MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18BC	A. BUILDING: _____ B. WING _____	C 04/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CTR-MONROE HALL	300 CAHAL STREET 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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted a Complaint Investigation (CI) MS #18689 and CI MS #18729 at the facility from 4/13/22 through 4/14/22. The SA returned to the facility from 4/18/22 through 4/19/22 and 4/26/22 through 4/28/22 to obtain additional information. During the survey, the SA determined the facility was not in compliance with the requirements for Minimum Standard for Institutions for the Aged or Infirm, state licensure requirements at M. CI MS #18729 was not substantiated. CI MS #18689 was substantiated for a resident fall that resulted in multiple fractures and M500 and M640 was cited. The facility had a license for 80 beds, with a census of 73.	M 000		
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, and of related charges including any charges for services covered by the facility's basic per diem rate;	M 500		5/5/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18BC	A. BUILDING: _____ B. WING _____	C 04/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CTR-MONROE HALL	300 CAHAL STREET 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) COMPLETE DATE
M 500	Continued From page 1 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 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,	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18BC	A. BUILDING: _____ B. WING _____	C 04/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CTR-MONROE HALL	300 CAHAL STREET 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) COMPLETE DATE
M 500	Continued From page 2 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; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18BC	A. BUILDING: _____ B. WING _____	C 04/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CTR-MONROE HALL	300 CAHAL STREET 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) COMPLETE DATE
M 500	Continued From page 3 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 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:	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18BC	A. BUILDING: _____ B. WING _____	C 04/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CTR-MONROE HALL	300 CAHAL STREET 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) COMPLETE DATE
M 500	Continued From page 4 Level III Based on interviews, record review, and facility policy review, the facility neglected to ensure an assistive device was used during a transfer, causing a resident to be lowered to the floor by staff which resulted in multiple fractures for one (1) of four (4) residents sampled. Resident #1. (See M640 for additional information.) Findings include: A record review of the facility's policy "Safe Transfer and Lifting of Residents" with a revised date of 09/2013 revealed "Policy Statement In order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses appropriate techniques and devices to lift and move residents. Policy Interpretation and Implementation ...II. Assessment Guidelines ...10. Nursing staff, in conjunction with the rehabilitation staff, shall assess individual residents' needs for transfer assistance ...13. Transfer assessments will be documented in the resident's care plan and in the resident's profile in the KIOSK ..." A record review of the facility's written investigation revealed that at 8:30 AM on 3/11/22, Resident #1 was noted by Certified Nurse Assistant (CNA) #1 to have bruising to her bilateral lower extremities. CNA #1 immediately reported the bruising to Licensed Practical Nurse (LPN) #1. LPN #1 was unaware of any accident or injury to the resident and immediately evaluated the resident and notified the Director of Nursing (DON). At 9:00 AM, the DON assessed the resident and bruising to bilateral lower extremities and external rotation to the left lower extremity was noted. The resident was stable	M 500	Bedford Care Center-Monroe Hall, LLC (facility)acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent of the summary of findings is factually correct and in compliance with applicable rules and regulations. Please accept this Plan of Correction our credible allegation of compliance. On 3/11/2022 at 0830 AM, Resident #1 was noted by Certified Nurse Assistant (CNA) #1, to have bruising to bilateral lower extremities. CNA #1 immediately reported the bruising to Licensed Practical Nurse (LPN) #1. LPN #1 immediately evaluated the resident and notified the Director of Nursing (DON) of the unexplained bruising. At 0900, the DON assessed the resident and confirmed the findings from LPN #1. Investigation began immediately after DON reported her findings to the Administrator, at 0905. The Nurse Practitioner (NP), was notified of the patient condition at 0905 and gave verbal orders to send the resident to the local Emergency Room (ER) for evaluation. At 0920 the resident□s Responsible Representative (RR) was notified of the situation and the need to transport the resident to the hospital for evaluation. The ambulance arrived at the facility at 0930 and at 0945 the resident was loaded onto the ambulance and began transport from the facility to the local ER. All residents have the potential to be affected by the stated deficient practice.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18BC	A. BUILDING: _____ B. WING _____	C 04/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CTR-MONROE HALL	300 CAHAL STREET 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) COMPLETE DATE
M 500	Continued From page 5 and in no acute distress. An investigation began immediately after the DON reported her findings to the Administrator 9:05 AM. The Nurse Practitioner (NP) was notified of Resident #1's condition and gave verbal orders to send the resident to the local Emergency Room (ER) for evaluation. At 9:20 AM, the resident's Responsible Representative (RR) was notified of the situation and the need to transport the resident to the hospital for evaluation. The RR agreed that the resident needed to be evaluated and the ambulance service was notified of the need for patient transportation to the Emergency Room. The ambulance arrived at the facility at 9:30 AM and at 0945 9:45 AM, the resident was loaded into the ambulance and began transport from the facility to the local Emergency Room. The Quality Assessment and Assurance Committee (QAC) on 3/11/22 for an emergency meeting. The facility Medical Director and the residents Primary Care Physician were both made aware of the incident and participated in the QAC review via phone conference. After reviewing a Root Cause Analysis (RCA) was conducted and the QAC has determined that Contract Agency staff members CNA #2 and NA #3, did not follow the residents plan of care when attempting to transfer the resident. The resident is to be transferred using a lift, but no lift was utilized during a transfer on 3/10/2022 at approximately 1:45 PM, per video review and corroborating statements from staff. The resident subsequently sustained an assisted fall, per CNA #2 and NA #3's written statement review. Also, CNA #2 and NA #3, in separate interviews held with the DON and the Administrator, both stated that the incident was not reported up the chain of command to the resident's primary nurse, nurse manager, or to Administration as per the facility policy. CNA #4, also an employee of the Contract	M 500	On 3/11/2022, an emergency Quality Assessment and Assurance Committee (QAC) meeting was held to discuss findings from the facilities internal investigation of the resident□s injuries. Staff interviews, written statements, electronic medical record review, and video recording review where provided to the QAC. The facility Medical Director and the residents Primary Care Physician were both made aware of the incident and participated in the QAC review via phone conference. After review a Root Cause Analysis (RCA) was conducted and the QAC has determined that contract staff members, CNA #2 and NA #3, did not follow the resident□s plan of care when attempting to transfer the resident nor did they follow the facility policy and procedure as trained and instructed through orientation. The resident is to be transferred using a lift but no lift was utilized during a transfer on 3/10/2022 at approx. 