressure injury with a moderate amount of serosanguineous drainage and a small pocket area of slough present. The area measured 5 cm length, 4.5 cm width, and 0.3 cm depth. On 4/28/21 noted a full thickness injury with a small amount of bloody drainage and measures 5 cm length, 4 cm width, and 0.2 cm depth. There were no Pressure and Nonpressure Wound Reports after 4/28/21 even though there continued to be treatments ordered and on the Treatment Chart through the month of July, 2021.

Record review of the "Treatment Chart' for the month of April 2021, revealed "Left shoulder apply Santyl q (every) 12 hrs with dressing" was missed

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3 times from 4/1/21 until 4/9/21. "Wash Stage III pressure injury to Left Shoulder with normal saline and apply damp to dry dressing cover with Alldress BID" was missed six (6) times from 4/12/21 through 4/30/21.

A record review of the "Treatment Chart" for the month of May 2021, revealed "Lt Shoulder w/NS; apply damp to dry dsg (dressing) w/NS and cover w/Alldress (with Alldress) BID" was missed 20 times.

A record review of the "Treatment Chart" for the month of July 2021, revealed "Clean Rt Trochanter and Lt shoulder w/NS; pat dry and apply Santyl BID and cover w/Alldress" was missed 17 times.

Resident #1 Left Trochanter

A record review of the "Pressure and Nonpressure Wound Report (Form JNH 117)" revealed the following:
4/12/21- Stage III (Stage 3) pressure ulcer to the left trochanter with full thickness skin loss and a moderate amount of serosanguinous drainage. The pressure area measures 4 cm length, 3.8 width, 0 cm depth. This is the first assessment of the wound to the left posterior shoulder, however, a review of the "Treatment Chart" for April 2021 revealed "4/7/21 Wash wounds Lt (Left) and Rt (Right) hip with NS (Normal Saline) and pat dry apply scant amount of Sanytl to wound bed and cover with gauze, Alldress q (every) 12 h rs (hours. Notify MD (Medical Director) of any changes" which means the wound was not assessed and recorded by the nurse until 5 days after the Treatment was started.
4/22/21- (9 days from previous assessment) revealed Stage II (Stage 2) partial thickness

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pressure injury with no drainage. The area measured 3.1 cm length, 1.0 cm width, and 0.1 cm depth.
4/28/21- noted a Stage II (Stage 2) partial thickness injury with no drainage and measures 2.8 cm length, 1 cm width, and 0.1 cm depth. There were no Pressure and Nonpressure Wound Reports after 4/28/21 even though there continued to be treatments ordered and on the Treatment Chart through the month of May 2021.

A record review of the "Treatment Chart' for the month of April 2021, revealed "4/7/21 Wash wounds Lt (Left) and Rt (Right) hip with NS (Normal Saline), pat dry, apply scant amount of Santyl to wound bed and cover with gauze, Alldress q (every) 12 hrs. Notify MD of any changes" was missed five (5) times between 4/7/21 until it was changed on 4/12/21. "4/12/21 "Wash left trochanter (upper leg) with NS (Normal Saline), pat dry and apply scant amount of Santyl and cover with Alldress BID q 12 hrs" was missed one (1) time from 4/12/21 through 4/30/21.

A record review of the "Treatment Chart" for the month of May 2021, revealed "Lt trochanter w/NS; pat dry and apply scan amt of Santyl, Cover w/Alldress q 12 hours" was missed 19 times.

A record review of the "Treatment Chart" for the month of June 2021, revealed Resident #1 was transferred to the hospital on 6/2/21 and returned 6/22/21. There are no further treatments listed for this wound on the "Treatment Chart".

Resident #1 Right Posterior Scapula

A record review of Physician Orders dated 5/7/21

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at 10:45 AM revealed "R (Right) posterior scapula area apply Santyl to wound bed cover with Alldress Q (every) 12 h (hours). There were never any "Pressure and Nonpressure Wound Report (Form JNH 117)" completed for this wound which would describe the wound in detail including measurements and staging.

A record review of the "Treatment Chart" for the month of May 2021, revealed "Wound care to back Rt posterior scapula apply Santyl to wound bed and cover with Alldress Q 12 hours" was started on 5/7/21 and was missed 20 times.

A record review of the "Treatment Chart" for the month of June, 2021, revealed Resident #1 was transferred to the hospital on 6/2/21 and returned 6/22/21. "Wound care to R (Right) back scapula area Clean with NS pat dry, apply Santyl to wound bed then pack wound bed with damp to dry gauze with NS then apply Alldress Q 12 hrs (hours) and PRN (As Needed) when soiled until healed. Notify MD of acute changes" was missed five (5) times from 6/23/21 to 6/30/21.

A record review of the "Treatment Chart" for the month of July 2021, revealed "WOUND CARE: Rt. back scapula area; clean w/NS, pat dry, apply Santyl to wound bed then pack w/ damp to dry gauze w/ NS, Apply Alldress Q 12 hr and prn when soiled until healed. Notify MD of acute changes" was missed 22 times.

A record review of "Progress Notes" dated 5/7/21, completed by MD #1 revealed "R posterior back (Scapula) indurated with 5 cm diameter ulcer with exudate debrided of exudate ...".

A record review of "Progress Notes" dated 5/14/21 completed by MD #1 revealed "R back

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M 615	Continued From page 69 (Posterior Scapula) ... area debrided. A record review of "Progress Notes" dated 5/19/21 completed by MD #1 revealed "R back ulcer (Posterior Scapula) ...large exudate ...debrided". A record review of "Progress Notes" dated 5/26/21 completed by MD #1 revealed "R back (posterior) scapula area ...sharp cross hatching of wound bed". A record review of "Nurse Notes" dated 6/1/21 at 10:45 AM revealed "Resident temp 100.3 ax at 0900 ..." A record review of Physician Orders dated 6/1/21 at 10:45 AM revealed, "1) Obtain culture of wound to R (right) posterior scapula area. 2) Rocephin 1 gm IM now and 1 gm Rocephin x (times) 3 days 3) Keflex 500 mg po (by mouth) TID (Three times daily) x (times) 3 days after Rocephin IM order is finished in 5 days 4) Obtain Complete Blood Count (CBC) d/t (due to) elevated temp and wounds." A record review of "Nurse Notes" dated 6/1/21 at 11:35 AM revealed "CBC and wound culture obtained ..." A record review of "Nurse Notes" dated 6/2/21 at 10:15 AM revealed "MD assessed res (resident) wounds ...crosshatched debrided back (scapula) wound r/t moderate amount of slough present in wound bed." A record review of Physician Orders dated 6/2/21 at 10:07 AM revealed "Transfer to (Name of Local Hospital) B60 for admission".	M 615		

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M 615	Continued From page 70 A record review of "(Name of Local Hospital) Discharge Summary" dated 6/22/21 revealed the date of admission to (Name of Local Hospital) of 6/2/21 and date of discharge of 6/22/21. A record review of the "Culture Wound W Gram Stain" indicated the source of the culture as the "Right Posterior Scapula" dated 6/1/21 with "heavy growth proteus mirablis, and acinetrobacter baumanni complex, and diptheroids" which indicates infection. A record review of the "Infection Surveillance Checklist" dated 6/1/21 indicated Resident #1 had increased temperature and pus at wound, skin, or soft tissue site and heat (warmth) at affected site, redness at the affected side, and swelling at the affected site". The checklist also indicates tenderness or pain at affected site and fever. A record review of "Progress Notes" dated 7/9/21 completed by MD #1 revealed "R posterior shoulder (Scapula) Stage IV (Stage 4) ..." is the first recorded staging of this wound. A record review of "Building 78 Wound Report" for May 2021, revealed Resident #1's name listed on the report in the left column under the heading of "Resident". His four (4) wounds are listed "Lt Shoulder, Lt trochanter, Rt trochanter, Rt posterior scapular" in the column with the heading "Decubitus Injury Site". The other information on the form which includes "Stage (Staging does not change), Skin Tear, Abrasion, Lesion, Measurement (LxWxD)(Length times Width x Depth) with columns dated in handwritting "5/4/21, 5/11/21, 5/18/21, 5/25/21", and Signature column are all blank with no information indicated in those columns for Resident #1.	M 615		

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A record review of "Building 78 Wound Report" for June 2021, revealed Resident #1's name, wounds, and measurements are not listed on the report.

A record review of "Building 78 Wound Report" for July 2021, revealed Resident #1's name listed on the report in the left column under the heading of "Resident". His four (4) wounds are listed "L Shoulder, L trochanter, R trochanter, R pos scapular/back" in the column with the heading "Decubitus Injury Site". The other information on the form which includes "Stage (Staging does not change), Skin Tear, Abrasion, Lesion, Measurement (LxWxD) with columns dated in handwritten form "7/6/21, 7/13/21, 7/20/21, 7/28/21", and Signature column are all blank with no information except for on 7/6/21 there are measurements listed "L Shoulder 5L x 4W x 0, L Trochanter 4.5 x 6W x 0, R Trochanter 4.3 x 2.6 x 0, R Pos Scapular/Back 7L x 4.5 W x 1.5".

A record review of the "Treatment Chart' for the month of March 2021, revealed "Lantiseptic to buttock/periarea with brief change (every shift)" was missed 34 times. "Notify MD of any skin changes (every shift)" was missed 35 times. There were no weekly body audits noted on the Treatment Chart for March.

A record review of the "Treatment Chart' for the month of April 2021, revealed "Lantiseptic to buttock/peri area with brief change (every shift)" was missed 22 times. "Notify MD of any skin changes (every shift)" was missed 23 times. "Gel cushion to geri-chair (every shift)" was missed 19 times. "Alternating air mattress to bed on and functioning (every shift)" was missed 19 times. "Turn from side to side w/in (while in) bed Avoid Rt Side (every shift)" was missed 19 times.

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M 615	Continued From page 72 There was no weekly body audit information noted on the Treatment Chart for April. A record review of the "Treatment Chart" for the month of May 2021, revealed "Wkly Body Audits check for breakdown/any new skin problems P=Present A=Absent if present notify MD (Medical Director) and document in Nurses notes" was missed for the month which means there were no weekly body audits for May. "Notify MD of any Skin Changes (every shift)" was missed 22 times. "Lantiseptic to buttocks/per-area w/brief change" was missed 22 times. "Gel cushion to geri-chair (every shift)" was missed 24 times. "Alternating air mattress to bed (every shift)" was missed 23 times. "Turn from side to side w/in (while in) bed Avoid Rt (Right) Side (every shift)" was not documented the entire month which means this intervention was missed 93 times. A record review of the "Treatment Chart" for the month of June 2021, revealed Resident #1 was transferred to the hospital on 6/2/21 and returned 6/22/21. "Notify MD of any skin changes" was missed four (4) times from 6/23/21 to 6/30/21. "Lantiseptic to buttocks/per-area w/brief change" was missed for (4) times from 6/23/21 to 6/30/21. "Wkly Body audits check for breakdown/any new skin problems P=Present A=Absent if present notify MD and document in Nurses notes" was missed and there were no weekly body audits performed in June. "Gel cushion to geri-chair (every shift)" was missed 7 times. "Alternating air mattress to bed (every shift) was missed 5 times. A record review of the "Treatment Chart" for the month of June 2021, revealed "Clean Rt Trochanter and Lt shoulder w/NS; pat dry and apply Santyl BID and cover w/Alldress" was missed 5 times.	M 615		

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M 615	Continued From page 73 A record review of the "Treatment Chart" for the month of July 2021, revealed "Notify MD of any skin changes (every shift)" was missed 21 times. "Lantiseptic to buttocks/per-area w brief change (every shift)" was missed 20 times. "Wklyl body Audits check for breakdown/any new ski problems P=Present A=Absent if present Notify MD and document in Nurses notes" was missed one (1) of four (4) times. "Gel cushion to geri-chair (every shift)" was missed 23 times. "Alternating air mattress to bed (every shift)" was missed 21 times. A record review of Nurses Notes dated 4/23/21 at 3:50 PM, revealed "Late entry for 4/22/21. MD debrided R Trochanter removing some slough ...MD also debrided L shoulder ...removing moderate slough from wound bed." On 8/27/21 at 11:30 AM, in an interview with the Director of Nursing, she confirmed Resident #1 was hospitalized in June due to a wound infection. On 9/01/21 at 10:45 AM, a telephone interview with wife and Resident Representative (RR) for Resident # 1 revealed she telephoned and kept up to date on the resident's condition. When asked how satisfied she was with the care provided for her husband, RP stated "It couldn't be that good or he wouldn't have developed holes in his skin. There's just one way to say it, they neglected him. They didn't turn him or something the way he should have been." Resident #3 Record review of Resident #3's "Face Sheet"	M 615		

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revealed he was admitted to the facility on 9/13/19 with diagnoses which included Paraplegia, Essential Hypertension, Other Chronic Osteomyelitis, Chronic Kidney Disease, Obesity, and Type 2 Diabetes Mellitus without complication.

