STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255343	A. BUILDING _____ B. WING _____	C 10/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF PICAYUNE	2797 COOPER ROAD PICAYUNE, MS 39466

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F 000	INITIAL COMMENTS CI MS #16284 The State Agency (SA) conducted a complaint survey, CI MS #16284, on 10/17/2019. Concerns identified in the complaint were related to possible overdose of morphine and failing to give the resident antibiotic therapy for a urinary tract infection. During the survey, the SA determined the complaint was not substantiated for possible overdose of morphine or with providing antibiotics, however, deficiencies were cited at F690 and F656, related to the failure to provide catheter care in a manner to prevent infection and trauma to the urinary meatus. The SA determined the facility was not in compliance with requirements for participation in Medicare and Medicaid. The facility had a census of 59 at the time of the complaint, with a license for 60 beds.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as	F 656		11/22/19

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

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F 656	Continued From page 1 required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review, and facility policy review, the facility failed to develop and follow the comprehensive care plan related to catheter care for one (1) of two (2) resident catheter care observations, of four (4) residents reviewed, Resident #4. Findings Include: Review of the "Care Plan-Comprehensive" policy, revised March 2017, revealed the facilty will	F 656	1. The corrective action for resident #4 was for the DON (Director of Nursing) to create an individualized comprehensive person centered care plan to address the interventions for catheter care on 11-18-2019 and to review all other resident who had orders for a catheter. 2. All residents who have a catheter have the potential to be effected. 3. The (IDT)interdisciplinary team will meet weekly starting 11-19-2019 to review	

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F 656	Continued From page 2 develop and maintain a comprehensive care plan to meet the medical, nursing, mental and psychological needs of each resident. Review of the comprehensive care plan, initiated 9/16/19, revealed Resident #4 had an indwelling catheter for Urinary Retention. The goals were to be free from catheter-related trauma and show no signs of urnitary tract infections, through 12/9/19. The interventions to prevent infection included to change the catheter monthly, position the bag and tubing below the bladder, check tubing for kinks, monitor intake and output, monitor for pain and monitor for signs and symptoms of urinary tract infections (UTI). There was no documented intervention for catheter care on the care plan. Observation of catheter care on 10/17/19 at 12:30 PM, revealed Certified Nursing assistant (CNA) #1 cleaned Resident #4's catheter tubing three (3) times without securing the tubing. The Resident jumped all three (3) times. CNA #1 cleaned Resident #4's buttocks with a wet wipe from back to front. The resident had a small bowel movement. During an interview on 10/17/19 at 1:35 PM, the Director of Nursing (DON) confirmed the staff is trained to wipe from front to back and to secure the resident's tubing to prevent trauma. The DON stated there should be a care plan developed for the catheter care and CNAs should maintain/follow the care plan.	F 656	the residents with catheters to ensure that all residents have a person centered care plan to address the interventions for catheter care. The DON will create and/or update the care plan of any resident with a catheter. The Administrator inserviced the IDT on the requirements to create an individualized comprehensive person centered care plan to address the interventions for catheter care on 11-18-2019. The Staff Development Nurse and Infection Control Nurse in serviced CNA's on Catheter Care including properly securing the tubing and wiping from front to back while performing catheter care on 11-7-2019 and 11-14-2019 4. The DON/ Staff Development nurse will perform weekly audits of all residents with a catheter starting on 11-19-2019 weekly for 4 weeks and then monthly for 3 months to ensure that an individualized comprehensive person centered plan of care is present. The DON will report the results of these audit to the QAA (Quality Assessment and Assurance) Committee. These results will be evaluated by the QAA committee for effectiveness and changes will be made as recommended by the QAA committee.	
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that	F 690		11/22/19

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F 690	Continued From page 3 resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observations, staff interview, record review, and facility policy review, the facility failed to provide catheter care in a manner to prevent infection and trauma to the meatus for one (1) of two (2) catheter care observations, of four (4)	F 690	1. The corrective actions for Resident #4 were for the DON to examine and assess Resident #4 for any sign or symptoms of infection or trauma related to catheter care on 10-17-2019 and no negative	

