STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255218	A. BUILDING _____ B. WING _____	C 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO MANOR	**230 KHAKI STREET IUKA, MS 38852**

(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 complaint investigations (CI) at the facility from 04/12/22-04/13/22. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid. CI MS #18370 for misappropriation, inappropriate feeding and denied visitation was not substantiated. The SA also investigated CI MS #18566 related to falls/accidents and monitor/assess and did substantiate this allegation and cited failure to notify at F580, neglect at F600 and pain management at F697. The facility had a census of 99 and a held a license for 105 at the time of the survey.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in	F 580		5/23/22

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

Electronically Signed | 05/12/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255218	A. BUILDING _____ B. WING _____	C 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO MANOR	230 KHAKI STREET IUKA, MS 38852

(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 580	Continued From page 1 §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on observation, staff, family and resident interviews, record review and facility policy review the facility failed to notify the Resident Representative (RR) after an incident that resulted in a fracture following a fall for one (1) of 10 residents reviewed. Resident #9. Findings Include:	F 580	The Resident Representative was notified of the incident involving Resident #9 by Registered Nurse #3 on 2/26/22 at 8:20 am. Registered Nurse #1 was disciplined with an Employee Warning on 2/28/22 by the Administrator and Director of Nursing. All residents have the potential to be affected by this deficient practice. No	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255218	A. BUILDING _____ B. WING _____	C 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO MANOR	230 KHAKI STREET IUKA, MS 38852

(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 580	Continued From page 2 Review of the facility policy titled, "Change in Resident Medical Status" with a revision date of 09/17 revealed, "A change in medical status is defined as any physical, psychological and /or medical deviation as compared to the resident's status as noted in the initial assessment. These changes may include: a fall and /or injury... These changes must be noted in a) clinical record, b) care plan if significant; c) accident/incident report (if due to fall or injury)... A facility must immediately inform the resident; consult with the residents physician; and notify, consistent with his or her authority, the resident representative(s), when there is-1. An accident involving the resident which results in injury and has the potential for requiring physician intervention;..." Record review of the Administrator Investigation Notes revealed an investigation began on 2/26/22 at 1:30 PM, with an interview Certified Nurse Assistant (CNA) # 5 and Nurse Assistant in Training (NAT) #1 which revealed they attempted to transfer Resident #9 from her wheelchair to her bed with a stand lift. The investigation notes revealed that as Resident # 9 was being lifted, she slid out of the lift sling and was assisted to the floor. Resident #9's nurse was notified, she assessed the resident, the resident denied an injury or any pain and was assisted to bed with a total lift. The Administrator interviewed Resident #9 on 2/26/22 at 3:50 PM, with the resident's RR present. The investigation notes revealed Resident #9 had a Brief Interview for Mental Status (BIMS) score of 15 and confirmed that she started to fall while being put to bed with that stand-up thing, she told the CNA's she was falling, and they lowered her to the floor. The investigative notes revealed that Resident #9 confirmed she had no pain or known injury at the	F 580	other residents have been identified as being affected by this deficient practice. Registered Nurse #1 was in-serviced by the Director of Nursing on 2/28/22 on the policies and procedures (Change in Resident Medical Status and Residents Rights) to follow after any resident incident/fall. Registered Nurses and Licensed Practical Nurses were in-serviced by the Director of Nursing on 5/5/22 on policies and procedures (Change in Resident Medical Status and Residents Rights) to follow after any resident incident/fall. A Quality Assurance Meeting was held on 4/14/22 to discuss findings from survey exit and systematic changes needed to ensure deficient practice does not reoccur. Beginning May 9, 2022 in the Daily Stand-Up Meeting and May 1, 2022 in the weekly High Risk Meeting the Administrator or Director of Nursing will review all resident incident reports to ensure that the Resident Representative has been notified. Any concerns noted during this ongoing review will be reported to the Quality Assurance Committee on 5/17/22 with any additional in-servicing completed as needed. Beginning May 9, 2022, the Administrator or Director of Nursing will report any concerns regarding F Tag 580 in the Department Head Meeting each week for four weeks then monthly for three months. Beginning May 17, 2022, the Administrator or Director of Nursing will report any concerns to the Quality Assurance Committee and then	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255218	A. BUILDING _____ B. WING _____	C 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO MANOR	230 KHAKI STREET IUKA, MS 38852