1345, per video review and corroborating statements from staff. CNA #2 and NA #3 were immediately suspended from working in Bedford Care Center □ Monroe Hall, LLC after their interviews conducted the morning of 3/11/2022. The employer of CNA #2 and NA #3 was notified via email of the incident and suspension of staff on 3/11/2022. Upon completion of the QAC review and findings, immediate training of all facility staff began on 3/11/2022 by the Staff Development Nurse. This training included the topic of Abuse and Neglect, Residents Rights, Resident Transfer	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18BC	A. BUILDING: _____ B. WING _____	C 04/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CTR-MONROE HALL	300 CAHAL STREET 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) COMPLETE DATE
M 500	Continued From page 6 Agency per written statement, interview, and video recording review, entered the resident's room and noted the resident to be on the floor. CNA #4 failed to notify nursing staff or Administration of the incident but did explain to CNA #2 and NA #3 the requirement to report the incident. CNA #2 and NA #3 were immediately suspended from working in facility, after their interviews were conducted the morning of 3/11/2022. Record review of the written statement signed by CNA #2 and dated 3/12/22 revealed, " ...Nurse (Proper Name) entered the room and told (Proper Name of NA #3) she could have used the stand up lift because she could stand ...I went back to help her get dressed and be put back to bed. We did not use the total lift because we was told she could stand ...We scooted her to the end and grabbed both side getting onto the floor standing straight ...she began to holler 'My Legs' and bending them going to the floor (sitting on her legs) when we got her lowered to the ground, making sure she didn't fall..." Record review of the written statement signed by NA #3 and dated 3/11/22 revealed, " ...I asked (Proper Name of CNA #2) to go get the shower bed because another aide had told me she was total ...assisted me with the lift in the process of it a nurse ...walked in and said 'You don't have to use the total lift she can stand up they normally put her in the chair to bath' ...After the shower I asked (Proper Name of CNA #2) to assist me with transferring her since the nurse had said she could stand up ...When we stood her up all the way she didn't stand up she crossed her legs and went down, but she ended up sitting on her knees ...Me and (Proper Name of CNA #2) tuned her onto her right side to get her legs from under her	M 500	Policy, and Accident and Injury Reporting. Training of all staff was completed on 3/24/22. On 3/11/2022, the QAC adopted additional steps to ensure all direct care staff who are employed by a staffing agency are completing agency orientation and competencies prior to working in the facility. The person scheduling the agency staff at the facility will alert the DON of any agency staff who have not worked in the facility by placing them on the New Agency Roster. The DON will communicate the need for new agency orientation to the on duty nursing staff. Upon completion of the training the agency staff member will sign an acknowledgement that training was completed and content is understood. Also, the nurse on duty conducting the orientation will sign as a witness that the orientation was completed. The agency orientation content will include but is not limited to Vulnerable Adults Law, Resident□s Rights, Falls, Incidents and Accidents, Resident Lift and Transfer Policy, and CNA Documentation (includes the Kardex or care plan). When possible, the new agency staff will be assigned to a unit with a facility staff CNA to provide extra support and assistance during their first shift worked. Beginning 4/29/2022, the Staff Development nurse or Registered Nurse began conducting random resident transfer observations, 10 times per week for 2 weeks and then 5 times weekly for 2 months ending July 4, 2022. The observer will confirm that staff are able to access the residents care plan on the Kardex, determine the appropriate type of	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18BC	A. BUILDING: _____ B. WING _____	C 04/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CTR-MONROE HALL	300 CAHAL STREET 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) COMPLETE DATE
M 500	Continued From page 7 ..." Record review "Emergency Department (ED) Provider Notes" revealed, " ...3/11/22 patient reportedly fell yesterday, unwitnessed. "Impression" revealed, " ...she is 84-year-old female who was brought to the hospital after a fall. She is found to have left proximal tibial and fibular fracture and right distal femur fracture." On 4/14/22 at 1:00 PM, the State Agency (SA) observed video surveillance recorded on 3/10/22 at 1:45 PM, that revealed CNA #2 and NA #3 walking in the hallway with Resident #1 on the shower bed. They entered the resident's room and did not take the mechanical lift into the resident's room. The mechanical lift was noted to be in the hallway the entire time they were in the resident's room. CNA #4 went into the room and exited. CNA #2 and NA #3 were in the resident's room for seven (7) minutes before exiting the room with the empty shower bed. Record review of the "Admission Record" revealed Resident #1 was admitted to the facility on 8/3/18 with diagnoses including Alzheimer's Disease, Periprosthetic Fracture around Internal Prosthetic Right Hip Joint, and Periprosthetic Fracture around Internal Prosthetic Left Hip Joint. Record review of quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/9/22 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 03, which indicated she is severely cognitively impaired, and she required an extensive two-person assist for transfers. Record review of Resident #1 "Visual/Bedside Kardex Report" as of 3/1/2022 revealed the	M 500	transfer required, access the appropriate equipment as necessary and perform the transfer per policy and procedure. The observations will be documented on the Observation Form. Beginning 4/29/2022, the DON will collect all agency orientation acknowledgement forms weekly to ensure compliance with agency staff orientation. Any variances observed will require immediate correction and training with successful return demonstration of the observed process prior to the staff member being able to return to work. All variances identified will be documented and filed for review. Variances will be submitted to the QAC for review by the Medical Director and the Steering Committee to ensure sustained compliance monthly times 2 months beginning 5/4/2022 and ending July 4, 2022. On 5/5/2022, Bedford Care Center □ Monroe Hall, LLC corrective actions will be completed. On going monitoring, observations, and QAC review will continue for 2 months ending July 4, 2022.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18BC	A. BUILDING: _____ B. WING _____	C 04/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CTR-MONROE HALL	300 CAHAL STREET 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) COMPLETE DATE
M 500	Continued From page 8	M 500		