A record review of Resident #3's Minimum Data Set (MDS) Section C dated 5/12/21, revealed a Brief Interview for Mental Status (BIMS) of 15 which indicates he is cognitively intact. A record review of the MDS Section M dated 5/12/21 revealed Resident #3 had one (1) Stage 2 pressure ulcer and two (2) Stage 4 pressure ulcers.

A record review of "Pressure and Nonpressure Wound Report (Form JNH 117)" and "Treatment Charts" revealed Resident #3 had six (6) existing pressure ulcers Left Heel (Stage 3), Right Heel (Unstageable), and Coccyx/Sacrum (Stage 3), Left Foot Medial (Stage not documented), Left Foot Medial (Stage not documented), Left Medial Toe (Stage not documented , and Right Medial (Foot) (Stage not documented) that were receiving treatments. He developed a new facility acquired pressure injury to the Left Gluteal Crease (Stage 2) on 4/28/21. The pressure ulcer to the coccyx/sacrum became infected and required debridement and antibiotic therapy.

A record review of "Pressure and Nonpressure Wound Report (Form JNH 117)" and the "Treatment Records" revealed a lack of weekly body audits, wound assessments, measurements, and missed treatments.

Observation of the wound on Resident #3's coccyx,on 8/27/21 at 1:45 PM, revealed the wound an had the appearance of being a very

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small opening at the coccyx with a void below the skin of undeterminable depth. The skin around the opening was clear and clean and intact with normal brown color with no indication of infection at the opening or surrounding area. The left and right heels had no open areas or discoloration.

In an interview with the Nurse Administrator on 8/31/2021 at 1:30 PM , she thought Resident #3 was admitted with wounds to the right heel, left heel, and coccyx/sacrum when he was admitted to the facility.However, the facility was unable to provide any supporting documentation. The facility was able to provide Treatment Charts for the months (July, August, and September of 2020) in which treatments began for the wounds to the left heel, right heel, and coccyx/sacrum.

Resident #3 Left Heel

A record review of the "Treatment Chart" for July 2020 revealed "W-D(wet to dry) NS (normal saline) to L (left) Heel Q (every) 12hr (hours)."Documentation began on on the "Treatment Chart" on 7/15/2020.

A record review of the "Pressure and Nonpressure Wound Report (Form JNH 117)"revealed the following:
4/8/21 left heel pressure area was a Stage 3 with a small amount of bloody drainage. The pressure area measured 2.5 cm length, 3.0 cm width, and 0 cm depth.
4/22/21- (13 days from the previous assessment) indicated full thickness skin loss with a small amount of serous drainage. The wound measurements were 3.0 cm length, 2.7 cm width, and 0.2 cm depth. There were no other "Pressure and Nonpressure Wound Report (Form JNH 117)" completed for April, May, June, or July

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of 2021 for this wound even though there continued to be treatments ordered and on the Treatment Chart through the month of July, 2021.

A record review of the "Treatment Chart' for the month of April 2021, revealed "Lt Heel: wash with NS and dry. Apply Kaldestat w/drsg. Q 12 hrs." was missed 22 times.

A record review of the "Treatment Chart" for the month of May 2021 revealed "Lt Heel-wash and dry with NS Apply Kaldestat w/drsg Q 12 hrs" was missed 6 times from 5/1/21 to 5/6/21 (Order was changed 5/7/21). "Wound Care: Left Heel Wound - Cleanse w/NS, pat dry, apply Dankin's 0.25% moistened Gaue to wound bed. Cover w/gauze and kerlix or Conform BID" was missed 22 times from 5/7/21 through 5/31/21.

A review of the "Treatment Chart" for the month of June 2021 revealed "Wound care: Left Heel wound - Cleanse w/ NS, pat dry, apply Dankins's 0.25% moistened gauze to wound bed. Cover w/gauze and kerlix or Conform BID" was missed nine (9) times.

A review of the "Treatment Chart" for the month of July 2021 revealed "Wound care: Left Heel wound - Cleanse w/ NS, pat dry, apply Dankins's 0.25% moistened gauze to wound bed. Cover w/gauze and kerlix or Conform BID" was missed 24 times.

A record review of the "Encounter Date: 7/6/21 (Wound Clinic)" revealed "Wound 05/06/21 Pressure Injury Left; Plantar (Active) Wound Length (cm) 0 cm, Wound Width (cm) 0 cm, Wound Depth 0cm Wound Healing % (percent) 100.

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M 615	Continued From page 77 Resident #3 Right Heel A record review of the "Treatment Chart" for August 2020 revealed "Dress R heel wet to dry NS q 12 hrs" in which documentation began 8/3/20. A record review of the "Pressure and Nonpressure Wound Report (Form JNH 117)" dated 4/8/21 indicated the right heel pressure area was Unstageable and there was eschar present in the wound bed. The pressure area measured 1 cm length, 1.2 cm width, and 0 cm depth. There were no other "Pressure and Nonpressure Wound Report (Form JNH 117)" completed for April, May, June, or July of 2021 for this wound even though there continued to be treatments ordered and on the Treatment Chart through the month of July, 2021. A record review of the "Treatment Chart' for the month of April 2021, revealed "Rt Heel: wash and dry. Apply Kaldestat w/ drsg. Q 12 hrs" was missed 34 times. A record review of the "Treatment Chart" for the month of May 2021 revealed "Right heel ulcer apply damp to dry NS dressing Q 12 h Notify MD of acute change q12 hr" was missed 12 times from 5/20/21 to 5/31/21. (The treatment did not start until 5/20/21). The previous treatment from the April Treatment Chart for the right heel was not carried over to the May Treatment Chart). A review of the "Treatment Chart" for the month of June 2021 revealed "Rt Heel: Apply damp to dry NS dsg Q 12 hr. notify MD of acute changes" was missed 14 times. A review of the "Treatment Chart" for the month	M 615		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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of July 2021 revealed "Rt Heel: Apply damp to dry NS dsg Q 12 hr. notify MD of acute changes" was missed 24 times.

Resident #3 Coccyx/Sacrum

A record review of the "Treatment Chart" for September 2020 revealed "Sacrum - cleanse with NS, pat dry with gauze apply Santyl to Wound bed and cover with bordered gauze 2 times daily".

A record review of the "Pressure and Nonpressure Wound Report (Form JNH 117)" revealed the following:
4/8/21 indicated the coccyx pressure area was a Stage 3 with full thickness skin loss. The pressure area measured 4 cm length, 3.5 cm width, and 0.5 cm depth.
4/22/21- (13 days from the previous assessment) indicated a Stage 3 pressure area with full thickness skin loss with a moderate amount of serosanguinous drainage. The wound measurements were 2.3 cm length, 0.8 cm width, and 2.0 cm depth. There were no other "Pressure and Nonpressure Wound Report (Form JNH 117)" completed for April, May, June, or July of 2021 for this wound. even though there continued to be treatments ordered and on the Treatment Chart through the month of July, 2021.

A record review of the "Treatment Chart' for the month of April 2021, revealed "Coccyx Wound Care: Clean, pack with Kaldestat cover with alldress q 12 hrs Scant amount of Santyl to Surround abrasion R buttocks q 12 hrs" was missed 15 times.

A record review of the "Treatment Chart" for the month of May 2021 revealed "Coccyx wound care: Clean, pack w/kaldestate. Cover

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w/Alldress Q 12 hrs scant amount Santyl to surrounding abrasion L buttocks Q 12" was missed six (6) times from 5/1/21 to 5/6/21 (Order was changed on 5/7/21). "Wound Care: Coccyx wound - irrigate w/hydrogen peroxide, rinse with NS-pat dry then apply Dankins 0.25% solution moistened gauze to wound bed. Cover w/dry gauze and ABD pad. Secure w/medipore tape BID (Two times daily) and PRN (as needed), soilage" was missed 22 times from 5/7/21 through 5/31/21. "Stay off coccyx as much as possible (every shift)" was missed 37 times.

A review of the "Treatment Chart" for the month of June 2021 revealed "Wound Care: Coccyx wound - irrigate w/hydrogen peroxide, rinse with NS - pat dry then Apply Dankins 0.25% solution moistened gauze to wound bed. Cover w/dry gauze and ABD (Abdominal) pad. Secure w/medipore tape BID and PRN, soilage" was missed 17 times. "Stay off coccyx as much as possible (every shift)" was missed 15 times.

A review of the "Treatment Chart" for the month of July 2021 revealed "Stay off coccyx as much as possible (every shift)" was missed 27 times. "Wound Care: Coccyx wound - irrigate w/hydrogen peroxide, rinse with NS - pat dry then Apply Dankins 0.25% solution moistened gauze to wound bed. Cover w/dry gauze and ABD (Abdominal) pad. Secure w/medipore tape BID and PRN, soilage" was missed 6 times from 7/1/21 to 7/6/21 (Order changed 7/7/21). "Treatment to coccyx irrigate with 0.25% Dakins solution then rinse with NS pat dry pack with calcium alginate with silver, cover with gauze and ABD secure with medipore tape BID and prn soilage" was missed 19 times from 7/7/21 to 7/31/21.

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A record review of the "Progress Notes" completed by MD #1 dated 4/28/21 at 11:00 AM reveal "Pt's coccygeal/sacral DU (Decubutis Ulcer) continues to remain clean but has been tunnelling and will require wound clinic referral ...."

A record review of Physicians Orders dated 5/5/21 at 9:35 AM revealed orders for "Wound clt (culture) x 2". The order does not indicate which wound, however the laboratory results specify "butox"(buttock).

A record review of "Culture Wound Gram Stain" with a laboratory results date of 5/7/21 at 12:02 PM revealed a wound culture was performed with the "Source of Specimen: Buttox". A review of the laboratory results revealed "Comments: Multiple organisms ...suggesting contamination ...Suggest specimen be recollected after proper decontamination and/or debridement ..."

A record review of the "After Visit Summary" dated 5/6/21 from the wound clinic visit revealed "Done Today Debridement Deep Wound/Tissue Culture with Stain".

A record review of the "Deep Wound/Tissue Culture with stain" with a received date of 5/11/21 revealed the "Dx: Pressure injury of coccygeal region". The "Culture, Deep Wound Rare Growth Staphylococcus aureus and light growth Streptococcus anginosus" which indicated infection. Handwritten in the left margin is "New Orders: Complete Rocephin as ordered. Doxycycline 100 mg po bid x 14 days".

A record review of "Physicians Orders" dated 5/10/21 at 1:40 PM revealed the physician ordered "Rocephin 1 GM (Gram) IM

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(Intramuscular) Q day x 3 start today". The physician's order does not indicate a corresponding diagnosis.

A record review of "Physicians Orders" dated 5/14/21 at 2:00 PM revealed a new physician's order for "Doxycycline 100 mg po BID x 10 days wound infection".

A record review of the "Encounter Date: 7/6/21 (Wound Clinic)" revealed "Wound 05/06/21 Pressure Injury Coccyx Mid (Active) Undermining (cm) 3.5 cm, Wound Length (cm) 1.2 cm, Wound Width (cm) 1.3 cm, Wound Depth 2.3 cm".

Resident #3 Left Foot Medial

A record review of the "Treatment Chart" for July 2020 revealed "Lt foot medial ulcer Santyl to ulcer q 12 hours with gauze and tape dressing" in which documentation began on 7/20/2020.

There were no "Pressure and Nonpressure Wound Report (Form JNH 117)" completed for April 2021 for this wound even though there continued to be treatments ordered and on the Treatment Chart untill 4/20/21.

A record review of the "Treatment Chart' for the month of April 2021, revealed "Santyl to ulcers on L medial foot and toe w/gauze and tape drsg q 12 hr" was missed 28 times. There are no documented treatments after 4/20/21.

Resident #3 Left Medial Toe (No indication of which toe is available)

A record review of the "Treatment Chart" for August 2020 revealed "Apply Santyl to Ulcers on L Medial foot and toe with gauze and tape

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dressing Q12hr" which documentation began on 8/2/20.