(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 580	Continued From page 3 time of the fall but started hurting around 2:00 AM or 3:00 AM. The Administrator's investigation notes revealed that she interviewed Resident # 9's roommate -Unsampled Resident (C) on 2/28/22 at 10:00 AM, regarding Resident #9's fall with a lift on the night of 2/25/22, and the roommate confirmed "well they was trying to put her to bed with that machine and she started slipping out of it and that girl got down in the floor and they set sis down in her lap, she didn't fall, they didn't let her fall and she told them she wouldn't hurt". An interview with the Administrator and Director of Nurses (DON) on 4/12/22 at 11:11 AM, revealed that the Administrator was notified of the residents fall on 2/26/22 at 1:30 PM. The Administrator revealed that she had investigated the incident and discovered that RN #1 assessed the resident, and the resident had no complaints of pain. She stated that Resident #9 started complaining of pain in her leg between 2 AM and 4 AM on 2/26/22. The Administrator revealed that Resident #9's Resident Representative (RR) was not notified until Saturday morning when the staff decided to send the resident to the Emergency Room (ER), because her pain was not being relieved. The Administrator stated that Resident #9's leg was x-rayed in the ER and the facility was notified she had a Tib/Fib (tibia/fibula) fracture in her left leg. She stated that Resident #9's nurse that was on duty when the fall occurred should have completed an incident report but did not. The Administrator stated that when the resident started complaining of pain during the next shift that nurse completed it and put the incident type as "Other". The Administrator revealed that since that nurse put "Other" as the incident type then it did not show	F 580	monthly for three months at each Quality Assurance Committee meeting until substantial compliance is achieved with F Tag 580. The Quality Assurance Committee will revise the corrective action plan as needed until substantial compliance is achieved with F Tag 580.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255218	A. BUILDING _____ B. WING _____	C 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO MANOR	230 KHAKI STREET IUKA, MS 38852

(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 580	Continued From page 4	F 580		

up on our "Fall Incident Log" She revealed that once the ER notified them that Resident #9's leg was fractured, then she notified the State Agency. She confirmed that the RR should have been notified before the next morning.

An interview on 4/12/22 at 4:12 PM, with Registered Nurse (RN) #1 revealed she remembers one of her aides coming to get her on the evening of 2/25/22 because Resident #9 had slid down on the floor while in the stand lift. She revealed that she went into Resident #9's room and the resident was lying on the floor with her legs stretched out. Nurse Assistant in Training (NAT) #1 was sitting underneath her. She revealed she did not do a progress note, an incident report and did not notify the DON or the RR but she should have. She revealed she was planning to call the DON but forgot.

A telephone interview on 4/13/22 at 10:12 AM, with Licensed Practical Nurse (LPN) #3 revealed she came on shift 2/25/22 at 11 PM. She revealed she did not get a report of a fall or any incident with Resident #9. She revealed she does not remember the CNAs saying that the CNAs from the previous shift mentioned a fall or an incident with the lift.

On 4/13/22 at 11:00 AM, during an interview with the Administrator revealed she was not aware that the 11-7 shift nurse was not aware of the fall. She revealed she did reprimand RN #1 for not reporting it or calling the RR, did an in-service with everyone about reporting falls and when to do an incident report, but she did not do an audit of all falls.

During a phone interview on 4/14/22 at 10:58 PM,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255218	A. BUILDING _____ B. WING _____	C 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO MANOR	230 KHAKI STREET IUKA, MS 38852

(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 580	Continued From page 5	F 580		

with the RR confirmed she was not notified of her mother's fall from a lift until the next day. She stated her mother told her that she had severe pain in her leg all night. The RR stated, "they let her lay there in pain all night". She revealed when she spoke with the Administrator the day, she found out about the fall and insisted that her mother be discharged from the facility.