resident required the use of a mechanical stand-up lift (medium belt-blue straps) with two staff extensive assistance for transfers at the time of the fall.

Record review of Resident #1's "Progress Note" revealed a nurses note written by the DON with an effective date of 3/11/22 at 9:00 AM, "Primary nurse stated to myself, "I need to tell you something." Nurse proceeded to tell me that a CNA had reported an injury to her LPN, when assessed elder lower extremities noted with extensive bruising purple and reddish in color, left leg noted to be externally rotated, elder not voice pain at this time, notified RN (Registered Nurse) unit manager to call NP and RR".

Record review of Resident #1's "Progress Note" revealed a nurses note by RN #1 with an effective date of 3/11/22 at 9:16 AM, "Entered resident's room and noted bruising to BLE (Bilateral Lower Extremity). Also noted gross deformity to LLE (Left Lower Extremity) distal knee. (Proper Name of Nurse Practitioner) notified. New order to transfer to (Proper Name of Local Hospital) ER for evaluation".

On 4/13/22 at 10:40 AM, an interview with LPN #2 revealed that on 3/10/22, she walked into Resident #1's room and saw CNA #2 and NA #3 using a full body mechanical lift to transfer the resident from her bed to the shower stretcher. She explained to them that Resident #1 was to be transferred with a stand-up lift and to let her know when they transferred her back to bed and she would give them assistance. The CNAs did not request her help to get Resident #1 back to bed and she had no idea the resident had been assisted to the floor during the transfer back to bed until the next morning. LPN #2 stated that all

