STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255158	A. BUILDING _____ B. WING _____	C 03/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF HATTIESBURG	10 MEDICAL BOULEVARD HATTIESBURG, MS 39401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted a Complaint Investigation (CI), MS #18462, MS#18498, MS#18597 and MS#18603 at the facility from 3/22/22 through 3/25/22. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. MS #18597 was substantiated for baths not given and F677 was cited. MS #18603 was not substantiated for medications not given, MS #18462 was not substantiated for inappropriate discharge from facility, and MS #18498 was not substantiated for food preferences, insufficient food, and snacks not offered at night. The facility had a license for 120 beds, with a census of 89.	F 000		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure one (1) resident received showers at least three times a week for one (1) of three (3) sampled residents who are dependent on staff for assistance with Activities of Daily Living (ADLs). (Resident #1) Findings: Record review of the facility's policy, "Activities of Daily Living (ADLs), Supporting", revised on	F 677	Statement of Compliance: The following represents the Plan of Correction for the alleged deficiencies cited during the Complaint Survey that was conducted on March 25, 2022. Please accept this plan of correction as Bedford Care of Hattiesburg's credible allegation of compliance with the completion date of April 15, 2022. The completion and	4/20/22

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

Electronically Signed | 04/14/2022

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F 677	Continued From page 1 8/10/05 revealed, "Policy Statement ...Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene..." Record review of Resident #1 "Admission Record" revealed, the facility admitted Resident #1 on 12/23/21 with the diagnoses including Acute Kidney Failure and Essential Hypertension. Record review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/23/22, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated she is cognitively intact, and reviw of Section G revaled she was totally dependent upon staff for bathing. On 3/23/22 at 9:0 AM, an interview with Resident #1 revealed she had only received a shower four (4) times this month (March 2022), and she is scheduled to receive a shower at least three (3) times a week. She stated it made her feel bad if she did not get a shower. A record review of the "Task" for Resident #1 for "Schedule for March 2022" revealed no documentation of a shower or bath given on 3/1/22, 3/3/22, 3/12/22, 3/15/22, 3/17/22, 3/19/22, and 3/22/22 as scheduled, which means Resident #1 received four (4) showers from 3/1/22 through 3/23/22. On 3/23/22 at 11:00 AM, an interview with the Social Worker revealed Resident #1 had previously complained of not receiving her showers and that she only received four (4) so far in March of 2022, which is causing her	F 677	execution of this plan of correction does not constitute an admission of guilt or wrong doing on the part of Bedford Care of Hattiesburg. This plan of correction is completed in good faith and as the facility's commitment to quality outcomes for the Residents. In addition, this plan of correction is completed as it is required by law. Immediately upon notification, by the surveyor on March 24, 2022 the Director of Nursing made sure that Resident #1 was showered. The Director of Nursing also reviewed the Electronic Medical Records and corrected/made changes to the shower schedule so this would not be a recurring issue. All other Resident's currently residing at the facility or admitted to the facility have the potential to be affect by this practice. A 100% Task Audit was completed of the Resident shower scheduling in the Electronic Medical Record Software. A task entry issue was identified and corrected, by the Director Of Nursing and Minimum Data Set Nurses on March 28, 2022 for all Residents. This task entry issue was preventing the shower task from firing to the kiosk and alerting the staff to the task and enabling documentation. Current nursing staff were	

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F 677	Continued From page 2 discomfort. On 3/23/22 at 11:30 AM, an interview with the Director of Nurses (DON) revealed Resident #1 is scheduled to receive a shower three (3) times a week on the 3-11 shift on Tuesday, Thursday, and Saturday. She said that the resident may have refused, but the Certified Nurses Assistants (CNA's) are to document and notify their nurses, if the resident refuses. The DON verified, according to the CNA Task Schedule, Resident #1 received four (4) showers from 3/1/22 through 3/23/2022 which is 4 times in 23 days. She confirmed that Resident #1 not receiving baths could have caused the resident to have skin issues. On 3/24/22 at 11:00 AM, an interview with Certified Nurse Assistant (CNA) #1 revealed that if a resident refuses a bath or shower, the CNA notifies the nurse and documents the refusal in the computer system. The CNA's document on the residents' ADLs and they know when residents are scheduled to have a bath or shower because it comes up on their tasks in the computer. .	F 677	in-serviced, on March 25, 2022, by Staff Development and all new hires will be educated on this during New Hire Orientation. This task will be reviewed by the Interdisciplinary Team each morning in the Clinical Meeting for all new admits beginning on March 28, 2022 and will continue as a part of new admit chart audits. Charge Nurses will monitor daily, beginning on March 28, 2022, for any missed showers and report any exceptions immediately to the Director of Nursing. This monitoring will be done for three months and ongoing as necessary. This matter was taken to QA on March 29, 2022. The Director of Nursing will report the findings of the shower task monitoring at the monthly QA Meeting each month for three months for discussion, review and revision. The date that the deficiency will be corrected. 4/20/2022	