An interview on 4/23/22 at 3:15 PM, with the DON revealed that a nurse not reporting a fall of a resident to the next shift nurse is "borderline" neglect and confirmed that if an accurate report is not given to the oncoming shift, then any changes in care cannot be carried through. She revealed that the CNA's should walk down the hall and give a short report on each resident during shift change and she is not sure that occurred during this shift change. She confirmed the nurse on duty when Resident #9 had the lift fall should have completed an incident report, made the next shift nurse aware and notified the RR. The DON confirmed that the RR was not notified of the incident when it occurred. but should have been.

Record review of Resident #9's Face Sheet revealed the facility admitted the resident on 9/13/19 with medical diagnoses including Type 2 Diabetes mellitus with diabetic nephropathy and Other abnormalities of gait and mobility. She was discharged on 2/26/22.

Record review of a Departmental Note dated 2/26/22 at 3:07 PM, by RN #3, Late entry for 8:20 AM, revealed, "called to resident room per medication nurse to assess resident's left foot and leg due to complaint of pain. Left foot has mild edema noted to outside of foot and ankle bone. She complained of pain that is shooting

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255218	A. BUILDING _____ B. WING _____	C 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO MANOR	230 KHAKI STREET IUKA, MS 38852

(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 580	Continued From page 6	F 580		

sharp and at a 10 on a scale of 0-10 when it is touched or moved. The resident described that three staff got her up in the stand lift and was performing her care and her foot slipped off the platform of the lift. The Responsible Person (RP) was called at this time and informed of the incident with residents' complaint of pain and need for an Xray. The RP chose to have the resident sent to the ER instead of waiting on a portable XRAY."

Record review of a Departmental Note by a staff LPN, dated 2/26/22 at 3:57 PM-Late Entry for 7:30 AM "Went to residents' room to assess her Bilateral Lower Extremities (BLE) due to resident had complaint of pain to leg. Observed for any bruising edema, or pain to BLE's. Lower Left Extremity (LLE) tender to touch and resident yells when leg is moved. No edema or bruising noted. Reported this to charge nurse and for her to assess her LLE."

Record review of Resident #9's Emergency Department Discharge Summary Report from 2/26/22 indicated an Computerized Tomography (CT) was obtained on the resident's left lower leg without contrast and the findings were noted as; Comminuted and impacted distal tibial fracture extends into the articular surface of the anterior medical distal tibia. Comminuted and impacted distal fibular shaft fracture with medial angulation of distal fragments. The review of this report indicated the resident received Toradol, Zofran and Morphine in the Emergency Room and was discharged back to the facility on 2/26/22 in stable condition with a left leg splint and a follow up appointment with an orthopedic doctor on Monday 2/28/22.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255218	A. BUILDING _____ B. WING _____	C 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO MANOR	230 KHAKI STREET IUKA, MS 38852

(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 580	Continued From page 7 Record review of Resident #9's most recent Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/22/21 revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicates the resident was cognitively intact.	F 580		
F 600 SS=G	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on observation, staff, family and resident interviews, record review and facility policy review the facility neglected to provide nursing services following a fall as evidenced by no shift change report, no progress note or incident report following the fall for one (1) of 10 residents reviewed. Resident #9. Findings include: Review of the facility policy titled, "Resident Rights" with a revision date of 11/17 revealed, "	F 600	Documentation regarding the incident involving Resident #9 was completed in the medical record by the Registered Nurse #3 on 2/26/22 at 8:20am. An incident report for Resident #9 was completed by the Registered Nurse #3 on 2/26/22 at 8:20 am. Registered Nurse #1 was disciplined with an Employee Warning on 2/28/22 by the Administrator and Director of Nursing. All residents have the potential to be	5/23/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255218	A. BUILDING _____ B. WING _____	C 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO MANOR	230 KHAKI STREET IUKA, MS 38852