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F 690	Continued From page 4 residents reviewed, Resident #4. Findings Include: A review of the facility's "Catheter Care, urinary" policy, with a revised date of September 2014, revealed the purpose is to prevent catheter - associated urinary tract infections (UTIs). Review of a "Provides Catheter Care Skill Sheet", revealed to hold the catheter near the meatus to avoid tugging the catheter. Observation of catheter/incontinent care on 10/17/2019 at 12:30 PM, revealed Certified Nursing assistant (CNA) #1 cleaned Resident #4's catheter tubing three (3) times without securing the tubing at the base of the meatus and the resident jumped all three (3) times. CNA #1 cleaned Resident #4's buttocks with a wet wipe from the back toward the front. Resident #4 had a small bowel movement. During an interview on 10/17/19 at 1:00 PM, CNA #1 confirmed she failed to secure the tubing while cleaning Resident #4's catheter and failed to clean Resident #4's buttocks from front to back. CNA #1 said she forgot to hold the tubing. CNA #1 said by not securing the tubing, the tube could come out. The CNA also said the reason she should have wiped from front to back is to prevent possible infection. During an interview on 10/17/19 at 1:24 PM, Registered Nurse (RN) #1 confirmed the CNA failed to prevent possible infection and trauma to the meatus during catheter care by not securing the catheter and wiping in the wrong direction. RN #1 said the CNA's are trained to secure the tubing to prevent the catheter from coming out; and,	F 690	outcomes were observed. 2. All residents who receive catheter care have the potential to be effected. 3. The Staff Development Nurse in serviced CNA (Certified Nurse Aide) #1 on Catheter Care on 10-18-2019. The Staff Development nurse observed CNA #1 perform catheter care properly on 10-29-19. The Staff Development Nurse and Infection Control Nurse in serviced CNA's on Catheter Care including properly securing the tubing and wiping from front to back while performing catheter care on 11-7-2019 and 11-14-2019. 4. The DON / Staff Development Nurse will perform weekly catheter care observations starting on 11-19-2019 weekly for 4 weeks and then monthly for 3 months to ensure proper catheter care. These results will be reported to the QAA committee and evaluated for effectiveness and changes will be made as recommended by the QAA committee.	

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F 690	Continued From page 5 wipe from front to back to prevent infection. During an interview on 10/17/19 at 1:35 PM, the Director of Nursing (DON) confirmed the staff did not follow the facility policy by not securing the catheter and not wiping from front to back. The DON said the staff is trained to wipe from front to back and to secure the resident's tubing to prevent trauma.	F 690		

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M 000	Initial Comments The State Agency (SA) conducted a complaint survey, MS #16284, on 10/17/19. During the survey, the SA determined the complaint was not substantiated for possible overdose of morphine or with providing antibiotics, however, deficiencies were cited at M620, for failure to provide care in a manner to help prevent infections. The SA determined the facility was not in compliance with State Licensure Regulations for the Aged or Infirm. The census at the time of survey was 59 and the facility was certified for 60 beds.	M 000		
M 620	45.21.4 Urinary incontinence Urinary incontinence. Residents with urinary incontinence shall be assessed for need of bladder retraining program. An indwelling catheter will not be used unless the resident ' s clinical condition indicates that catheterization is necessary. These residents shall receive treatment and services to prevent urinary tract infections. Level II MS #16284 Based on observations, staff interview, record review, and facility policy review, the facility failed to provide catheter care in a manner to prevent infection and trauma to the meatus for one (1) of two (2) catheter care observations, of four (4) residents reviewed, Resident #4. Findings Include: A review of the facility's "Catheter Care, urinary" policy, with a revised date of September 2014,	M 620	1. The corrective actions for Resident #4 were for the DON to examine and assess Resident #4 for any sign or symptoms of infection or trauma related to catheter care on 10-17-2019 and no negative outcomes were observed. 2. All residents who receive catheter care have the potential to be effected. 3. The Staff Development Nurse in serviced CNA (Certified Nurse Aide) #1 on Catheter Care on 10-18-2019. The Staff Development nurse observed CNA #1 perform catheter care properly on 10-29-19. The Staff Development Nurse and Infection Control Nurse in serviced	11/22/19

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M 620	Continued From page 1 revealed the purpose is to prevent catheter - associated urinary tract infections (UTIs). Review of a "Provides Catheter Care Skill Sheet", revealed to hold the catheter near the meatus to avoid tugging the catheter. Observation of catheter/incontinent care on 10/17/2019 at 12:30 PM, revealed Certified Nursing assistant (CNA) #1 cleaned Resident #4's catheter tubing three (3) times without securing the tubing at the base of the meatus and the resident jumped all three (3) times. CNA #1 cleaned Resident #4's buttocks with a wet wipe from the back toward the front. Resident #4 had a small bowel movement. During an interview on 10/17/19 at 1:00 PM, CNA #1 confirmed she failed to secure the tubing while cleaning Resident #4's catheter and failed to clean Resident #4's buttocks from front to back. CNA #1 said she forgot to hold the tubing. CNA #1 said by not securing the tubing, the tube could come out. The CNA also said the reason she should have wiped from front to back is to prevent possible infection. During an interview on 10/17/19 at 1:24 PM, Registered Nurse (RN) #1 confirmed the CNA failed to prevent possible infection and trauma to the meatus during catheter care by not securing the catheter and wiping in the wrong direction. RN #1 said the CNA's are trained to secure the tubing to prevent the catheter from coming out; and, wipe from front to back to prevent infection. During an interview on 10/17/19 at 1:35 PM, the Director of Nursing (DON) confirmed the staff did not follow the facility policy by not securing the catheter and not wiping from front to back. The DON said the staff is trained to wipe from front to	M 620	CNA's on Catheter Care including properly securing the tubing and wiping from front to back while performing catheter care on 11-7-2019 and 11-14-2019. 4. The DON / Staff Development Nurse will perform weekly catheter care observations starting on 11-19-2109 weekly for 4 weeks and then monthly for 3 months to ensure proper catheter care. These results will be reported to the QAA committee and evaluated for effectiveness and changes will be made as recommended by the QAA committee.	

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M 620	Continued From page 2 back and to secure the resident's tubing to prevent trauma.	M 620		