There were no "Pressure and Nonpressure Wound Report (Form JNH 117)" completed for April 2021 for this wound even though there are treatments documented on the April 2021 "Treatment Chart".

A record review of the "Treatment Chart' for the month of April 2021, revealed "Santyl to ulcers on L medial foot and toe w/gauze and tape drsg q 12 hr" was missed 28 times. There are no documented treatments after 4/20/21.

Resident #3 Right Medial (Foot)

A record review of the "Treatment Chart" for August 2020 revealed "Dress R Medial ulcer W-D (Wet to Dry) NS q 12 hrs kerlex wrap" which documentation began on 8/3/20.

There were no "Pressure and Nonpressure Wound Report (Form JNH 117)" completed for April 2021 for this wound even though there are treatments documented on the April 2021 "Treatment Chart".

A record review of the "Treatment Chart' for the month of April 2021, revealed "Clean ulcers on Rt Medial foot w/ NS and dress wet-dry Q 12 hrs and wrap w/kerlix" was missed 35 times. There are no documented treatments after 4/20/21.

Resident #3 Left Gluteal Crease

A review of the Treatment Chart for April 2021 revealed "Wound Care to L Gluteal Crease: Wash and Pat Dry and Apply Santyl to wound bed Q 12 hrs". This treatment was started on

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M 615	Continued From page 83 4/28/21. A review of the "Progress Notes" completed by MD #1 on 4/28/21 at 11:00 AM revealed "Pt has dev (developed) a 2nd ulcer in the gluteal crease on the L Stg II will continue treatment and f/u wound clinic". There were no "Pressure and Nonpressure Wound Report (Form JNH 117)" completed for April, May, or June of 2021 for this wound even though there continued to be treatments ordered and on the Treatment Chart until 6/15/21 when review of the June "Treatment Chart" indicated this pressure area was healed. A record review of the "Treatment Chart' for the month of April, 2021, revealed "Wound care to L Gluteal Crease: Wash and pat dry and apply Santyl to Wound bed Q 12 hrs" was missed one (1) time from 4/28/21 to 4/30/21. A record review of the "Treatment Chart" for the month of May 2021 revealed "Wound care to L gluteal crease: clean with NS and apply Santyl Q 12 hours" was missed seven (7) times from 5/1/21 to 5/6/21 (Order was changed 5/7/21). "Wound Care: Left Gluteal Fold - Cleanse w/NS, pat dry, apply Hydrofera Blue Ready to wound bed. Cover w/gauze and kerlix or conform wrap. Cover w/telfa dsg Q other Day and PRN, soilage" was missed eight (8) times. A review of the "Treatment Chart" for the month of June 2021 revealed "Wound care: Left Gluteal Fold - Cleanse w/NS, pat dry, apply hydrofera Blue Ready to wound bed. Cover w/gauze and kerlix or conform wrap. Cover w/relfa dsg Q Other Day and PRN, soilage" was missed one (1) time from 6/1/21 to 6/14/21. The words "HEALED" are	M 615		

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M 615	Continued From page 84 hand-written across the Treatment Chart for this wound. A record review of "Building 78 Wound Report" for May 2021, revealed Resident #3's name listed on the report in the left column under the heading of "Resident". There are four (4) wounds are listed "Lt heel, Rt heel, Sacrum/coccyx, Lt Gluteal Fold" in the column with the heading "Decubitus Injury Site". The other information on the form which includes "Stage (Staging does not change), Skin Tear, Abrasion, Lesion, Measurement (LxWxD)(Length times Width x Depth) with columns dated in handwritten form "5/4/21, 5/11/21, 5/18/21, 5/25/21", and Signature column are all blank with no information indicated in those columns for Resident #3, except under the date 5/4/21 with the corresponding wound indicated as "Rt heel" there is handwritten the word "healed" in this column. A record review of "Building 78 Wound Report" for June 2021, revealed Resident #3's name listed on the report in the left column under the heading of "Resident". There are four (4) wounds are listed "Lt Heel, Rt Heel, Sacrum/coccyx, and Lt Gluteal" in the column with the heading "Decubitus Injury Site". The other information on the form which includes "Stage (Staging does not change), Skin Tear, Abrasion, Lesion, Measurement (LxWxD)(Length times Width x Depth) with columns dated in handwritten form "6/4/21, 6/9/21, 6/16/21, 6/23/21, 6/30/21", and Signature column blank with no information indicated in those columns except for the date of 6/23/21 in which measurements listed as "Lt Heel 0 x 0 x 0, Rt Heel 0 x 0 x 0, Sacrum Coccyx 2 x 1.5 x 2.5". There are no measurements indicated for the Lt Gluteal.	M 615		

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M 615	Continued From page 85 A record review of "Building 78 Wound Report" for July 2021, revealed Resident #3's name listed on the report in the left column under the heading of "Resident". The other information on the form which includes "Decubitus Injury Site, Stage (Staging does not change), Skin Tear, Abrasion, Lesion, Measurement (LxWxD)(Length times Width x Depth) with columns dated in handwritten form "7/6/21, 7/13/21, 7/20/21, 7/28/21", and Signature column are all blank with no information listed for Resident #3. A record review of the "Treatment Chart' for the month of April, 2021, revealed "Sheepskin padding to w/c when OOB (Out of Bed)(every shift)" was missed was missed 22 times. "Turn Q 2-4hr Lt. to Rt. Side. Avoid time on back (notify MD of acute changes)(every shift)" was missed 22 times. "Alt (Alternating" air mattress on and functioning (every shift)" was missed 16 times. "Monitor skin daily" was missed 8 times. "Wkly Body Audits check for breakdown/any new skin problems P=resent A=Absent if present notify MD and document in Nurses notes" was missed three (3) times which means there was only one (1) weekly body audit completed for the month of April. A record review of the "Treatment Chart" for the month of May 2021 revealed "Sheepskin padding to w/c when OOB (every shift) was missed 33 times. "Turn Q 2-4 hrs Lt to Rt side Avoid time on back (every shift)" was missed 31 times. "Alt air mattress (every shift)" was missed 33 times. "Monitor skin daily" was missed 24 times. "Wkly Body Audits whck for breakdown/any new skin problems P=Present A=Absent if present notify MD and document in Nurses notes" were missed for the month of May. There were no weekly body audits recorded for the month of May.	M 615		

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M 615	Continued From page 86 A review of the "Treatment Chart" for the month of June 2021 revealed "Keep heels floating for pressure relief at all Xs (every shift) was missed 15 times. "Sheepskin padding to w/c when OOB (every shift)" was missed 16 times. "Turn Q 2-4 hr Lt to Rt Side . Avoid time on back (notify MD of acute changes (every shift)" was missed 17 times. "Alt air mattress (every shift)" was missed 20 times. "Monitor skin daily" was missed nine (9) times. "Wkly Body Audits check for breakdown/any new skin problems P=Present A=Absent if present notify MD and document in Nurses notes" was missed for the month. There were no documented body audits for the month of June 2021. A review of the "Treatment Chart" for the month of July 2021 revealed "Alt air mattress (every shift)" was missed 25 times. "Monitor skin daily" was missed ten (10) times. "Keep heels floating for pressure relief at all Xs (every shift) was missed 24 times. "Sheepskin padding to w/c when OOB (every shift)" was missed 26 times. "Turn Q 2-4 hr Lt to Rt Side . Avoid time on back (notify MD of acute changes (every shift)" was missed 27 times. "Wkly Body Audits check for breakdown/any new skin problems P=Present A=Absent if present notify MD and document in Nurses notes" was missed 2 times. A record review of the "Encounter Date: 7/6/21 (Wound Clinic)" revealed "Wound 05/06/21 Pressure Injury Left; Plantar (Active) Wound Length (cm) 0 cm, Wound Width (cm) 0 cm, Wound Depth 0cm Wound Healing % (percent) 100. "Wound 05/06/21 Pressure Injury Coccyx Mid (Active) Undermining (cm) 3.5 cm, Wound Length (cm) 1.2 cm, Wound Width (cm) 1.3 cm, Wound Depth 2.3 cm.	M 615		

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M 615	Continued From page 87 Resident #12 A record review of Resident #12's "Face Sheet" revealed he was admitted on 11/14/2019. A record review of his Medication Chart revealed diagnoses as "Neurocognitive D/O (Disorder) C (With) Disturbed Behavior; SZ (Seizure) D/O; HTN (Hypertension) CHF (Congestive Heart Failure); CKD (Chronic Kidney Disease) Anemia, GERD (Gastrointestinal Esophageal Reflux Disease)". A record review of Section C of the MDS dated 7/8/21 revealed Resident #12 has a BIMS of 00 which means he is severely cognitively impaired. A review of Section G of the MDS dated 7/8/21 revealed he required total dependence with the assistance of two staff members for bed mobility and transfers. A review of Section M of the MDS dated 7/8/21 revealed he had one (1) Stage 3 pressure ulcer. A record review of "Pressure and Nonpressure Wound Report (Form JNH 117)" and "(Physician) Progress Notes' revealed Resident #1 had one (1) in-house acquired pressure ulcer on 5/19/21 to the right heel (Stage 3) which became infected and caused Resident #12 to have a debridement procedure, antibiotic therapy, and an acute care hospital stay. A Record review of "Pressure and Nonpressure Wound Report (Form JNH 117)" and the "Treatment Records" revealed a lack of weekly body audits, wound assessments, measurements, and missed treatments. Resident #12 Right Heel An observation of Resident #12's right heel wound on 9/01/21 at 12:20 PM revealed the heel	M 615		

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had an oval shaped area that was rosy, pink color with pale pink around the edges. The right heel was intact and there was no open area noted.

There were no "Pressure and Nonpressure Wound Report (Form JNH 117)" completed for Resident #12 for May, June, or July 2021.

A record review of "Nurse Notes" dated 5/19/21 revealed "went in res room and noticed his socks off. When cleaned res feet, applied lantiseptic and Vaseline to fee, noted res has a black and reddened area to right heel and top of foot below 2nd toe has a red scabby area, skin intact for both areas, will notify (Proper Name of Doctor MD#1)".

A record review of the "Progress Notes" dated 5/20/21 at 9:05 AM, completed by MD #1 revealed, "R heel debrided ...". A record review of the "Progress Notes" dated 5/26/21 at 11:00 AM, completed by MD #1 revealed, "R heel ulcer Stage II ...exudate with early eschar ...sharp debridement with good BRB (Bright Red Blood) ...will continue wound care". A record review of the "Progress Notes" dated 7/2/24 at 10:30 AM, completed by MD #1 revealed "R heel ulcer III (Stage 3) debrided.

A record review of the "Culture Wound W Gram Stain" revealed a wound culture was obtained on 6/9/21 with the "Source" indicated as "right heel". A review of the "Laboratory Results" dated 6/13/21 at 4:00 PM indicated "Moderate Growth Klebsiella pneumoniae , Heavy Growth Diphtheroids, Moderate Growth Coagulase negative Staphylococcus, Light Growth Citrobacter braakii".

A record review of "(Name of Local Hospital)

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Discharge Summary revealed Resident #21's "Date of Admission to (Local Hospital): 6/9/21 and Date of Discharge: 6/17/21" ..."Reason for Admission: Pt required parenteral antibiotics, resp (respiratory) support and mngmnt (management) of medical comorbidities ..."Skin: The medial aspect of the right heel has a decubitus ulcer. Initially, there was an eschar overlying the ulcer I did a sharp debridement ...A wound culture was taken. The lesion measures 28 mm longitudinally x 26 mm transversely x approximately 4 mm in depth" ..."Discharge Medications: ...Santyl ...Indication: Stage III (Stage 3) DU of the right heel."

A record review of "Nurses Notes" dated 7/2/21 at 1:00 PM revealed "(Proper Name MD #1 debrided res Rt heel ...".

A record review of the "Treatment Chart" for the month of May, 2021 revealed "Heel protectors at all times (every shift)" was missed 9 (nine) times from 5/20/21 to 5/31/21 (New order dated 5/20/21). "Damp to Dry NS dressing to Rt foot (heel) ulcer Q12: Stage II notify MD of acute changes" was missed 3 (three) times from 5/20/21 to 5/31/21 (New order dated 5/20/21).

A record review of the "Treatment Chart" for the month of June 2021 revealed "Heel protectors at all times (every shift)" was missed 15 times (Resident #12 in acute care hospital 6/9/21 through 6/17/21). "Float Rt heel (every shift)" was missed ten (10) times from 6/17/21 to 6/30/21 (New order started 6/17/21). "Rt Heel clean with NS, pat dry apply Santyl BID and cover with gauze dressing" was missed six (6) times from 6/17/21 to 6/30/21 (New order started 6/17/21). "Wkly Body Audits check for breakdown/any new skin problems P=Present A=Absent if present

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notify MD and document in Nurses notes" was missed one (1) time.