(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 600	Continued From page 8 All residents in a long-term care facility have rights guaranteed to them under Federal and State law. Residents residing at this facility will be guaranteed a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. These rights include:... #23 A facility must immediately inform the resident; consult with the resident's physician; and notify, the resident representative, F-580, when there is- a. An accident involving the resident which results in injury and has the potential for requiring physician intervention...#31 To be free from abuse, neglect, misappropriation of resident property and exploitation..." Review of the facility policy titled, "Change in Resident Medical Status" with a revision date of 09/17 revealed, "A change in medical status is defined as any physical, psychological and /or medical deviation as compared to the resident's status as noted in the initial assessment. These changes may include: a fall and /or injury... These changes must be noted in a) clinical record, b) care plan if significant; c) accident/incident report (if due to fall or injury)... A facility must immediately inform the resident; consult with the residents physician; and notify, consistent with his or her authority, the resident representative(s), when there is-1. An accident involving the resident which results in injury and has the potential for requiring physician intervention;..." Record review of the Administrator's investigation notes revealed the investigation began on 2/26/22 at 1:30 PM, with an interview Certified Nurse Assistant (CNA) # 5 and Nurse Assistant in Training (NAT) #1 which revealed on 2/25/22 at	F 600	affected by this deficient practice. No other residents have been identified as being affected by this deficient practice. Facility Staff was in-serviced on Resident Abuse/Neglect and Residents Rights on 4/21/22 by the Administrator and Director of Nursing. Registered Nurses and Licensed Practical Nurses were in-serviced by the Director of Nursing on 5/5/22 regarding shift change report, documenting incidents/falls in the residents medical record and completing incident reports. Nursing Assistants were in-serviced by the Staff Development Nurse on 5/5/22 regarding shift change report. Beginning May 9, 2022, the Director of Nursing or Staff Development Nurse will observe shift change report at the end of 7-3 shift, 3-11 shift and 11-7 shift one time per week for four weeks, then at the end of 7-3 shift, 3-11 shift and 11-7 shift one time per month for three months to ensure end of shift report is being done between nurses and nursing assistants. A Quality Assurance Meeting was held on 4/14/22 to discuss findings from survey exit and systematic changes needed to ensure deficient practice will not reoccur. Beginning May 9, 2022 in the Daily Stand-Up Meeting and May 11, 2022 in the weekly High Risk Meeting, the Administrator or Director of Nursing will review all resident incident reports to ensure documentation has been made in the residents medical record. Any concerns noted during this ongoing review	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255218	A. BUILDING _____ B. WING _____	C 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO MANOR	230 KHAKI STREET IUKA, MS 38852

(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 600	Continued From page 9 approximately 9:45 PM, they attempted to transfer Resident #9 from her wheelchair to her bed with a stand lift. The investigation notes revealed that as Resident # 9 was being lifted, she slid out of the lift sling and was assisted to the floor. Resident #9's nurse was notified, she assessed the resident, the resident denied an injury or any pain and was assisted to bed with a total lift. The Administrator interviewed Resident #9 on 2/26/22 at 3:50 PM, with the resident's RR present. The investigation notes revealed Resident #9 had a Brief Interview for Mental Status (BIMS) score of 15 and confirmed that she started to fall while being put to bed with that stand-up thing, she told the CNA's she was falling, and they lowered her to the floor. The investigative notes revealed that Resident #9 confirmed she had no pain or known injury at the time of the fall but started hurting around 2:00 or 3:00 AM. The Administrator's investigation notes revealed that she interviewed Resident # 9's roommate -Unsampled Resident (C) on 2/28/22 at 10:00 AM, regarding Resident #9's fall with a lift on the night of 2/25/22, and the roommate confirmed "well they was trying to put her to bed with that machine and she started slipping out of it and that girl got down in the floor and they set sis down in her lap, she didn't fall, they didn't let her fall and she told them she wouldn't hurt". An interview on 4/12/22 at 11:11 AM, with the Administrator and Director of Nurses (DON) revealed that the Administrator was notified of the resident's fall on 2/26/22 at 1:30 PM. The Administrator revealed that she had investigated the incident and discovered that RN #1 assessed the resident, and the resident had no complaints of pain. She revealed that Resident #9 started complaining of pain in her leg between 2 AM and	F 600	will be reported to the Quality Assurance Committee on 5/17/22 with any additional in-servicing completed as needed. Beginning May 9, 2022, the Administrator or Director of Nursing will report any concerns regarding F Tag 600 in the Department Head Meeting each week for four weeks, then monthly for three months. Beginning May 17, 2022, the Administrator or Director of Nursing will report any concerns to the Quality Assurance Committee and then monthly for three month at each Quality Assurance Committee meeting until substantial compliance is achieved with F Tag 600. The Quality Assurance Committee will revise the corrective action plan as needed until substantial compliance is achieved with F Tag 600.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255218	A. BUILDING _____ B. WING _____	C 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO MANOR	230 KHAKI STREET IUKA, MS 38852