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18BC	A. BUILDING: _____ B. WING _____	C 04/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CTR-MONROE HALL	300 CAHAL STREET 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) COMPLETE DATE
M 500	Continued From page 9 staff and agency CNAs are instructed to use the computer system so they may see the care plans and Kardex on each resident, for which type of lifts to use, and care that is required for residents. On 4/13/22 at 1:15 PM, during an interview with the DON, she confirmed the fall related to Resident #1 occurred on 3/10/22 with no one reporting it to the appropriate staff at the time the event occurred. Then on 3/11/22 when staff were making rounds, Resident #1 had bruising of her lower extremities and she was immediately sent to the local ER and the facility began an investigation. Contract staff are trained when they come to the facility on how to read the resident's Kardex on the kiosk. She agreed it is very important for staff to follow the Kardex related to how to transfer a resident to avoid injuries. On 4/14/22 at 9:58 AM in an interview with CNA #4, she stated that she walked into Resident #1's room to obtain the shower bed and noticed the resident was on the floor next to her bed, with CNA #2 and NA #3 in the room with her. There was no mechanical lift in room. CNA #2 and NA #3 informed CNA #4 that when they were transferring the resident from the shower bed to her bed, her legs went weak, and they slid her to the floor. CNA #4 assisted CNA #2 and NA #3 in transferring the resident from the floor to her bed and advised them to notify the supervisor and the DON of the accident. The CNA's agreed they would, and CNA #4 went to go take care of her residents. CNA #4 said that she really assumed they notified their nurse and DON. She confirmed that she was trained when she came to work at the facility on how to look at the kiosk to see how a resident should be transferred.	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18BC	A. BUILDING: _____ B. WING _____	C 04/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CTR-MONROE HALL	300 CAHAL STREET 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) COMPLETE DATE
M 500	Continued From page 10 On 4/14/22 at 11:00 AM, an interview with the Administrator revealed Resident #1's fall occurred on 3/10/22 and both CNA #2 and NA #3 admitted they had lowered her to the floor and did not use the mechanical lift while transferring her from the shower bed to her bed. CNA #2 and NA #3 were suspended immediately and not allowed to work at the facility. The facility held a QAC meeting and in-services were completed for all facility and agency staff on the topics of abuse, neglect, use of mechanical lifts, and the reporting of incidents. The Administrator confirmed all staff are trained on how to transfer a resident and to look at the resident's care plan or Kardex to find out how a resident is to be transferred. On 4/14/22 at 11:30 AM, an interview with Contract Agency Representative #1 revealed that the contract agency completes reference checks and background checks on their staff and conducts a CNA skills evaluation. Each facility has the obligation to orientate the contract staff to their facility. On 4/18/22 at 3:00 PM, during an interview with the DON, she explained the facility implemented additional steps in the orientation process for agency staff. When the Scheduler schedules an agency staff member that has never worked at the facility, the Scheduler will alert the DON to ensure orientation training is conducted for the agency staff member explaining policies and procedures. The agency staff will sign acknowledgement of receiving the education and this will be completed prior to the agency staff providing any direct resident care. When at all possible, the agency staff who is new to the facility will be assigned to a unit in which facility staff are also assigned to provide extra support	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18BC	A. BUILDING: _____ B. WING _____	C 04/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CTR-MONROE HALL	300 CAHAL STREET 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) COMPLETE DATE
M 500	Continued From page 11	M 500		

and assistance during their first shift worked. The contract staff member will receive specific training and sign an acknowledgment (located in a binder at each nurse's station) on how to access a resident's Kardex which will provide information on how to care for the resident, including the type of transfer required. The binders will be readily available at the nurse's station with step-by-step instruction on accessing the Kardex and will be a tool for new contract staff and for contract staff who may work intermittently at the facility. Also, as another check, the nurse on duty will confirm that all staff knows how to access the Kardex through the kiosk during "huddle", which is a communication meeting that occurs every shift with CNA's and nurses.

On 4/19/22 at 11:35 AM, an interview with LPN #2, MDS nurse, revealed that the CNAs can view the Kardex from the KIOSK for all residents. The Kardex includes information about the resident including the type of lift required for transfers.

Record review of the facility's "Agency Orientation for Certified Nursing Assistants" revealed "Policy and Procedures ...5. Falls 6. Incident and Accidents 7. Resident Lift and Transfer Policy ...Additional Topics ...CNA Documentation - Care Tracker/Kiosk ...". CNA #2 signed the document on 3/1/22 which indicated she received training on the facility's policy for resident lifting and transferring and documentation on the kiosk.