A record review of the "Treatment Chart" for the month of July 2021 revealed "Heel protectors at all times (every shift)" was missed 16 times. "Float Rt heel (every shift)" was missed ten 17 times. "Rt Heel clean with NS, pat dry apply Santyl BID and cover with gauze dressing" was missed 15 times. "Wkly Body Audits check for breakdown/any new skin problems P=Present A=Absent if present notify MD and document in Nurses notes" was missed one (1) time.

A record review of the Hospice "Visit Note Report" dated 6/27/21 (initial visit) revealed "Pt noted with Stage 3 wound to right heel, 3.2 x 2.9 x 0.2, wound bed yellow slough tissue ..."

On 8/27/21 at 10:00 AM an interview with Medical Director (MD #1) revealed he was "not aware of a monthly wound report; that would be nursing supervision". When asked if the facility had a system for making sure body audits are completed, he stated that would fall under the purview of nursing supervision and oversight. He stated he was not surprised that the Medication Chart and the Treatment Chart had blank spaces where medications and treatments had not been documented, but that fell under the purview of nursing supervision.

On 8/27/21 at 11:30 a.m. in an interview with the Director of Nursing (DON), she stated Registered Nurse (RN) #1 was responsible for measuring wounds weekly and thought the wounds were measured but had not been transferred to the "Pressure and Nonpressure Wound Report (Form JNH 117)" and she is not sure what happened to the measurements. She further stated the nurses

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are to complete body audits on all residents and record the outcome of the body audit on the Treatment Chart. She confirmed there is missing documentation on the Treatment Charts.

On 8/28/21 at 11:45 AM, an interview with Licensed Practical Nurse (LPN) #3 revealed she stated if a nurse did not initial the Medication Chart or Treatment Chart, "If you don't sign it, it's not done or forgot". She stated body audits were "supposed to be done every week", and "there is a system to make sure the body audits get done, that's under the supervisor".
On 8/28/21 at 12:25 PM, an interview with LPN #6, she stated if a nurse did not initial the Medication Chart or Treatment Chart, "It wasn't done". She stated body audits were "supposed to be documented on the Treatment Chart and in the Nurses Notes". LPN #3 stated a system for ensuring body audits are done "is up to the administration".

In an interview with LPN #5 on 8/28/21 at 12:45 PM, she stated if a nurse did not initial the Medication Chart or Treatment Chart, "They didn't do it". LPN #5 stated she was not aware of a system for ensuring body audits are done.

In an interview with the Nurse Administrator on 8/31/2021 at 12:20 PM, she stated she is aware there is a problem with missing weekly wound assessments and measurements. She also stated in April 2021, she had made the Previous Administrator, Previous MDS Nurse, and the current Director of Nursing (DON) aware of missed documentation of weekly wound measurement, supporting devices, changes in wound conditions, and staging as part of standards of practice as well as the regulatory requirements concerning wounds.

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M 615	Continued From page 92 On 8/31/21 at 2:30 PM, in an interview with the Director of Nursing she confirmed the procedure for recording pressure wounds is the Registered Nurse (RN) will complete a "Pressure and Nonpressure Wound Report (Form JNH 117)" when a wound is discovered and will record the wound characteristics and measurements. The DON confirmed the wounds should be measured weekly and should be documented on the back of the initial "Pressure and Nonpressure Wound Report (Form JNH 117). The DON confirmed there are no "Pressure and Nonpressure Wound Reports (Form JNH 117) completed for May, June, and July for Residents #1, #3, and #12. The DON stated the "Building 78 Wound Report" is a monthly form that is used to list the wound progression weekly for resident's with wounds and she did not know why the nurse did not update the form weekly because she thought the RN was measuring weekly.She stated RN#1 was frequently required to work a medication cart and she (DON) was "out a lot" because she had been sick. On 8/31/21 at 4:00 PM, in an interview with RN #1, she stated she only completed the "Pressure and Nonpressure Wound Report (Form JNH 117)" if she had time. RN #1 stated she had talked to the Nurse Administrator and DON because she was unable to work the medication cart and complete the required wound documentation, such as measuring wounds weekly and completing the required forms. RN #1 stated the demands of the day shift were too great for her to be able to do both and she could not do wound measurements every week. On 9/01/21 at 9:10 AM, in an interview with the MD #1, he stated the nurses should have done	M 615		

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assessments and taken measurements of wounds every week. MD #1 stated body audits and wound measurements fell under Nursing Services. MD #1 stated "the nurses should have assessments and measurements of wounds; that should be done every week".

On 9/01/21 at 9:20 AM, an interview with DON #3 stated body audits and wound measurements are supposed to be done every week and documented on the Treatment Chart and in the Nurses Notes. She stated she had recently become aware the nurses were doing the audits and measuring the wounds and recording their findings on post it notes which were not kept.

On 9/01/21 at 3:15 PM an interview with the Admission Coordinator and interim Minimum Data Set (MDS) nurse stated she was aware, "They're supposed to be doing weekly body audits" referring to the nurses on duty and stated, "Wound assessments are supposed to be done weekly". She stated the DON is responsible for making sure assessments are documented appropriately.

On 9/01/21 at 3:40 PM an interview with the Nurse Administrator revealed weekly "Pressure and Non-Pressure Wound Report" for each wound should be completed weekly by the RN. She stated "I recognized in April (2021) that the documentation wasn't there. I met with the DON, MDS Nurse, and the Administrator, the doctor wasn't there. I went over it with them and told them we were going to have to QAPI (Quality Assurance and Performance Improvement) this."

REMOVAL PLAN

The facility submitted an acceptable Removal

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Plan on 9/8/21 for the Immediate Jeopardy (IJ) and Substandard Quality of Care. Review of the facility 's Removal Plan revealed the facility took the following corrective actions to remove the IJ:

Removal Plan

On September 7, 2021, at 5:15p.m. the Administrator was notified of the Immediate Jeopardy related to Pressure Wounds and Quality Assurance and Performance Improvement (QAPI). The facility failed to ensure residents who were admitted to the facility without pressure ulcers, did not acquire pressure ulcers, pressure ulcers did not worsen or pressure ulcers did not become infected. This affected Residents #1, Resident #3, and Resident #12. The facility failed to provide documented evidence that through the Quality Assurance and Performance Improvement (QAPI) Program, data had been reviewed and analyzed related to identified concerns of pressure ulcer documentation, missed treatments and skin assessments.

The following corrective actions were taken to remove the immediacy of the identified concerns:

1. On September 2, 2021, at 11:00 a.m. the facility QAPI Committee met to discuss and identified the facility was not following the Wounds Policy and Procedures, Wound Documentation and using the facility Nursing Home Pressure and Nonpressure Wound Report (JNH 117). The committee discussed that physician orders need to be followed as written and identify if the injury was acquired internally or externally. The committee discussed issues that may have led to the breakdown of missing documentation, such as a high percentage of contract/agency/pull licensed nurse staff not

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M 615	Continued From page 95 being fully aware of what is required of them with documentation and the expectation of nurses and the role of the QAPI Committee. The committee discussed in-servicing licensed nurse staff on Wound Policy and Procedures, documentation on the Medication Administration Record and Treatment Chart, and form JNH 117 to ensure wound progression is documented and monitored weekly by the Director of Nursing. The QAPI Committee reviewed Policy JNH 117; no changes were needed. 2. On September 2, 2021, at 3:00 p.m. the facility Nurse Administrator began to in-service licensed nurses on Wound Care Policy and Procedures and using Form 117 to ensure the physician orders are carried out for wound treatments and ensure the pressure ulcers/injuries are measured and staged (by a RN) on a weekly basis to measure the progression of wound healing. Treatments are to be provided by a licensed nurse as ordered; dressings are to be labeled with nurses ' initials and date; and treatments documented on the Treatment Chart. No staff will be allowed to work until in-serviced. 3. On September 7, 2021, at 9:00a.m. the facility Licensed Practical Nurse#3 and Licensed Practical Nurse#5 began performing body audits on all residents and documented the findings on the Treatment Chart. A review of records identified thirty-nine residents were at risk for impaired skin integrity. On September 7, 2021, the body audit revealed identification a stage II on Resident #5 that was acquired in the facility. The facility building Physician staged the wound. The Physician wrote new treatment orders for Stage II Pressure Injury on Right Buttock. Physician reviewed treatment orders for all residents with skin issues; and there were no changes needed.	M 615		

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M 615	Continued From page 96 4. On September 7, 2021, at 6:30p.m. the facility Nursing Home Nurse Administrator in-serviced the Director of Nursing on reviewing pressure ulcer documentation, body audit documentation, and reviewing resident ' s charts weekly. 5. On September 7, 2021, at 6:45p.m. the Nurse Administrator and Director of Nursing began in-servicing all licensed nurses and certified nurse aides on Skin, Wound Care and Reporting skin issues to ensure staff is aware to immediately report any signs of skin irritation and breakdowns. The Nurse Administrator discussed QAPI and the function of QAPI addressing any concerns that require special attention in improving the quality of care for the residents. No staff will be allowed to work until in-serviced. 6. On September 8, 2021, at 10:30 a.m., the facility Quality Assurance Performance Improvement (QAPI) committee met to discuss Wounds and Wound Documentation. The meeting was conducted with the facility Hospital Director, the facility Nursing Home Director, Chief Medical Doctor, the facility Nursing Home Administrator, the facility Hospital Nurse Executive, the facility Nurse Administrator, Director of Nursing, Minimum Data Set (MDS) Nurse, Service Outcome Director, Infection Prevention Nurse, Licensed Social Worker, Behavior Health Specialist, Certified Nurse Aid, and Recreation staff to discuss and determine corrective actions to prevent further incidents. Corrective actions discussed were to perform body audits on all residents and document findings, to use the CASPER and Infection Prevention monthly reports to track and trend wounds.	M 615		

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M 615	Continued From page 97 7. Beginning September 8, 2021, at 11:30a.m. the Nurse Administrator and the Director of Nursing will monitor and review the Medication Administration Report the Treatment Charts, Body Audit Documentation, Weekly Wound Report for pressure injuries, surgical and skin tears, and ensure treatments are provided. Validation On /21, the SA validated the facilities removal plan on 9/10/21 and verified the facility had implemented the following measures to remove the IJ: 1. The SA validated through staff interviews and record review of the QAPI sign in sheet the facility discussed the Wounds Policy and Procedures and missing documentation at a QAPI meeting on 9/2/21. 2. The SA validated through record review of sign in sheets and staff interviews the Nurse Administrator initiated an in-service beginning 9/2/21 regarding the facility ' s Wound Care Policy and Procedures and the use of Form 117 for wound assessments, measurements, and treatments. No staff was allowed to work until in-serviced. 3. The SA validated through record review of resident Treatment Charts, Nurses Notes, Physician Orders and Progress Notes that on 9/7/21 all residents had a body audit which revealed one resident with a pressure injury in which the MD assessed and wrote new orders and furthermore, the MD assessed all residents ' wounds and reviewed treatment orders with no changes needed.	M 615		

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M 615	Continued From page 98 4. The SA validated through record review of the in-service sign in sheet and staff interviews the Nurse Administrator provided an in-service to the DON regarding pressure ulcer documentation, body audit documentation, and reviewing resident ' s charts weekly. 5. The SA validated through record review of the in-service sign in sheets and staff interviews that on 9/7/21 the Nurse Administrator and the DON initiated in-servicing for licensed nurses and certified nurses aides on Skin, Wound Care, and Reporting skin issues and the function of QAPI and quality of care for residents. No staff was allowed to work until in-serviced. 6. The SA validated through staff interviews and record review of the QAPI sign in sheet the facility discussed the wound documentation, Policy and Procedures and missing documentation and use of monthly reports for tracking and trending purposes at a QAPI meeting on 9/8/21. 7. The SA verified through staff interviews the Nurse Administrator and DON are monitoring and reviewing the Medication Administration Reports, Treatment Charts, Body Audit Documentation, and Weekly Wound Reports. The SA validated that all corrective actions to remove the IJ had been completed as of 9/7/21, and the IJ was removed on 9/8/21, prior to exit.	M 615		
M 735	45.25.1 Medical Records Management Medical Records Management. 1. A medical record shall be maintained in accordance with accepted professional standards	M 735		10/22/21

