| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 25E015 | A. BUILDING _____ B. WING _____ | 03/10/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WHITFIELD NURSING HOME | 2101 EAST PROPER STREET CORINTH, MS 38834 |

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| F 000 | INITIAL COMMENTS<br><br>The State Agency (SA) conducted an annual recertification along with a complaint survey for CI MS# 18550 from 03/8/22 to 03/10/22. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaird. The SA did not substaniate CI MS# 18550 for abuse, substandard quality of care, pest in the facility, infection control and pharmaceutical services, with no citations related to the complaint. The SA cited F656 related to not developing a comprehensive person centered care plan related to falls with major injuries during the survey.<br><br>The census at the time of the survey was 23 and the facility is licensed for 44 beds. | F 000 | | |
| F 656 SS=D | Develop/Implement Comprehensive Care Plan<br>CFR(s): 483.21(b)(1)<br><br>§483.21(b) Comprehensive Care Plans<br>§483.21(b)(1) The facility must develop and 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 -<br>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and<br>(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 | F 656 | | 4/21/22 |

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

Electronically Signed | 03/24/2022

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

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| F 656 | Continued From page 1<br>under §483.10, including the right to refuse treatment under §483.10(c)(6).<br>(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.<br>(iv)In consultation with the resident and the resident's representative(s)-<br>(A) The resident's goals for admission and desired outcomes.<br>(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.<br>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review, staff interviews and facility policy review, the facility failed to develop a fall care plan after a resident had a fall with a major injury for 2 (two) of twelve resident care plans reviewed. Resident # 13 and Resident #24.<br><br>Findings include:<br><br>Review of the facility policy titled, "Care Plans, Comprehensive Person-Centered" under "Policy Statement" "A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident." | F 656 | a) Resident #13 had care plan revised to include fall from 10/25/21 and 10/28/21 on 3/15/22. Resident #24 had care plan revised to include fall from 12/14/21 on 3/15/22.<br>b) All resident's that have had a fall have the potential to be affected by this same deficient practice.<br>c) Administrator and Director of Nursing (DON) did a falls chart review of all falls over the last year on 3/21/22 and included this on the Falls tracking form, which was implemented on this date. Administrator inserviced IDT(inter-disciplinary team) on 3/22/22 regarding reviewing all falls since | |

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| F 656 | Continued From page 2<br><br>Resident #13<br><br>Record review of the facility "Falls Only Occurrence Report" revealed the resident had an unwitnessed fall on 10/25/21 at 5:35 PM and 10/28/21 at 4:30 PM in the resident's room, according to the report the resident revealed that she was attempting to adjust the heater, no injuries were noted on assessment by the Registered Nurse (RN) on duty.<br><br>Record review of the physician's orders revealed an order dated 10/26/21 at 9:15AM for an X-RAY to left shoulder and clavicle Related to (r/t) pain post fall.<br><br>A phone interview on 3/9/22 at 2:32 PM, with the Resident Representative (RR) revealed she was notified about her falls in October 2021 and that after a few days she was not getting any better and she was having trouble breathing, so they sent her to the hospital, and she had a broken clavicle.<br><br>An interview on 3/9/22 at 3:30 PM, with the Administrator confirmed the resident broke her clavicle when she fell in October 2021 and received Physical Therapy at that time.<br><br>Record review of the resident's care plans revealed no person specific individualized care plan to address the needs of the resident following her two separate falls that occured in October 2021.<br><br>An interview on 3/10/22 at 11:40 AM, with the Minimum Data Set (MDS) Nurse revealed the resident did not have a fall care plan on the | F 656 | last care plan and MDS(Minimum Data Set) and including them in a specific fall care plan. Administrator also inserviced the Falls Committee on 3/22/22 that they should enter falls from previous meeting date at weekly meeting on the Fall Tracking Form and then update the care plans. IDT will include the update of falls in quarterly and significant change care plan as they roll around quarterly. The administrator will audit the Fall tracking form on 3/30/22 weekly for 1 (one) month, then bi-weekly for 2 (two months) then monthly for 3 (three) months for those residents who have fallen to verify if care plan was updated to include the fall and that the quarterly care plan includes any falls with interventions.<br>d) A report will be submitted by the administrator at the quarterly Quality Assurance (QA) Committee regarding the Fall tracking form showing date of updated care plan and the quarterly completed care plan. The administrator will bring the first report to an Ad hoc QA meeting on 4/20/22 regarding the weekly and audits of falls and care plans on the Fall Tracking Form. The administrator will continue to report findings at the next two quarterly meetings. The QA committee will review the reports and make recommendations as needed. | |

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| F 656 | Continued From page 3 | F 656 | | |

record and that the care plan had not been updated since the resident's fall with major injury in October 2021. The MDS Nurse confirmed there had been a care plan update completed in December 2021. The MDS Nurse revealed that the care plan not being implemented regarding the resident's fall with specific person-centered interventions would prevent the staff from being able to provide the care the resident needed. The MDS Nurse revealed that she started having a care plan meeting every Tuesday a while back, but before that she was left notes on her desk regarding changes of the resident's status with a need for care plan updates and implementations and she made care plan changes based on these notes.

An interview on 3/10/22 at 4:00 PM, with the Administrator confirmed she understood the resident did not have a person centered care plan related to her falls in October 2021.

Record review of the resident's Demographic Sheet revealed the resident was admitted to the facility on 9/4/14.

Review of the resident's Physician's Orders revealed the resident's medical diagnoses included: Chronic Obstructive Pulmonary Disease (COPD), Muscle weakness, Primary generalized (osteo) arthritis and a History of Falling.

Record review of the Minimum Data Set with an Assessment Reference Date of 12/23/21, revealed a Brief Interview for Mental Status of 14 which indicates the resident is cognitively intact.

Resident # 24

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| F 656 | Continued From page 4 | F 656 | | |

Record review of the resident's nurse note revealed a nurse note dated 12/14/21 at 2:25 AM that the resident was found in her bathroom floor laying on her left side with pain; resident was transferred to a local hospital and Responsible Party (RP) was notified.

Record review of the residents "Falls Only Occurrence Report" dated 12/14/21 at 1:30 AM, revealed the resident fell in her bathroom and had complaints of left leg pain. The review revealed the resident was not wearing gripper socks or shoes.

Record review of the residents care plans revealed the resident did not have a comprehensive individualized care plan related to falls.

An interview on 3/10/22 at 2:15 PM, with the Minimum Data Set (MDS) Nurse confirmed the resident did not have a fall care plan and one was not added after the resident fell on 12/14/21. The MDS Nurse confirmed that a fall care plan was not added for the resident after she was readmitted to the facility from a rehab facility related to her hip fracture due to her fall. The MDS nurse confirmed that if a care plan is not added then the staff that is providing care is not aware of the care that needs to be provided and she is responsible for creating and updating the resident's care plans.

Record review of the resident's readmission diagnosis dated 2/8/22 revealed her medical diagnoses to include Fracture of unspecified part of neck of left femur; Hypertensive Heart Disease; Dementia/Alzheimer's.

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| F 656 | Continued From page 5<br>Record review of the resident's Demographic Sheet, the resident was originally admitted to the facility on 5/3/21 and then readmitted on 2/8/22 after discharge from a rehab facility related to her hip fracture.<br><br>Record review of the residents Minimum Data Set with an Assessment Reference Date of 10/25/21 with a Brief Interview for Mental Status score of 10 which indicates the resident is mildly cognitively impaired. | F 656 | | |