(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 600	Continued From page 10	F 600		

4 AM on 2/26/22. The Administrator revealed that Resident #9's Resident Representative (RR) was not notified until Saturday morning when the staff decided to send the resident to the Emergency Room (ER), because her pain was not being relieved. She revealed that Resident #9's leg was x-rayed in the ER and the facility was notified she had a Tib/Fib (tibia/fibula) fracture in her left leg. She confirmed that Resident #9's nurse that was on duty when the fall occurred should have completed an incident report but did not. She revealed that when the resident started complaining of pain during the next shift that nurse completed it and put the incident type as "Other". The Administrator revealed that since that nurse put "Other" as the incident type then it did not show up on our "Fall Incident Log" She revealed that once the ER notified them that Resident #9's leg was fractured, then she notified the State Agency. She confirmed that the RR should have been notified before the next morning.

An interview on 4/12/22 at 3:00 PM, with Certified Nurse Assistant (CNA) #5 revealed that Resident #9 was in her room on the night of 2/25/22 in her wheelchair and she pushed her light. She revealed that when she went in the resident ask to go to bed. She got NAT #1 to go get the stand lift which was the type of lift that was ordered for the resident. They put the sling vest on the resident and used the correct size sling vest, which was the largest one, they wrapped the sling around the residents back, Velcroed in the front of the resident, crossed the sling straps through the hole and then attached two (2) strings to each side of the lift hooks. She revealed the foot base has a rough texture and the resident was wearing gray gripper socks. She revealed this resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255218	A. BUILDING _____ B. WING _____	C 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO MANOR	230 KHAKI STREET IUKA, MS 38852

(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 600	Continued From page 11	F 600		

grabbed the handles on each side of the lift, they locked the wheels, the resident placed her feet up in the foot base before we started the lift. She revealed that she pushed the control button on the lift and NAT #1 guided the resident. She revealed that the back of the resident's legs was touching the bed and the vest started slipping up her back as we were lowering her to the bed. She revealed that NAT #1 got underneath her to break her fall and we lowered the resident until she was sitting in NAT #1's lap in the floor. She revealed it was all in slow motion and Resident #9's legs went straight out. She helped NAT #1 out from underneath the resident and went and told Registered Nurse (RN) #1 what had happened. She revealed they assisted the resident from the floor to the bed with a total lift. The resident had no complaint of pain after the fall, while using the total lift back to bed or while turning and changing her. RN #1 assessed the resident with us present and the resident denied any pain. She revealed the resident never pushed her call light before the end of their shift, but she knew the nurse went in to assess her several times before the end of shift. She revealed she had assisted with lifting this resident with a stand lift before. She revealed she had been in-serviced and used this lift before.

An interview on 4/12/22 at 3:40 PM, with NAT #1 confirmed that she had been in serviced on how to use the stand lift and had used it before on this resident. She revealed this resident was yellow which was a lift assist, and this resident was supposed to use a stand lift. She revealed she is not sure if the sling has color codes, but she knows the resident used a large one. The resident had gray gripper socks on when they used the lift, and she could hold the handles on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255218	A. BUILDING _____ B. WING _____	C 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO MANOR	230 KHAKI STREET IUKA, MS 38852

(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 600	Continued From page 12	F 600		

the lift with both hands. CNA #5 pushed the lift button and she guided the resident. She revealed she told CNA #5 to stop pushing the lift button when she realized the sling was slipping up the residents back. She confirmed the back of the resident's legs were touching the side of the bed at this point. She revealed the resident did not say anything and they tried to pull the vest down and try again to lower her, but she started to slowly fall because the sling slid back up again. She revealed she sat down on the bed and the resident sat in my lap and we went together to the floor. The resident legs went straight out and did not hit the legs of the lift because the lift legs were separated. CNA #5 went to get RN #1 and she came in and told us to get a total lift. She revealed that RN #1 helped CNA #5 get the total lift sling under the resident and then I slipped out. She revealed the resident did not holler out or complain of any pain. We used a total lift to get her back in bed, we turned her and changed her brief and got the sling off her and she still had no complaints of pain.