Record review of the contract agency's "Certified Nursing Assistant (CNA) - Skills Checklist" revealed CNA #2 completed a competency checklist on 2/18/22 and listed, "Familiar with various assistive devices/techniques ...4.0 Proper use of Hoyer lifts" as an experience level of "5" which indicated she could supervise/train others

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18BC	A. BUILDING: _____ B. WING _____	C 04/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CTR-MONROE HALL	300 CAHAL STREET 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) COMPLETE DATE
M 500	Continued From page 12 in the skill. Record review of the facility's "Agency Orientation for Certified Nursing Assistants" revealed "Policy and Procedures ...5. Falls 6. Incident and Accidents 7. Resident Lift and Transfer Policy ...Additional Topics ...CNA Documentation - Care Tracker/Kiosk ..." NA #3 signed the document on 3/7/22, which indicated she received training on the facility's policy for resident lifting and transferring and documentation on the kiosk. Record review of the contract agency's "Certified Nursing Assistant (CNA) - Skills Checklist, revealed NA#3 completed a competency checklist on 2/28/22 and listed "Familiar with various assistive devices/techniques ...4.0 Proper use of Hoyer lifts" as an experience level of "4" which indicated she is proficient in the skill.	M 500		
M 640	45.21.8 Accidents Accidents. The facility shall ensure that the residents ' environment remains as free of accident hazards as possible, and adequate supervision shall be provided to prevent accidents. If an unexplained accident occurs, this injury must be investigated and reported to appropriate state agencies. This Statute is not met as evidenced by: Level III Based on interviews, record review, and facility policy review, the facility failed to ensure an assistive device was used during a transfer, causing a resident to be lowered to the floor by staff which caused multiple fractures for one (1) of four (4) residents sampled. Resident #1. (See	M 640	Bedford Care Center-Monroe Hall, LLC (facility)acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent of the summary of findings is factually correct and in compliance with applicable rules and regulations. Please accept this Plan of Correction our credible allegation of	5/5/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18BC	A. BUILDING: _____ B. WING _____	C 04/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CTR-MONROE HALL	300 CAHAL STREET 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) COMPLETE DATE
M 640	Continued From page 13 M500 for additional information.) Findings include: A record review of the facility's policy "Safe Transfer and Lifting of Residents" with a revised date of 09/2013 revealed "Policy Statement In order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses appropriate techniques and devices to lift and move residents. Policy Interpretation and Implementation ...II. Assessment Guidelines ...10. Nursing staff, in conjunction with the rehabilitation staff, shall assess individual residents' needs for transfer assistance ...13. Transfer assessments will be documented in the resident's care plan and in the resident's profile in the KIOSK ..." A record review of the facility's written investigation revealed that at 8:30 AM on 3/11/22, Resident #1 was noted by Certified Nurse Assistant (CNA) #1 to have bruising to her bilateral lower extremities. CNA #1 immediately reported the bruising to Licensed Practical Nurse (LPN) #1. LPN #1 was unaware of any accident or injury to the resident and immediately evaluated the resident and notified the Director of Nursing (DON). At 9:00 AM, the DON assessed the resident and bruising to bilateral lower extremities and external rotation to the left lower extremity was noted. The resident was stable and in no acute distress. An investigation began immediately after the DON reported her findings to the Administrator 9:05 AM. The Nurse Practitioner (NP) was notified of Resident #1's condition and gave verbal orders to send the resident to the local Emergency Room (ER) for evaluation. At 9:20 AM, the resident's Responsible Representative (RR) was notified of	M 640	compliance. On 3/11/2022 at 0830 AM, Resident #1 was noted by Certified Nurse Assistant (CNA) #1, to have bruising to bilateral lower extremities. CNA #1 immediately reported the bruising to Licensed Practical Nurse (LPN) #1. LPN #1 immediately evaluated the resident and notified the Director of Nursing (DON) of the unexplained bruising. At 0900, the DON assessed the resident and confirmed the findings from LPN #1. Investigation began immediately after DON reported her findings to the Administrator, at 0905. The Nurse Practitioner (NP), was notified of the patient condition at 0905 and gave verbal orders to send the resident to the local Emergency Room (ER) for evaluation. At 0920 the resident□s Responsible Representative (RR) was notified of the situation and the need to transport the resident to the hospital for evaluation. The ambulance arrived at the facility at 0930 and at 0945 the resident was loaded onto the ambulance and began transport from the facility to the local ER. All residents have the potential to be affected by the stated deficient practice. On 3/11/2022, an emergency Quality Assessment and Assurance Committee (QAC) meeting was held to discuss findings from the facilities internal investigation of the resident□s injuries. Staff interviews, written statements, electronic medical record review, and video recording review where provided to	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18BC	A. BUILDING: _____ B. WING _____	C 04/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CTR-MONROE HALL	300 CAHAL STREET 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) COMPLETE DATE
M 640	Continued From page 14 the situation and the need to transport the resident to the hospital for evaluation. The RR agreed that the resident needed to be evaluated and the ambulance service was notified of the need for patient transportation to the Emergency Room. The ambulance arrived at the facility at 9:30 AM and at 0945 9:45 AM, the resident was loaded into the ambulance and began transport from the facility to the local Emergency Room. The Quality Assessment and Assurance Committee (QAC) on 3/11/22 for an emergency meeting. The facility Medical Director and the residents Primary Care Physician were both made aware of the incident and participated in the QAC review via phone conference. After reviewing a Root Cause Analysis (RCA) was conducted and the QAC has determined that Contract Agency staff members CNA #2 and NA #3, did not follow the residents plan of care when attempting to transfer the resident. The resident is to be transferred using a lift, but no lift was utilized during a transfer on 3/10/2022 at approximately 1:45 PM, per video review and corroborating statements from staff. The resident subsequently sustained an assisted fall, per CNA #2 and NA #3's written statement review. Also, CNA #2 and NA #3, in separate interviews held with the DON and the Administrator, both stated that the incident was not reported up the chain of command to the resident's primary nurse, nurse manager, or to Administration as per the facility policy. CNA #4, also an employee of the Contract Agency per written statement, interview, and video recording review, entered the resident's room and noted the resident to be on the floor. CNA #4 failed to notify nursing staff or Administration of the incident but did explain to CNA #2 and NA #3 the requirement to report the incident. CNA #2 and NA #3 were immediately suspended from working in facility, after their	M 640	the QAC. The facility Medical Director and the residents Primary Care Physician were both made aware of the incident and participated in the QAC review via phone conference. After review a Root Cause Analysis (RCA) was conducted and the QAC has determined that contract staff members, CNA #2 and NA #3, did not follow the resident□s plan of care when attempting to transfer the resident nor did they follow the facility policy and procedure as trained and instructed through orientation. The resident is to be transferred using a lift but no lift was utilized during a transfer on 3/10/2022 at approx. 