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M 735	Continued From page 99 and practices on all residents admitted to the facility. The medical records shall be completely and accurately documented, readily accessible, and systematically organized to facilitate retrieving and compiling information. 2. A sufficient number of personnel, competent to carry out the functions of the medical record service, shall be employed. 3. The facility shall safeguard medical record information against loss, destruction, or unauthorized use. 4. All medical records shall maintain the following information: identification data and consent form; assessments of the resident's needs by all disciplines involved in the care of the resident; medical history and admission physical exam; annual physical exams; physician or nurse practitioner/physician assistant orders; observation, report of treatment, clinical findings and progress notes; and discharge summary, including the final diagnosis. 5. All entries in the medical record shall be signed and dated by the person making the entry. Authentication may include signatures, written initials, or computer entry. A list of computer codes and written signatures must be readily available and maintained under adequate safeguards. 6. All clinical information pertaining to the residents stay shall be centralized in the resident's medical records. 7. Medical records of discharged residents shall be completed within sixty (60) days following	M 735		

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M 735	Continued From page 100 discharge. 8. Medical records are to be retained for five (5) years from the date of discharge or, in the case of a minor, until the resident reaches the age of twenty-one (21), plus an additional three (3) years. 9. A resident index, including the resident's full name and birth date, shall be maintained. This Statute is not met as evidenced by: Level II Based on staff interviews, record reviews, and facility policy review the facility failed to maintain an accurate medical record as evidenced by medications and treatments were not accurately documented on the Medication and Treatment Charts for 12 of 12 residents reviewed. Resident #1, Resident #2, Resident #3, Resident #4, Resident #5, Resident #6, Resident #7, Resident #8, Resident #9, Resident #10, Resident #11, and Resident #12. Finding Include: Record review of the facility's, "(Proper Name) Nursing Documentation" policy, dated March 2021, revealed, "1. PURPOSE AND APPLICABILITY. The purpose of this policy is to provide nurses with guidelines for documenting in resident medical records. This policy applies to all licensed nurses at (Proper Name). 2. POLICY. It is the professional responsibility of all licensed nurses to provide an accurate, in-depth clinical record of care for assigned residents ..." Resident #1 Record review of the Physician's Orders with an	M 735	1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. On 7/25/2021 at 11:30 p.m., Licensed Practical Nurse #1 immediately observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, and #11who required medications for seizure activity, pain, and anticoagulant therapy, none of the residents appeared to have suffered an adverse effect as a result of the deficient practice. On 07/26/2021, the attending physician was notified that South Side had insufficient licensed nursing staff on 7/25/2021 from 5:00 p.m. to 11:00 p.m. On 7/26/2021, the attending physician assessed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, and #11 and no injuries or harm were noted. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice. On 7/26/2021, all physician□s orders of Jaquith Inn residents with medication and treatments were reviewed by a Registered Nurse and identified 40 of 40 residents	

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M 735	Continued From page 101 original date of 6/22/21 and updated 7/21/21 revealed Resident #1 had orders in place for the following medications and treatments: Levothyroxine 0.125 mg (milligram)tab Take one (1) tablet PO (By Mouth) daily, Ferrous Sulf (Sulfate) 220mg/5ml (milliliters) Elix (Elixir) Give 220 mg (5 ml) po three (3) times a day, Bacid capsule Disp (Dispense) as Acidophilus capsule Take two (2) capsules po twice daily. Hydroco/Apap (Hydrocodone/Acetaminophen) 5/325 mg Take one (1) table po twice daily for 28 days. Resident #1 also had a Physician's Order dated 7/2/21 for Arginaid one (1) packet po TID (Three times daily). Resident #1 had Physician's Orders for treatments for "Wound care to R back scapula area Clean with NS (Normal Saline), pat dry, apply Santyl to wound bed then pack wound bed with damp to dray gauze with NS then apply Alldress Q (every) 12 hrs (hours) and prn (as needed) when soiled, until healed. Notify MD of any acute changes" dated 6/23/21 at 5:03 PM. He also has a treatment order dated 6/22/21 at 11:45 AM for "Santyl Topical Ointment BID (two times daily) to R Trochanteric Ulcer and L Shoulder Q 12 h rs". Record review of the "Medication Chart" for the month of July 2021 revealed, "Levothyroxine 0.125 mg tab (tablet) take 1 tablet po (by mouth) daily" was missed one (1) time. "Ferrous Sulf (Sulfate) 220 mg/5 ml (milliliters) elixir give 220 mg (5 ml) po 3 times a day" was missed one (1) time. Acidophilus capsule comp (compare) to Bacid capsule take 2 capsules po twice daily" was missed (1) time. Hydroco/Apap 5/325 mg take 1 tablet po twice daily for 28 days" was missed one (1) time. "Arginaid 1 pack po TID (Three times daily)" was missed one (1) time. "Monitor for s/sx (signs and symptoms) of pain (facial signs, moaning, verbal, etc.) Q (every)	M 735	had the potential to be affected by the deficient practice. 3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. On 07/30/2021, the Nursing Home Administrator in-serviced staff on Jaquith Nursing Home Policy (J530-55) Injuries, Abuse, Neglect, Mistreatment, Misappropriation of Resident Property or Exploitation of Residents with emphasis on Abuse and Neglect as a failure to supply a resident with healthcare supervision and other services necessary to maintain the resident□s mental and physical health. On 08/03/2021, Jaquith Nursing Home Nurse Administrator in-serviced all nursing staff on Jaquith Nursing Home Policy (210-116) Management of Controlled Substances to ensure that staff understands the accountability for controlled substances dispensed to residents. On 08/31/2021, the Criminal Investigator from the State of Mississippi Attorney General Office in-serviced staff on Abuse and Neglect, Insufficient Nursing staff and leaving building unattended and the criminal charges associated with the actions. On 08/08/2021 through 08/14/2021 and 09/22/2021, Jaquith Nursing Home (JNH) Nurse Administrator in-serviced all licensed nursing staff on JNH policy (210-104) Medication Administration with emphasis on Health and Safety and protocol for checking the Medication Administration Record and Treatment Administration Record for accuracy and omission. On 08/31/2021, Jaquith Inn□s	

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M 735	Continued From page 102 Shift. Document according to the scale below. If pain is noted, document intervention and outcome in the nurse's notes" was missed two (2) times. Record review of the "Treatment Chart" for the month of July 2021, revealed "Clean Rt (Right)Trochanter and Lt (Left) shoulder w/NS; pat dry and apply Santyl BID (Two times daily) and cover w/Alldress (with Alldress)" was missed 17 times. "WOUND CARE: Rt. back scapula area; clean w/NS (with Normal Saline), pat dry, apply Santyl to wound bed then pack w/ damp to dry gauze w/ NS, Apply Alldress Q 12 hr (hours) and prn (as needed) when soiled until healed. Notify MD of acute changes" was missed 22 times. "Notify MD of any skin changes (every shift)" was missed 21 times. "Lantiseptic to buttocks/per-area w brief change (every shift)" was missed 20 times. "Wklyl (Weekly) body Audits check for breakdown/any new skin problems P=Present A=Absent if present Notify MD and document in Nurses notes" was missed one (1) of four (4) times. "Gel cushion to geri-chair (every shift)" was missed 23 times. "Alternating air mattress to bed (every shift)" was missed 21 times. "Lt hand splint during daytime" was missed five (5) times. "Sz. (Seizure) precaution (every shift) was missed 22 times. "Monitor for dehydration QD (dry mucus membranes, tenting, fever, decreased Output, etc.) Y=Yes N=No If yes, notify MD and document" was missed five (5) times. "Monitor for side effects of psychotropic meds QD P=Present N=Noneffective notify MD if non-effective" was missed six (6) times. "Monitor for effectiveness of meds Y=Effective N=Non-effective notify MD if non-effective" was missed six (6) times.	M 735	oncoming shift□s licensed nurse will validate with the off-going shift□s licensed nurse all resident□s Medication Administration record and Treatment Administration record daily using the Medication and Treatment Administration Record Audit form daily for 30 days, weekly for 30 days, then every two weeks for 30 days. On 09/02/2021 thru 09/06/2021, the Jaquith Nursing Home Nurse Administrator in-serviced licensed nursing staff on the protocol for checking the Medication Administration and Treatment Administration Records to inform Jaquith Inn on coming shift Licensed Nurse will validate with off going shift Licensed Nurse all resident Medication Administration Record and Treatment Administration Record daily for 30 days, then once a week for 30 days to ensure policies and procedures are followed and no omissions are noted on A-shift (7:00 a.m. 3:30 p.m.), B-shift (3:00 p.m. 11:30 p.m.), and C-shift (11:00 p.m. 7:00 a.m.). Corrective actions will be documented on Medication and Treatment Audit form. Any deficient practice will be corrected and reported to Director of Nursing. 4. How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system. Beginning 09/11/2021, the Nurse	

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M 735	Continued From page 103 Resident #2 Record review of Physician's Orders with an original order date of 12/1/20 and updated on7/21/21 revealed Resident #2 had orders in place for Simethicone 80 mg tablet chew one (1) tablet before meals and at bedtime. Physician's order with an original order date of 3/17/20 and updated on 7/21/21 revealed he had orders in place for Miralax Powder disp as polyethylene glycol powder dissolve 17 grams in six (6) ounces of juice/water and give po two (2) times a day and Eliquis 2.5 mg tablet take one (1) table po twice a day, Colace 100 mg capsule disp as docusate sodium 100 mg cap take one (1) capsule po twice daily, Bisacodyl 10 mg suppository insert one (1) suppository rectally on Tues. (Tuesday), Thurs. (Thursday), Sun. (Sunday) and daily as needed for constipation, Caclofen 20 mg tablet take one (1) table po three (3) times daily. Physician orders dated 3/9/21 were in place for "to bed: alt air mattress", "Foley cath care q shift - flush w/60 cc sterile H2O, Ensure leg strap is in place", "Change foley bag q 15 days and prn", and "Bilateral heel protectors or shoes on at all times". Record review of the "Medication Chart" for the month of July 2021 revealed, "Simethicone 80 mg tablet chew 1 tablet before meals and at bedtime" was missed two (2) times. "Polyethylene glycol powder comp. to Miralax powder dissolve 17 grams in 6 ounces of juice/water and give po 2 times a day" was missed one (1) time. "Eliquis 2.5 mg tablet take 1 tablet po twice a day" was missed one (1) time. "Docusate sodium 100 mg cap comp to Colace 100 mg capsule take 1 capsule po twice daily" was missed one (1) time. "Bisacodyl 10 mg suppositor(y) insert 1 suppository rectally on Tues. (Tuesday), Thurs. (Thursday), Sun. (Sunday) and daily as needed for constipation" was missed three (3) times.	M 735	Administrator will review thirty-nine (39) Medication and Treatment Administration Records audit documentation weekly for 30 days, then monthly for sixty (60) days to ensure Medication Administration policies and procedures are followed and no omissions are noted on all three shifts. The Nurse Administrator will report any deficient practice to Jaquith Inn Nursing Home Administrator. All newly hired licensed nursing staff will be in-serviced on Residents Rights and following physicians orders for safety and supervision during building orientation by a Licensed Nurse. Beginning monthly on 10/06/2021, Jaquith Inn Nursing Home Administrator will report the audit findings to the Jaquith Inn Nursing Home Quality Assurance Performance Improvement (QAPI) Committee for three months to ensure substantial compliance has been achieved as determined by the committee. Should systemic changes not be effective the Quality Assurance Performance Improvement committee will investigate and determine further action(s) needed based on findings.	

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M 735	Continued From page 104	M 735		

"Baclofen 20 mg tablet take 1 tablet po 3 times daily" was missed one (1) time. "Monitor for s/sx (signs and symptoms) of pain (facial signs, moaning, verbal, etc.) Q (every) Shift. Document according to the scale below. If pain is noted, document intervention and outcome in the nurse's notes" was missed one (1) time.

Record review of the "Treatment Chart" for the month of July 2021 revealed "Foley cath. (catheter) care Q AM and PRN" was missed five (5) times. "Flush foley cath. w/60 cc sterile H2O Q shift" was missed 19 times. "Weekly weights until further notice" was missed four (4) times. "Alt (alternating) air mattress to bed (every shift)" was missed 17 times. "Bilateral heel protectors or shoes at all times" was missed 17 times. "Monitor for dehydration QD (dry mucus membranes, tenting, fever, decreased Output, etc.) Y=Yes N=No If yes, notify MD and document" was missed six (6) times. "Monitor for side effects of psychotropic meds QD P=Present N=Noneffective notify MD if non-effective" was missed six (6) times. "Monitor for effectiveness of meds Y=effective N=Non-effective notify MD if non-effective" was missed six (6) times. "Wklyl body Audits check for breakdown/any new skin problems P=Present A=Absent if present Notify MD and document in Nurses notes" was missed three (3) of four (4) times. "Change foley bag q 15 days and prn" was missed two (2) times.