An interview on 4/12/22 at 4:12 PM, with RN #1 revealed she remembers one of her aides coming to get her on the evening of 2/25/22 because Resident #9 had slid down on the floor while in the stand lift. She revealed she was doing the evening med pass and her med cart was in the hall between the resident's room and the next room. She did not hear anything that sounded like a fall. She went into the resident's room and the resident was lying on the floor with her legs stretched out and NAT #1 was sitting underneath her. She revealed she helped get the resident to a lying position with a pillow under her head while CNA #5 went to get the total lift. She assessed the resident while she was lying on the floor, had

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255218	A. BUILDING _____ B. WING _____	C 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO MANOR	230 KHAKI STREET IUKA, MS 38852

(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 600	Continued From page 13	F 600		

her move her arms and legs and confirmed she did not hit her head. The resident's roommate-Unsampled Resident (C) said "she didn't even hit the floor". She revealed the resident confirmed that and said she had no pain and that she just wanted to go back to bed. They put the sling on the resident and lifted her back to bed with a total lift and she assessed her again. She checked her feet, legs and arms for any bruises and had her squeeze my hands. The resident still had no complaints of pain anywhere. She revealed CNA #5 and NAT #1 changed her and got her situated in bed and she came back and gave her evening medications. She stated that technically it wasn't a fall. She was lowered to the floor, and she knew the resident was fine. She revealed that CNA #5 and NAT #1 rolled her back and forth to get her out of the sling and she never complained of pain. When she came back in to give her meds, she asked her again if she was hurting and the resident still denied any pain. She revealed she went back in the resident's room seven (7) - eight (8) times before she got off that night at 11 PM. She stated she made the next shift aware. She stated she did not do a progress note, an incident report and did not notify the DON or the RR but should have. She revealed she was planning on calling the DON but forgot. She confirmed that not documenting this incident made it look suspicious.

A telephone interview on 4/13/22 at 10:12 AM, with Licensed Practical Nurse (LPN) #3 revealed she came on shift 2/25/22 at 11 PM and her CNAs came and got her after they made their first round to check on the resident around 2 AM. She revealed they told her that Resident #9 was complaining of her leg hurting. She revealed she went to the resident's room and assessed her

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255218	A. BUILDING _____ B. WING _____	C 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO MANOR	230 KHAKI STREET IUKA, MS 38852

(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 600	Continued From page 14	F 600		

legs. She revealed the left foot was turned inward, but she compared it to her right foot, and they looked the same. She revealed she did not get a report of a fall or any incident with this resident, so I gave her some Tylenol and a couple of hours later she was still complaining of pain and requested to go to the ER. She revealed that she told the resident we could get a portable X-ray in the morning. She confirmed if she had known about the fall then she would have assessed her more frequently and when she started complaining of pain, she would have sent her out. She revealed she does not remember the CNAs saying that the CNAs from the previous shift mentioned a fall or an incident with the lift.

An interview on 4/13/22 at 11:00 AM, with the Administrator revealed she was not aware that the 11-7 shift nurse on the night of the fall was not aware of the fall. She revealed she did reprimand RN #1 for not reporting it or calling the RR, did an in-service with everyone about reporting falls and when to do an incident report, but she did not do an audit of all falls.

An interview on 4/13/22 at 1:33 PM with Unsampled Resident (C) roommate to Resident #9 at the time of the fall revealed she was in the bed in the room at the time of the fall with the curtain pulled open between us. She revealed she witnessed the fall and said the aide sat on the floor to break Resident #9's landing, she revealed Resident #9's legs went straight out and did not get bent.

Record review of the BIMS score for Unsampled Resident (C) based on the facility assessment date range of 10-1-21 through 4-12-22 revealed it was 7, indicating severely impaired cognitive

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255218	A. BUILDING _____ B. WING _____	C 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO MANOR	230 KHAKI STREET IUKA, MS 38852

(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 600	Continued From page 15	F 600		

status, but the resident was able to tell me what day of the week it was, what she had for supper last night and what hall she was on when she was roommates with Resident #9 when this incident occurred.