1345, per video review and corroborating statements from staff. CNA #2 and NA #3 were immediately suspended from working in Bedford Care Center □ Monroe Hall, LLC after their interviews conducted the morning of 3/11/2022. The employer of CNA #2 and NA #3 was notified via email of the incident and suspension of staff on 3/11/2022. Upon completion of the QAC review and findings, immediate training of all facility staff began on 3/11/2022 by the Staff Development Nurse. This training included the topic of Abuse and Neglect, Residents Rights, Resident Transfer Policy, and Accident and Injury Reporting. Training of all staff was completed on 3/24/22. On 3/11/2022, the QAC adopted additional steps to ensure all direct care staff who are employed by a staffing agency are completing agency orientation and competencies prior to working in the facility. The person scheduling the agency	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18BC	A. BUILDING: _____ B. WING _____	C 04/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CTR-MONROE HALL	300 CAHAL STREET 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) COMPLETE DATE
M 640	Continued From page 15 interviews were conducted the morning of 3/11/2022. Record review of the written statement signed by CNA #2 and dated 3/12/22 revealed, " ...Nurse (Proper Name) entered the room and told (Proper Name of NA #3) she could have used the stand up lift because she could stand ...I went back to help her get dressed and be put back to bed. We did not use the total lift because we was told she could stand ...We scooted her to the end and grabbed both side getting onto the floor standing straight ...she began to holler 'My Legs' and bending them going to the floor (sitting on her legs) when we got her lowered to the ground, making sure she didn't fall..." Record review of the written statement signed by NA #3 and dated 3/11/22 revealed, " ...I asked (Proper Name of CNA #2) to go get the shower bed because another aide had told me she was total ...assisted me with the lift in the process of it a nurse ...walked in and said 'You don't have to use the total lift she can stand up they normally put her in the chair to bath' ...After the shower I asked (Proper Name of CNA #2) to assist me with transferring her since the nurse had said she could stand up ...When we stood her up all the way she didn't stand up she crossed her legs and went down, but she ended up sitting on her knees ...Me and (Proper Name of CNA #2) tuned her onto her right side to get her legs from under her ..." Record review "Emergency Department (ED) Provider Notes" revealed, " ...3/11/22 patient reportedly fell yesterday, unwitnessed. "Impression" revealed, " ...she is 84-year-old female who was brought to the hospital after a fall. She is found to have left proximal tibial and	M 640	staff at the facility will alert the DON of any agency staff who have not worked in the facility by placing them on the New Agency Roster. The DON will communicate the need for new agency orientation to the on duty nursing staff. Upon completion of the training the agency staff member will sign an acknowledgement that training was completed and content is understood. Also, the nurse on duty conducting the orientation will sign as a witness that the orientation was completed. The agency orientation content will include but is not limited to Vulnerable Adults Law, Resident□s Rights, Falls, Incidents and Accidents, Resident Lift and Transfer Policy, and CNA Documentation (includes the Kardex or care plan). When possible, the new agency staff will be assigned to a unit with a facility staff CNA to provide extra support and assistance during their first shift worked. Beginning 4/29/2022, the Staff Development nurse or Registered Nurse began conducting random resident transfer observations, 10 times per week for 2 weeks and then 5 times weekly for 2 months ending July 4, 2022. The observer will confirm that staff are able to access the residents care plan on the Kardex, determine the appropriate type of transfer required, access the appropriate equipment as necessary and perform the transfer per policy and procedure. The observations will be documented on the Observation Form. Beginning 4/29/2022, the DON will collect all agency orientation acknowledgement forms weekly to ensure compliance with agency staff orientation.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18BC	A. BUILDING: _____ B. WING _____	C 04/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CTR-MONROE HALL	300 CAHAL STREET 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) COMPLETE DATE
M 640	Continued From page 16 fibular fracture and right distal femur fracture." On 4/14/22 at 1:00 PM, the State Agency (SA) observed video surveillance recorded on 3/10/22 at 1:45 PM, that revealed CNA #2 and NA #3 walking in the hallway with Resident #1 on the shower bed. They entered the resident's room and did not take the mechanical lift into the resident's room. The mechanical lift was noted to be in the hallway the entire time they were in the resident's room. CNA #4 went into the room and exited. CNA #2 and NA #3 were in the resident's room for seven (7) minutes before exiting the room with the empty shower bed. Record review of the "Admission Record" revealed Resident #1 was admitted to the facility on 8/3/18 with diagnoses including Alzheimer's Disease, Periprosthetic Fracture around Internal Prosthetic Right Hip Joint, and Periprosthetic Fracture around Internal Prosthetic Left Hip Joint. Record review of quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/9/22 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 03, which indicated she is severely cognitively impaired, and she required an extensive two-person assist for transfers. Record review of Resident #1 "Visual/Bedside Kardex Report" as of 3/1/2022 revealed the resident required the use of a mechanical stand-up lift (medium belt-blue straps) with two staff extensive assistance for transfers at the time of the fall. Record review of Resident #1's "Progress Note" revealed a nurses note written by the DON with an effective date of 3/11/22 at 9:00 AM, "Primary	M 640	Any variances observed will require immediate correction and training with successful return demonstration of the observed process prior to the staff member being able to return to work. All variances identified will be documented and filed for review. Variances will be submitted to the QAC for review by the Medical Director and the Steering Committee to ensure sustained compliance monthly times 2 months beginning 5/4/2022 and ending July 4, 2022. On 5/5/2022, Bedford Care Center □ Monroe Hall, LLC corrective actions will be completed. On going monitoring, observations, and QAC review will continue for 2 months ending July 4, 2022.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18BC	A. BUILDING: _____ B. WING _____	C 04/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CTR-MONROE HALL	300 CAHAL STREET 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) COMPLETE DATE
M 640	Continued From page 17	M 640		