Resident #3

Record review of Physician Orders with an original date of 12/29/20 and updated on 7/21/21 revealed Resident #3 has orders in place for Baclofen 20 mg table take one (1) table po every 2 PM and 6 PM, Ferrous Gluc 324 mg tab take one (1) table po every 2 PM and 6 PM, Metformin

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M 735	Continued From page 105 850 mg tablet take one (1) tablet po 30 minutes prior to lunch and dinner, Meloxicam 15 mg tablet take one (1) tablet po every evening, Amlodipine 5 mg tablet take one (1) tablet po at bedtime, and Omeprazole 20 mg capsule take one (1) capsule po at bedtime. A physician order with an original date of 5/22/20 and updated on 7/21/21 revealed he has an order for Lidocaine 5% patch apply two (2) patches to right knee every 12 hours. Physician orders with an original order date of 9/13/19 and updated on 7/21/21 are in place for Dulcolax 10 mg suppository disp as Bisacodyl 10 mg suppository insert one (1) suppository rectally daily, Lactulose 10 gm/15 ml syrup give 45 cc po every day, Miralax powder disp as polyethylene glycol powder mix 17 grams in 6 ounces of liquid and give po two (2) times a day, Gabapentin 800 mg table take one (1) table po three (3) times daily, and Pravachol 40 mg tablet disp as Pravastatin 40 mg tablet take one (1) tablet po at bedtime. A Physician Order with an original order date of 4/22/21 and updated on 7/21/21 is in place for Divalproex sod 500 mg tab take one (1) tablet po twice a day. Physician Orders with an original order date of 5/5/21 and updated on 7/21/21 are in place for Vitamin C 500 mg tablet take one (1) tablet po twice a day and Multivitamin tablet take one (1) tablet po daily. A physician's order dated 5/7/21 was in place for left heel wound - cleanse with NS, pat dry, apply Dakin's 0.25% moistened gauze to wound bed. Cover with gauze and kerlix or conform BID. Keeps heels floating for pressure relief at all times. Coccyx wound - irrigate with hydrogen peroxide then rinse with NS pat dry apply Dakin's 0.25 % solution moistened gauze to wound bed. Cover with gauze and ABD and secure with medipore tape BID and prn for soilage. Stay off coccyx as much as possible" (this order was changed on 7/7/21). A Physician Order dated	M 735		

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M 735	Continued From page 106 7/7/21 revealed an order to change wound care to coccyx to irrigate with 0.25% Dakins solution then rinse with NS pat dry pack with calcium alginate with silver, cover with gauze and ABD secure with medipore tape BID and prn soilage. A review of a physician order dated 5/19/21 revealed an order for Rt Heel ulcer apply damp to dry NS dressing Q 12h. Notify MD of acute changes. Physician orders dated 3/10/21 are noted for air mattress to bed, irrigate cath w/60 cc sterile H2O Monday and Thursday night and prn and skin monitor daily. A Physician's Order dated 6/4/21 is in place for peri-area care to cleanse with Dakin's solution, pat dry apply mupirocin ointment to peri-wound area daily cover w/soft gauze and paper tape. Record review of the "Medication Chart" for the month of July 2021 revealed "Baclofen 20 mg tablet take 1 table po every 2 PM and 6 PM" was missed three (3) times, " Ferrous gluc 324 mg tab take 1 tablet PO every 2 PM and 6 PM" was missed three (3) times, "Metformin 850 mg tablet take 1 tablet po 30 minutes prior to lunch and dinner" was missed four (4) times, "Lidocaine 5% patch apply 2 patches to right knee every 12 hours" was missed three (3) times. "Bisacodyl 10 mg suppository comp. to Dulcolax 10 mg suppo insert 1 suppository rectally daily" was missed one (1) time. "Polyethylene glycol powder comp. to Miralax powder mix 17 grams in 6 ounces of liquid and give po 2 times a day" was missed three (3) times. "Gabapentin 800 mg tablet take 1 tablet po 3 times daily" was missed three times. "Vitamin C 500 mg tablet take 1 tablet po twice a day" was missed two (2) times. "Multivitamin tablet take 1 tablet po daily" was missed one (1) time. "Meloxicam 15 mg tablet take 1 tablet po every evening" was missed one (1) time. "Amlodipine 5 mg tablet take 1 tablet po at	M 735		

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M 735	Continued From page 107	M 735		

bedtime" was missed one (1) time. "Omeprazole 20 mg capsule take 1 capsule po at bedtime" was missed one (1) time. "Pravastatin 40 mg tablet comp to Pravachol 40 mg tablet take 1 tablet po at bedtime" was missed one (1) time. "Divalproex Sod 500 mg tab take 1 tablet po twice a day" was missed two (2) times. "Monitor for s/sx (signs and symptoms) of pain (facial signs, moaning, verbal, etc.) Q (every) Shift. Document according to the scale below. If pain is noted, document intervention and outcome in the nurse's notes" was missed two (2) times.

Record review of the "Treatment Chart" for the month of July 2021 revealed "Wound care: Left Heel wound - Cleanse w/ NS, pat dry, apply Dankins's 0.25% moistened gauze to wound bed. Cover w/gauze and kerlix or Conform BID" was missed 24 times. "Rt Heel: Apply damp to dry NS dsg Q 12 hr. notify MD of acute changes" was missed 24 times. "Stay off coccyx as much as possible (every shift)" was missed 27 times. "Wound Care: Coccyx wound - irrigate w/hydrogen peroxide, rinse with NS - pat dry then Apply Dankins 0.25% solution moistened gauze to wound bed. Cover w/dry gauze and ABD (Abdominal) pad. Secure w/medipore tape BID and PRN, soilage" was missed 6 times from 7/1/21 to 7/6/21 (Order changed 7/7/21). "Treatment to coccyx irrigate with 0.25% Dakins solution then rinse with NS pat dry pack with calcium alginate with silver, cover with gauze and ABD secure with medipore tape BID and prn soilage" was missed 19 times from 7/7/21 to 7/31/21. "Alt air mattress (every shift)" was missed 25 times. "Monitor skin daily" was missed ten (10) times. "Keep heels floating for pressure relief at all Xs (every shift) was missed 24 times. "Sheepskin padding to w/c when OOB (out of bed) (every shift)" was missed 26 times. "Turn Q

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M 735	Continued From page 108 2-4 hr Lt to Rt Side. Avoid time on back (notify MD of acute changes (every shift)" was missed 27 times. "Wkly (weekly) Body Audits check for breakdown/any new skin problems P=Present A=Absent if present notify MD and document in Nurses notes" was missed two (2) out of four (4) times. "Monitor for dehydration QD (dry mucus membranes, tenting, fever, decreased Output, etc.) Y=Yes N=No If yes, notify MD and document" was missed eight (8) times. "Monitor for side effects of psychotropic meds QD P=Present N=Noneffective notify MD if non-effective" was missed eight (8) times. "Monitor for effectiveness of meds Y=Effective N=Non-effective notify MD if non-effective" was missed eight (8) times. "Diabetic foot monitor: skin tears, open areas, cracks, injuries? Y=Yes N=No If yes document in NN (Nurses Notes) and notify MD (daily)" was missed 24 times. "Any new callouses, corns, bunions? Y=Yes N=No (daily)" was missed 24 times. "Pedal Pulses: P=Present and strong bil (bilateral) D=Present, difficult to palpate U=Unable to palpate (daily)" was missed 24 times. "Any new nail problems? Y=Yes N=No If y es document in NN (daily)" was missed 24 times. "Nails clipped by nurse today? Y=Yes N=No (daily)" was missed 24 times. "Apply clean socks and lotion (daily) was missed 24 times. "Anti dandruff shampoo w/bath Q M-W-F (Monday, Wednesday, Friday)" was missed six (6) times. "Irrigate cath w/ 60 ml sterile H2O q Monday and Thursday night and prn" was missed three (3) times. "Suprapubic Cath./Peri-area: cleanse w/Dankin's solution, pat dry apply mupirocin oint to peri-wound area BID cover w/soft gauze and paper tape" was missed 26 times. Resident #4	M 735		

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M 735	Continued From page 109 Record review of Physician's Orders dated 3/12/21 and updated 7/21/21 revealed Resident #4 had an order in place for "Supplement: Resource 2.0 one PO (by mouth) (four times daily) QID. Promod 30 cc po (by mouth) BID twice daily". Physician's order with an original order date of 7/23/21 for Keppra 500 mg po (by mouth) every morning and Keppra 750 mg po (by mouth) every evening" and "Dilantin 200 mg po q hs x 1week (by mouth every bedtime for one (1) week)". Record review of the Medication Chart for July 2021 revealed the facility failed to document the ordered doses. "Promod 30 cc po BID" was missed one (1) time. "Resource 2.0 po QID" was missed two (2) times. "Keppra 500mg po q am (every morning)" was missed one (1) time. "Keppra 750 mg po q pm (every evening)" was missed one (1) time. "Dilantin 200 mg po q hs (every bedtime)" was missed one (1) time. Record review of the Treatment Chart for July 2021 revealed the facility failed to document the following: "Wanderguard Bracelet at all times" was missed 15 times. "Check Wanderguard for placement q (every) shift" was missed 19 times. "Check Wanderguard q (every) day to ensure it alarms" was missed five (5) times. "Position on Left side or back w/bed w/bolsters" was missed five (5) times. "Turn Q 2hr." was missed 18 times. Resident #5 Record review of Physician's Orders dated 7/13/21 and updated 7/21/21 revealed Resident #5 had an order in place for "Risperidone 0.5 mg orally 2 times daily", "Omeprazole 40 mg oral one time daily", "Keppra oral tab 500 MG oral Q evening: for Sz (seizure)", "Furosemide oral sol.	M 735		

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M 735	Continued From page 110 40 milligram, two times daily routine for: CHF", "Polyethylene Glycol 3350 oral powder 17 gram oral two times daily for: constipation", "Diazepam oral tab. 2 milligram oral Qhsx28 days (every bedtime for twenty-eight days)", "Duloxetine oral cap., delayed release (EC) cap. 30 mg oral Q (every) evening: for Depression", "Clotrimazole 1% solution apply topically twice daily". "Lotrisone 0.5% cream to bilateral inguinal rash BID". Record review of the Medication Chart for July 2021 revealed the facility failed to document the ordered doses. "Riperidone 0.5MG Tablet Take 1 Tablet PO twice a day" was missed two (2) times. Omeprazole 40MG Capsule Take 1 Capsule PO daily" was missed two (2) times. Keppra 500MG Tablet Take ½ tablet PO every morning and 1 tablet every evening" was missed one time. "Furosemide 10MG/ML solution Take 40MG (4 CC) PO 2 Times a day" was missed one (1) time. Polyethylene Glycol 3350 oral powder 17 gram in liquid and give PO two times a day" was missed two (2) times. "Diazepam 2 MG Tablet Take 1 tablet PO at bedtime for 28 days" was missed three (3) times. "Duloxetine 40MG PO at HS (bedtime)" was missed one (1) time. Record review of the Treatment Chart for July 2021 revealed the facility failed to document the following: "Seizure Precautions" was missed 12. "Trapeze bar above bed" was missed 37 times. "Lubriderm lotion to upper body/arms/torso Q Day (may apply per self)" was missed two (2) times. "Dressing to Meatus: clean site with warm water; pat dry, apply Vaseline, gauze, & cover w/gauze dsg. Q day & prn" was missed two (2) times. "Lotrisone 0.5% cream to bilateral inguinal rash BID" was missed twenty (20) times. "Elevate HOB (head of bed) with neck bolster" was missed nineteen (19) times. "Monitor for dehydration QD	M 735		

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JNH-JAQUITH INN	3550 HIGHWAY 468 WEST WHITFIELD, MS 39193

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 735	Continued From page 111	M 735		

(dry mucus membranes, tenting, fever, decreased Output etc) Y=Yes N=No If yes, notify MD and document" was missed five (5) times. "Monitor for side effects of psychotropic meds QD P=Present N=Noneffective notify MD if non-effective" was missed five (5) times. "Monitor for effectiveness of meds Y=effective N=Non-effective notify MD if non-effective" was missed eight (8) times. "Weekly (Wkly) Body Audits check for breakdown / any new skin problems P=Present a=Absent if present notify MD and document in Nurses notes" was missed three (3) times. "DIABTIC FOOT MONITOR: skin tears, open areas, cracks, injuries? Y=YES N=NO If yes document in NN (nurses notes) and notify MD" was missed 18 times. "Any new callouses, corns, bunions? Y=YES N=NO" was missed 18 times. "Pedal Pulses: P=Present and strong bil. D=Present, difficult to palpate, U=Unable to palpate" was missed 18 times. "Any new nail problems? Y=YES N=NO. If yes document in NN" missed 18 times. Nails clipped by nurse today? Y=YES N=NO" was missed 18 times. "Apply clean socks and lotion" was missed 18 times.