An interview with the RR on 4/14/22 at 10:58 PM, confirmed that she was not notified of her mother's fall from the lift until the next day. She stated her mother told her that she had severe pain in her leg all night. The RR stated, "they let her lay there in pain all night". She revealed she spoke with the Administrator the day, she found out about the fall and insisted her mother be discharged.

An interview on 4/23/22 at 3:15 PM, with the DON revealed that a nurse not reporting a fall of a resident to the next shift nurse is "borderline" neglect and confirmed that if an accurate report is not given to the oncoming shift, then any changes in care cannot be carried through. She revealed that the CNA's should walk down the hall and give a short report on each resident during shift change and she is not sure that occurred during this shift change. She confirmed the nurse on duty when Resident #9 had the lift fall should have completed an incident report, made the next shift nurse aware and notified the RR.

Record review of a Departmental Note written by LPN #3 on 2/26/22 at 3:34 AM, revealed "wake in bed with complaint of left leg/foot pain. Tylenol given PO (as needed) as ordered.

Record review of a Departmental Note dated 2/26/22 at 3:07 PM, by RN #3, Late entry for 8:20 AM, revealed, "called to resident room per medication nurse to assess resident's left foot

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255218	A. BUILDING _____ B. WING _____	C 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO MANOR	230 KHAKI STREET IUKA, MS 38852

(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 600	Continued From page 16	F 600		

and leg due to complaint of pain. Left foot has mild edema noted to outside of foot and ankle bone. She complained of pain that is shooting sharp and at a 10 on a scale of 0-10 when it is touched or moved. The resident described that three staff got her up in the stand lift and was performing her care and her foot slipped off the platform of the lift. The Responsible Person (RP) was called at this time and informed of the incident with residents' complaint of pain and need for an Xray. The RP chose to have the resident sent to the ER instead of waiting on a portable XRAY."

Record review of the Departmental Note dated 2/26/22 at 3:40 PM, written by RN#3 revealed, "Resident returned to facility at 2:05 PM via ambulance with RP present."

Record review of a Departmental Note by a staff LPN, dated 2/26/22 at 3:57 PM-Late Entry for 7:30 AM "Went to residents' room to assess her Bilateral Lower Extremities (BLE) due to resident had complaint of pain to leg. Observed for any bruising edema, or pain to BLE's. Lower Left Extremity (LLE) tender to touch and resident yells when leg is moved. No edema or bruising noted. Reported this to charge nurse and for her to assess her LLE."

Record review of Resident #9's Emergency Department Discharge Summary Report from 2/26/22 indicated an Computerized Tomography (CT) was obtained on the resident's left lower leg without contrast and the findings were noted as; Comminuted and impacted distal tibial fracture extends into the articular surface of the anterior medical distal tibia. Comminuted and impacted distal fibular shaft fracture with medial angulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255218	A. BUILDING _____ B. WING _____	C 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO MANOR	230 KHAKI STREET IUKA, MS 38852

(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 600	Continued From page 17 of distal fragments. The review of this report indicated the resident received Toradol, Zofran and Morphine in the Emergency Room and was discharged back to the facility on 2/26/22 in stable condition with a left leg splint and a follow up appointment with an orthopedic doctor on Monday 2/28/22. Record review of Resident #9's Face Sheet revealed the facility admitted the resident on 9/13/19 with medical diagnoses including Type 2 Diabetes mellitus with diabetic nephropathy and Other abnormalities of gait and mobility. She was discharged on 2/26/22. Record review of Resident #9's most recent Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/22/21 revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicates the resident was cognitively intact.	F 600		
F 697 SS=G	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on staff and resident interviews, record review and facility policy review the facility failed to ensure a resident remained pain free following an incident of a fall with a fracture for one (1) of 10 residents reviewed. Resident #9 experienced a pain level of 7 - 10 on a pain scale of 1 - 10,	F 697	Resident #9 was medicated for pain by Licensed Practical Nurse #3 on 2/26/22 at 6:13 am and staff Licensed Practical Nurse documented that pain medication was effective on 2/26/22 at 7:15am . Resident #9 was transferred to the	5/23/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255218	A. BUILDING _____ B. WING _____	C 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO MANOR	230 KHAKI STREET IUKA, MS 38852