nurse stated to myself, "I need to tell you something." Nurse proceeded to tell me that a CNA had reported an injury to her LPN, when assessed elder lower extremities noted with extensive bruising purple and reddish in color, left leg noted to be externally rotated, elder not voice pain at this time, notified RN (Registered Nurse) unit manager to call NP and RR".

Record review of Resident #1's "Progress Note" revealed a nurses note by RN #1 with an effective date of 3/11/22 at 9:16 AM, "Entered resident's room and noted bruising to BLE (Bilateral Lower Extremity). Also noted gross deformity to LLE (Left Lower Extremity) distal knee. (Proper Name of Nurse Practitioner) notified. New order to transfer to (Proper Name of Local Hospital) ER for evaluation".

On 4/13/22 at 10:40 AM, an interview with LPN #2 revealed that on 3/10/22, she walked into Resident #1's room and saw CNA #2 and NA #3 using a full body mechanical lift to transfer the resident from her bed to the shower stretcher. She explained to them that Resident #1 was to be transferred with a stand-up lift and to let her know when they transferred her back to bed and she would give them assistance. The CNAs did not request her help to get Resident #1 back to bed and she had no idea the resident had been assisted to the floor during the transfer back to bed until the next morning. LPN #2 stated that all staff and agency CNAs are instructed to use the computer system so they may see the care plans and Kardex on each resident, for which type of lifts to use, and care that is required for residents.

On 4/13/22 at 1:15 PM, during an interview with the DON, she confirmed the fall related to Resident #1 occurred on 3/10/22 with no one

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18BC	A. BUILDING: _____ B. WING _____	C 04/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CTR-MONROE HALL	300 CAHAL STREET 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) COMPLETE DATE
M 640	Continued From page 18	M 640		

reporting it to the appropriate staff at the time the event occurred. Then on 3/11/22 when staff were making rounds, Resident #1 had bruising of her lower extremities and she was immediately sent to the local ER and the facility began an investigation. Contract staff are trained when they come to the facility on how to read the resident's Kardex on the kiosk. She agreed it is very important for staff to follow the Kardex related to how to transfer a resident to avoid injuries.