Resident #6

Record review of Physician's Orders dated 5/17/21 and updated 7/21/21 revealed Resident #6 had orders in place for "Potassium CL 20MEQ (milliequivalents) Tablet Take 1 tablet PO Twice a Day", "Zoloft 50MG Tablet Disp as Sertraline HCL 50 MG Tablet Take 1 Tablet PO Daily", "Depakote 125 MG Sprinkle Cap Disp as Divalproex 125MG Sprinkle Take 4 Capsules PO 3 Times Daily", "Olanzapine 15 MG Tablet Take 1 Tablet PO at Bedtime", "Flomax 0.4MG Capsule SA Disp as Tamsulosin HCL 0.4 MG Capsule Take 2 capsules PO Daily", "Lithium Carb 300MG Tablet

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 735	Continued From page 112 Take 1 Tablet PO Every Morning and 2 Tablets PO at Bedtime", "Polyethylene Glycol 3350 oral powder 17 gram in liquid and give PO Twice a day", "Metoprolol Tar 25MG Tablet Take 1 Tablet PO Twice a Day". Physician's order dated 7/13/21 and updated 7/21/21 for Vimpat 200 MG Tablet Take 1 Tablet PO Twice Daily for 28 Days". Record review of the Medication Chart for July 2021 revealed the facility failed to document the ordered doses. "Vimpat 200 MG Tablet Take 1 Tablet PO Twice Daily for 28 Days" was missed one (1) time. "Potassium CL 20MEQ Tablet Take 1 Tablet PO Twice a Day" missed one (1) time. "Sertraline HCL 50 MG Tablet Comp to Zoloft 50 MG Tablet Take 1 Tablet PO Daily" missed one (1) time. "Divalproex 125MG Sprinkle Compl to Depakote 125 MG Sprinkle Take 4 Capsules PO 3 times Daily" missed two (2) times. "Olanzapine 15 MG Tablet Take 1 Tablet PO at Bedtime" missed one (1) time. "Tamsulosin HCL 0.4 MG Capsule Comp. to Flomax 0.4MG Capsule Take 2 Capsules PO Daily" missed one (1) time. Lithium Carb(carbonate) 300MG Tablet Take 1 Tablet PO every Morning and 2 Tablets PO at Bedtime" missed one (1) time. "Polyethylene Glycol 3350 oral powder 17 gram in liquid and give PO Twice a day" missed one (1) time. "Metoprolol TAR(tartarate) 25MG Tablet Take 1 Tablet PO Twice A Day" missed one (1) time. Record review of the Treatment Chart for July 2021 revealed the facility failed to document the following: "Monitor for dehydration QD (dry mucus membranes, tenting, fever, decreased Output, etc.) Y=YES N=NO If yes, notify MD and document" was missed nine (9) times. "Monitor for side effects of psychotropic meds QD P=Present N=Noneffective notify MD if non-effective" was missed nine (9) times.	M 735		

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M 735	Continued From page 113	M 735		

"Monitor for effectiveness of meds Y=effective N=non-effective notify MD if non-effective" was missed nine (9) times. "Weekly (Wkly) Body Audits check for breakdown / any new skin problems P=Present a=Absent if present notify MD and document in Nurses notes" was missed two (2) times. "Seizure Precautions" was missed 23 times.", "OOB (Out of Bed) to chair w/cushion" missed twenty-three (23) times. "Pt confined to w/c w/stand by assistance w/transfer pending PT" missed five (5) times. "Lantiseptic to buttock Q shift & PRN" missed twenty-five (25) times. "DIABTIC FOOT MONITOR: skin tears, open areas, cracks, injuries? Y=YES N=NO If yes document in NN (nurses notes) and notify MD" was missed 25 times. "Any new callouses, corns, bunions? Y=YES N=NO" was 25 times. "Pedal Pulses: P=Present and strong bil. D=Present, difficult to palpate, U=Unable to palpate" was missed 25 times. "Any new nail problems? Y=YES N=NO. If yes document in NN" 25 times. Nails clipped by nurse today? Y=YES N=NO" was missed twenty-five (25) times. "Apply clean socks and lotion" was missed 25 times. "HOB (Head of Bed) elevated at all Xs (times)" was missed 28 times.

Resident #7

Record review of Physician's Orders dated and updated revealed Resident #7 had orders in place for "MiraLAX Powder Disp as Polyethylene Glycol Powder Mix 17 gram in 6 oz of Juice and give PO Twice a day". "Cos opt Eye drops disp as Dorzol-Timolol Ophthalmic S Instill 1 Drop into Each Eye At Bedtime". "Dulcolax 10 mg suppository disp as Bisacodyl 10 mg suppository insert 1 suppository rectally ab bedtime". "Phenobarbital 30 MG Tablet Take 1 Tablet at Bedtime". "Phenobarbital 60 MG Tablet Take 1

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M 735	Continued From page 114 Tablet at Bedtime". Record review of the Medication Chart for July 2021 revealed the facility failed to document the ordered doses. "Polyethylene Glycol 3350 oral powder 17 gram in liquid and give PO Twice a day" missed one dose. "Dorzol-Timolol Ophthalmic S Comp. to Cos opt Eye Drops Instill 1 Drop into Each Eye At Bedtime" missed one dose. "Bisacodyl 10 MG Suppository Insert 1 Suppository Rectally at Bedtime" missed one time. "Phenobarbital 30 MG Tablet Take 1 Tablet PO at Bedtime" missed one time. "Phenobarbital 60 MG Tablet Take 1 Tablet PO at Bedtime" missed one time. Record review of resident #7's Treatment Chart for July 2021 revealed the facility failed to document the following: "Monitor for dehydration QD (dry mucus membranes, tenting, fever, decreased Output, etc.) Y=YES N=NO If yes, notify MD and document" was missed five (5) times. "Monitor for side effects of psychotropic meds QD P=Present N=Noneffective notify MD if non-effective" was missed five (5) times. "Monitor for effectiveness of meds Y=effective N=non-effective notify MD if non-effective" was missed five (5) times. "Weekly (Wkly) Body Audits check for breakdown / any new skin problems P=Present a=Absent if present notify MD and document in Nurses notes" was missed two (2) times. "Selsun Blue shampoo Q bath day M-W-F (Monday-Wednesday-Friday)" was missed seven (7) times. "Heel pillows at all Xs (times)" was missed 19 times. "TWE (Tap Water Enema) Q M-W-F (Monday, Wednesday, Friday) document result in NN (Nurses Notes)" was missed eight (8) times. "Velcro safety strap w/in chair" was missed 20 times.	M 735		

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M 735	Continued From page 115 Resident #8 Record review of Physician's Orders dated 7/01/21 and updated 7/28/21revealed Resident #8 had orders in place for "Fentanyl 12 mcg/hr (micrograms per hour) Patch. Apply one (1) Patch Topically Q 48 hrs X 28 days". Physician's order dated 3/06/21 and updated 7/21/21 for "Vitamin C 500MG Tablet Take 1 Tablet PO Twice A Day". Physician's orders dated 3/3/25/21 and updated 7/21/21 for "Ferrous Gluc 324MG Tablet Take 1 Tablet PO Twice A Day" and "Meloxicam 7.5 MG Tablet Take 1 Tablet PO Daily". Physician's order dated 4/16/19 and updated 7/21/21 for "Polyethylene Glycol 3350 oral powder 17 gram in liquid and give PO Twice a day". Record review of the Medication Chart for July 2021 revealed the facility failed to document the ordered doses. ""Polyethylene Glycol 3350 oral powder 17 gram in liquid and give PO Twice a day" missed two doses. "Vitamin C 500MG Tablet Take 1 Tablet PO Twice A Day" was missed two (2) times. "Ferrous Gluc 324MG Tablet Take 1 Tablet PO Twice A Day" was missed two (2) times. "Meloxicam 7.5 MG Tablet Take 1 Tablet PO Daily" was missed one (1) time. "Fentanyl 12 mcg/hr (micrograms per hour) Patch. Apply one (1) Patch Topically Q 48 hrs X 28 days" was missed one (1) time. Record review of Resident #8's Treatment Chart for July 2021 revealed the facility failed to document the following: "Monitor for dehydration QD (dry mucus membranes, tenting, fever, decreased Output, etc.) Y=YES N=NO If yes, notify MD and document" was missed five (5) times. "Monitor for side effects of psychotropic meds QD P=Present N=Noneffective notify MD if non-effective" was missed five (5) times.	M 735		

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M 735	Continued From page 116 "Monitor for effectiveness of meds Y=effective N=non-effective notify MD if non-effective" was missed five (5) times. "Weekly (Wkly) Body Audits check for breakdown / any new skin problems P=Present a=Absent if present notify MD and document in Nurses notes" was missed two (2) times. "Apply Aquaphonr Oint To dry skin daily" was missed nine (9) times. "Heel Protectors to Bilateral heels at all Xs (times)" was missed 18 times. "Position resident Rt (right) to Lt (left) side. Avoid placing resident on back." Was missed 19 times. "LacHydrin Lotion to voth Lower Ext. BID" was missed 15 times. "DIABETIC FOOT MONITOR: skin tears, open areas, cracks, injuries? Y=YES N=NO If yes document in NN (nurses notes) and notify MD" was missed 20 times. "Any new callouses, corns, bunions? Y=YES N=NO" was missed 23 times. "Pedal Pulses: P=Present and strong bil. D=Present, difficult to palpate, U=Unable to palpate" was missed 25 times. "Any new nail problems? Y=YES N=NO. If yes document in NN" 25 times. Nails clipped by nurse today? Y=YES N=NO" was missed 25 times. "Apply clean socks and lotion" was missed 25 times. "HOB (Head of Bed) elevated at all Xs (times)" was missed 25 times. "Clean neb mask after each use: to clean: wash all pieces (except tubing) wigh soap & H2O (water), rinse for 30 sec. allow to air dry/or dry with paper towel. Place mask & tubing in clean Ziplock bag" was missed six (6) times. "Disinfect once daily. Clean neb mask with cavi-wipes, allow to sit for 2 (two) minutes Rinse with warm H2O. ry with paper towel & store in Ziplock bag" was missed eight (8) times. "Change Neb mask/tubing Q 72 hrs." was missed two (2) times. Resident #9 Record review of Physician's Orders dated 7/1/21	M 735		

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M 735	Continued From page 117	M 735		

revealed Resident #9 had an order in place for Vimpat 200 mg tablet take 1 tablet po twice daily for 28 days. Physician's orders with an original order date of 7/29/13 and updated 7/21/21 are in place for Dulcolax 10 mg suppository disp as Bisacodyl 10 mg suppository insert 1 suppository rectally ab bedtime" and "Milk of Magnesia Suspensi Give 45 cc po twice daily". A physician's order with an original date of 7/9/18 and updated 7/21/21 revealed an order for "Depakote 500 mg tablet EC (enteric coated) disp as Divalproex Sod 500 MG tab Take 1 tablet po twice a day". Physician's orders with a original order date of 4/1/19 and updated on 7/21/21 are in place for "Risperdal 0.5 mg disp as Risperidone 0.5 mg tablet take 1 tablet po twice daily" and "Risperdal 2 mg tablet disp as Risperidone 2 mg tablet take 1 tablet po twice a day". A physician's order with an original date of 3/12/20 and updated on 7/21/21 is in place for "Gabapentin 300 mg capsule take 1 capsule po 3 times daily". No physician order available for "Prune/fiber juice with AM meds" and "Boost TID and prn if res consumes less than 50% of meals".