On 4/14/22 at 9:58 AM in an interview with CNA #4, she stated that she walked into Resident #1's room to obtain the shower bed and noticed the resident was on the floor next to her bed, with CNA #2 and NA #3 in the room with her. There was no mechanical lift in room. CNA #2 and NA #3 informed CNA #4 that when they were transferring the resident from the shower bed to her bed, her legs went weak, and they slid her to the floor. CNA #4 assisted CNA #2 and NA #3 in transferring the resident from the floor to her bed and advised them to notify the supervisor and the DON of the accident. The CNA's agreed they would, and CNA #4 went to go take care of her residents. CNA #4 said that she really assumed they notified their nurse and DON. She confirmed that she was trained when she came to work at the facility on how to look at the kiosk to see how a resident should be transferred.

On 4/14/22 at 11:00 AM, an interview with the Administrator revealed Resident #1's fall occurred on 3/10/22 and both CNA #2 and NA #3 admitted they had lowered her to the floor and did not use the mechanical lift while transferring her from the shower bed to her bed. CNA #2 and NA #3 were suspended
immediately and not allowed to work at the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18BC	A. BUILDING: _____ B. WING _____	C 04/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CTR-MONROE HALL	300 CAHAL STREET 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) COMPLETE DATE
M 640	Continued From page 19	M 640		

facility. The facility held a QAC meeting and in-services were completed for all facility and agency staff on the topics of abuse, neglect, use of mechanical lifts, and the reporting of incidents. The Administrator confirmed all staff are trained on how to transfer a resident and to look at the resident's care plan or Kardex to find out how a resident is to be transferred.

On 4/14/22 at 11:30 AM, an interview with Contract Agency Representative #1 revealed that the contract agency completes reference checks and background checks on their staff and conducts a CNA skills evaluation. Each facility has the obligation to orientate the contract staff to their facility.

On 4/18/22 at 3:00 PM, during an interview with the DON, she explained the facility implemented additional steps in the orientation process for agency staff. When the Scheduler schedules an agency staff member that has never worked at the facility, the Scheduler will alert the DON to ensure orientation training is conducted for the agency staff member explaining policies and procedures. The agency staff will sign acknowledgement of receiving the education and this will be completed prior to the agency staff providing any direct resident care. When at all possible, the agency staff who is new to the facility will be assigned to a unit in which facility staff are also assigned to provide extra support and assistance during their first shift worked. The contract staff member will receive specific training and sign an acknowledgment (located in a binder at each nurse's station) on how to access a resident's Kardex which will provide information on how to care for the resident, including the type of transfer required. The binders will be readily available at the nurse's station with step-by-step

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18BC	A. BUILDING: _____ B. WING _____	C 04/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CTR-MONROE HALL	300 CAHAL STREET 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) COMPLETE DATE
M 640	Continued From page 20	M 640		

instruction on accessing the Kardex and will be a tool for new contract staff and for contract staff who may work intermittently at the facility. Also, as another check, the nurse on duty will confirm that all staff knows how to access the Kardex through the kiosk during "huddle", which is a communication meeting that occurs every shift with CNA's and nurses.

On 4/19/22 at 11:35 AM, an interview with LPN #2, MDS nurse, revealed that the CNAs can view the Kardex from the KIOSK for all residents. The Kardex includes information about the resident including the type of lift required for transfers.

Record review of the facility's "Agency Orientation for Certified Nursing Assistants" revealed "Policy and Procedures ...5. Falls 6. Incident and Accidents 7. Resident Lift and Transfer Policy ...Additional Topics ...CNA Documentation - Care Tracker/Kiosk ...". CNA #2 signed the document on 3/1/22 which indicated she received training on the facility's policy for resident lifting and transferring and documentation on the kiosk.

Record review of the contract agency's "Certified Nursing Assistant (CNA) - Skills Checklist" revealed CNA #2 completed a competency checklist on 2/18/22 and listed, "Familiar with various assistive devices/techniques ...4.0 Proper use of Hoyer lifts" as an experience level of "5" which indicated she could supervise/train others in the skill.

Record review of the facility's "Agency Orientation for Certified Nursing Assistants" revealed "Policy and Procedures ...5. Falls 6. Incident and Accidents 7. Resident Lift and Transfer Policy ...Additional Topics ...CNA Documentation - Care Tracker/Kiosk ..." NA #3 signed the document on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18BC	A. BUILDING: _____ B. WING _____	C 04/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CTR-MONROE HALL	300 CAHAL STREET 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) COMPLETE DATE
M 640	Continued From page 21 3/7/22, which indicated she received training on the facility's policy for resident lifting and transferring and documentation on the kiosk. Record review of the contract agency's "Certified Nursing Assistant (CNA) - Skills Checklist, revealed NA#3 completed a competency checklist on 2/28/22 and listed "Familiar with various assistive devices/techniques ...4.0 Proper use of Hoyer lifts" as an experience level of "4" which indicated she is proficient in the skill.	M 640		