Record review of the Medication Chart for July 2021 revealed the facility failed to document the ordered doses. "Vimpat 200 mg tablet take 1 tablet po twice daily for 28 days" as missed one (1) time. Bisacodyl 10 mg suppository Insert 1 suppository rectally at bedtime" was missed one (1) time. "Milk of Magnesia suspension give 45 cc po twice daily" was missed one (1) time. Divalproex Sod 500 MG tablet comp to Depakote 500 mg tab take 1 tablet po twice a day" was missed one (1) time. Risperidone 0.5 mg tablet comp to Risperdal 0.5 mg tab take 1 tablet po twice a day" was missed two (2) times. Risperidone 2 mg tablet comp. to Risperdal 2 mg tablet take 1 tablet po twice a day" was missed

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M 735	Continued From page 118	M 735		

two (2) times. Gabapentin 300 mg capsule Take 1 capsule po 3 times daily was missed five (5) times. "Prune/fiber juice with AM meds" was missed one (1) time. "Boost TID & PRN if res consumes less than 50% of meals was missed six (6) times. "Monitor for s/sx of pain (facial signs, moaning, verbal, etc.) Q Shift. Document according to the scale below. If pain is noted, document intervention and outcome in the nurse's notes" was missed nine (9) times.

Record review of the Treatment Chart for July 2021 revealed the facility failed to document the following: "TWE (Tap Water Enema) Q M-W-F (Monday, Wednesday, Friday) document result in NN (Nurses Notes)" was missed eight (8) times. "Monitor for dehydration QD (dry mucus membranes, tenting, fever, decreased Output, etc.) Y=Yes N=No If yes, notify MD and document" was missed five (5) times. "Monitor for side effects of psychotropic meds QD P=Present N=Noneffective notify MD if non-effective" was missed five (5) times. "Monitor for effectiveness of meds Y=effective N=Non-effective notify MD if non-effective" was missed five (5) times. "Weekly (Wkly) Body Audits check for breakdown / any new skin problems P=Present a=Absent if present notify MD and document in Nurses notes" was missed two (2) times.

Resident #10

Record review of Physician's Orders with an original date of 9/30/20 and updated 7/21/21 revealed Resident #10 had orders in place for the following medications: Eliquis 5 mg (milligram) Tablet Take 1 tablet PO (by mouth) twice a day, Omeprazole 20 mg capsule take 1 capsule po twice daily, Pravastatin 40 mg tablet take 1 table

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M 735	Continued From page 119	M 735		

po at bedtime. Carafate 1 gm/10 ml (1 gram equals 10 milliliters) susp (suspension) disp as Sucralfate give 10 cc (cubic centimeters) po twice daily, Abilify 30 mg tablet disp (dispense) as Aripiprazole 30 mg tablet take 1 tablet po at bedtime. Resident #10 also had a physician's order dated 7/1/21 to "wash feet Q day with warm soap and water pat dry and apply lachydrin 12 % lotion Dx Xerosis".

Record review of the Medication Chart for July 2021 revealed the facility failed to document the ordered doses. "Eliquis 5 mg (milligram) Tablet Take 1 tablet PO (by mouth) twice a day was missed one (1) time. "Omeprazole 20 mg capsule take 1 capsule po twice daily was missed two (2) times. "Pravastatin 40 mg tablet take 1 table po at bedtime was missed one (1) time. Sucralfate 1 gm/10 ml (1 gram equals 10 milliliters) susp (suspension) comp (compare) to Carafate 1 gm/10 ml give 10 cc (cubic centimeters) po twice daily" was missed two (2) times, "Aripiprazole 30 mg table comp to ability 30 mg tablet take 1 tablet po at bedtime" was missed one (1) time. "Monitor for s/sx of pain (facial signs, moaning, verbal, etc.) Q Shift. Document according to the scale below. If pain is noted, document intervention and outcome in the nurse's notes" was missed nine (9) times.

Record review of the Treatment Chart for July 2021 revealed the facility failed to document the following "Monitor for dehydration QD (dry mucus membranes, tenting, fever, decreased Output, etc.) Y=Yes N=No If yes, notify MD and document" was missed six (6) times. "Monitor for side effects of psychotropic meds QD P=Present N=Noneffective notify MD if non-effective" was missed six (6) times. "Monitor for effectiveness of meds Y=effective N=Non-effective notify MD if

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M 735	Continued From page 120	M 735		

non-effective" was missed six (6) times. "Weekly (Wkly) Body Audits check for breakdown / any new skin problems P=Present a=Absent if present notify MD and document in Nurses notes" was missed two (2) times. "Clean neb mask after each use: to clean: wash all pieces (except tubing) w/soap and H2O (water), rinse for 30 sec. (seconds), allow to air dry/or dry w/ paper towel. Place mask and tubing in clean Ziplock bag" was missed four (4) times. "Disinfect once daily. Clean neb mask w / cavi-wipes, allow to sit for 3 min" was missed four (4) times. "Rinse w/ warm H2O. dry w/ paper towel and store in ziplock bag" was missed four (4) times. "Change Neb mask/tubing q (every) 72 hrs" was missed one (1) time. "Diabetic Foot Monitor: skin tears, open areas, cracks, injuries? Y=Yes N=No If yes document in NN (nurses notes) and notify MD" was missed 26 times. "Any new callouses, corns, bunions? Y-Yes N=No" was missed 26 times. "Pedal pulses: P=Present and strong bil (bilateral)D=Present, difficult to palpate U=Unable to palpate" was missed 26 times. "Any new nail problems? Y=Yes N=No. If yes, document in NN" was missed 26 times. "Nails clipped by nurse today? Y=Yes N=No" was missed 26 times. "Apply clean socks and lotion" was missed 26 times. "Wash feet q day with warm soap and water, apply lachydrin lotion 12%" was missed seven (7) times.

Resident #11

Record review of Physician's Orders with an original date of 2/5/20 and updated 7/21/21 revealed Resident #10 had orders in place for "Dilantin 50 MG Infatab Disp as Phenytoin 50 MG Infatab Take 2 tablets PO twice daily" A physician order with an original date of 3/9/21 and updated 7/21/21 revealed "Boost pudding PO TID btwn

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JNH-JAQUITH INN	3550 HIGHWAY 468 WEST WHITFIELD, MS 39193

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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meals, Boost PO TID btwn(between) meals and prn (as needed) if consumes less than 50 % of meals. Benecalorie 1 pack to food TID".

Record review of the Medication Chart for July 2021 revealed the facility failed to document the ordered doses. "Phenytoin 50 mg Infatab Comp to Dilantin 50 mg infat Take 2 tablets po twice daily" was missed one (1) time. "1 Pack of Benecalorie to food TID" was missed one (1) time. "Pudding thickened liquids (every shift)" was missed one (1) time. "Boost TID bet (between) meals if res consumes less than 50% meals" was missed one (1) time. "Monitor for s/sx of pain (facial signs, moaning, verbal, etc.) Q Shift. Document according to the scale below. If pain is noted, document intervention and outcome in the nurse's notes" was missed 19 times.

Record review of the Treatment Chart for July 2021 revealed the facility failed to document the following "Monitor for dehydration QD (dry mucus membranes, tenting, fever, decreased Output, etc.) Y=Yes N=No If yes, notify MD and document" was missed 8 (eight) times. "Monitor for side effects of psychotropic meds QD P=Present N=Noneffective notify MD if non-effective" was missed eight (8) times. "Monitor for effectiveness of meds Y=effective N=Non-effective notify MD if non-effective" was missed eight (8) times. "Hand roll to Lt hand Q shift" was missed 19 times. "Heel pillows at all X's (times) (every shift)" was missed 18 times. "Heel protectos to elbows while in w/c (wheelchair) (every shift)" was missed 17 times. "Out of bed to w/c w/gel cushion Q day" was missed 19 times. "Seat belt at all Xs w/ in chair (every shift)" was missed 19 times. "Side-lying wedge for positioning (every shift)" was missed

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20 times. "Rt (Right) Trochanter: Place Telfa after daily skin audit. Notify MD of Acute changes" was missed five (5) times.

Resident #12

Record review of Physician Orders dated 6/17/21 revealed there are orders in place for Ferrous Sulf 220 mg/5 ml elix give five (5) (220mg) po three (3) times a day, Miralax powder disp as Polyethylene glycol powder dissolve in 17 grams in liquid and give po daily, Hydroco/Apap 5/325 mg take one (1) ablet po two (2) times a day (30-45 minutes prior to wound care) for 28 days, Carvedilol 6.25 mg tablet take one (1) tablet po twice a day, and Santyl ointment one (1) application BID for Stage 3 pressure injury of right heel. A record review of physician orders dated 7/31/21 revealed orders to supplement Boost Glucose Control one (1) container PO TID; orn consumes less than 50% of meals, FSG (Fasting Glucose) 6 AM and 4 PM w/ regular insulin sliding scale, to bed alternating air mattress, and heel protectors/float right heel. A physician order dated 6/24/21 revealed an order to wash lesion on upper back and warm soap and water apply Bactroban ointment q 12h with gauze and Alldress.

Record review of the "Medication Chart" for the month of July revealed "Ferrous sulfate 220 mg/5 ml Elix Give 5 ml (220 mg) po 3 times a day" was missed two (2) times. "Hydroco/APAP 5/325 mg Take 1 tablet po 2 times day (30-45 minutes prior to wound care) for 28 days" was missed one (1) time. Carvedilol 6.25 mg tablet take 1 tablet po twice a day" was missed one (1) time. "Boost glucose control po TID and PRN consumes less than 50 % of meal" was missed two (2) times. "Alt air mattress to bed (every shift)" was missed

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14 times. "Regular insulin Sliding scale" was missed three (3) times.

Record review of the "Treatment Chart" for the month of July 2021 revealed "Heel protectors at all times (every shift)" was missed 16 times. "Float Rt heel (every shift)" was missed ten 17 times. "Rt Heel clean with NS, pat dry apply Santyl BID and cover with gauze dressing" was missed 15 times. "Wkly Body Audits check for breakdown/any new skin problems P=Present A=Absent if present notify MD and document in Nurses notes" was missed one (1) time out of four (4). "Monitor for dehydration QD (dry mucus membranes, tenting, fever, decreased Output, etc.) Y=Yes N=No If yes, notify MD and document" was missed ten (10) times. "Monitor for side effects of psychotropic meds QD P=Present N=Noneffective notify MD if non-effective" was missed ten (10) times. "Monitor for effectiveness of meds Y=effective N=Non-effective notify MD if non-effective" was missed eight (8) times. "Toenails and fingernails trimmed (daily)" was missed 24 times. "Elevate HOB 35-45 degrees (every shift) was missed 20 times. "Wash lesion on upper back w/ warm soap and water. Apply Bactroban oint Q 12 hr, cover w/gauze and Alldress" was missed five (5) times.

On 8/27/21 at 10:00 AM, an interview with Medical Director (MD #1), he stated he was not surprised that the Medication Chart and the Treatment Chart had blank spaces where medications and treatments had not been documented, but that fell under the purview of nursing supervision.

In an interview with the Infection Preventionist on 8/27/21 at 9:45 AM, she stated she does not

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reviews treatment records for omissions and accuracy during infection investigations and stated "the Service Analytics Department reviews documentation for the buildings if there is a problem that is brought to their attention."

In an interview with the Director of Nursing on 8/27/21 at 11:30 AM,she stated she is in the process of setting up responsibilities to complete 24-hour chart checks more thoroughly to include nursing documentation instead of only reviewing orders that were written within the past 24 hours and making sure those orders were transcribed. SA asked if the Service Analytics Department reviews the Medication Charts, Treatment Charts, and wound documentation and the DON stated that prior to COVID, the Service Analytics did come to the buildings on campus and provided Quality Assurance (QA) regarding documentation and other regulatory compliance issues, but they have not come into the building since COVID began. The DON stated she hopes to have a full time Registered Nurse (RN) who will follow up on body audits and documentation and will also go through the Medication and Treatment Charts weekly to ensure there are no "holes" in documentation.

In an interview with Licensed Practical Nurse (LPN) #3 on 8/28/21 at 11:45 AM, revealed she stated if a nurse did not initial the Medication Chart or Treatment Chart, "If you don't sign it, it's not done or forgot".

In an interview with LPN #6, on 8/28/21 at 12:25 PM, she stated if a nurse did not initial the Medication Chart or Treatment Chart, "It wasn't done".

In an interview with LPN #5, on 8/28/21 at 12:45

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M 735	Continued From page 125 PM, she stated if a nurse did not initial the Medication Chart or Treatment Chart, "They didn't do it".	M 735		