(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 697	Continued From page 18 with 10 being the highest level, following the fall. An incident report was not completed immediately following the incident resulting in a delay in receiving treatment until the resident began complaining of pain several hours later. Findings include: Record review of the facility policy titled "Pain Screen and Management" with a revision date of 9/19, revealed, "All residents who experience routine pain receive a comprehensive pain screening and a treatment plan until acceptable level of relief is achieved. All residents have the right to treatment for pain ...4. Acute onset of pain: a. A Pain Screen is completed when a resident has a new onset of pain, or when a resident has not experienced an acceptable level of pain relief ..." Review of the Administrator Investigation Notes revealed her investigation began on 2/26/22 at 1:30 PM, with an interview Certified Nurse Assistant (CNA) # 5 and Nurse Assistant in Training (NAT) #1 which revealed they attempted to transfer Resident #9 from her wheelchair to her bed with a stand lift. The investigation notes revealed that as Resident # 9 was being lifted, she slid out of the lift sling and was assisted to the floor. Resident #9's nurse was notified, she assessed the resident, the resident denied an injury or any pain and was assisted to bed with a total lift. The Administrator interviewed Resident #9 on 2/26/22 at 3:50 PM, with the resident's Resident Representative (RR) present. The investigation notes revealed Resident #9 had a Brief Interview for Mental Status (BIMS) score of 15 and confirmed that she started to fall while being put to bed with that stand-up thing, she told	F 697	Emergency Room for evaluation on 2/26/22 at 8:20 am. Registered Nurse #3 completed an incident report on Resident #9 on 2/26/22 at 8:20 am. Registered Nurse #1 was disciplined with an Employee Warning on 2/28/22 by the Administrator and Director of Nursing. All residents have the potential to be affected by this deficient practice. No other residents have been identified as being affected by this deficient practice. Registered Nurses and Licensed Practical Nurses were in-serviced by the Director of Nursing on 5/5/22 on the policy and procedure (Incident Investigation and Reporting) for completion of incident reports. Registered Nurses and Licensed Practical Nurses were in-serviced by the Director of Nursing on 5/9/22 on the policy and procedure (Pain Screen and Management) and the importance of responding immediately to any residents complaint of pain to include nurse assessment for all complaints of pain with the administration of pain medication and physician notification as needed. A Quality Assurance Meeting was held on 4/14/22 to discuss findings from survey exit and systematic changes needed to ensure deficient practice will not reoccur. Beginning May 9, 2022 in the Daily Stand-Up Meeting and May 11, 2022 in the weekly High Risk Meeting, the Administrator or Director of Nursing will review all resident incident reports in the Daily Stand-Up Meeting and weekly in the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255218	A. BUILDING _____ B. WING _____	C 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO MANOR	230 KHAKI STREET IUKA, MS 38852

(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 697	Continued From page 19 the CNA's she was falling, and they lowered her to the floor. The investigative notes revealed that Resident #9 confirmed she had no pain or known injury at the time of the fall but started hurting around 2:00 or 3:00 AM. The Administrator's investigation notes revealed that she interviewed Resident # 9's roommate -Unsampled Resident (C) on 2/28/22 at 10:00 AM, regarding Resident #9's fall with a lift on the night of 2/25/22, and the roommate confirmed "well they was trying to put her to bed with that machine and she started slipping out of it and that girl got down in the floor and they set sis down in her lap, she didn't fall, they didn't let her fall and she told them she wouldn't hurt". An interview with the Administrator and Director of Nurses (DON) on 4/12/22 at 11:11 AM, revealed that the Administrator was notified of the residents fall on 2/26/22 at 1:30 PM. The Administrator revealed that she had investigated the incident and discovered that RN #1 assessed the resident, and the resident had no complaints of pain. She revealed that Resident #9 started complaining of pain in her leg between 2 AM and 4 AM on 2/26/22. Saturday morning the resident was sent to the Emergency Room (ER), because her pain was not being relieved. Resident #9's leg was x-rayed in the ER and the facility was notified she had a Tib/Fib (tibia/fibula) fracture of her left leg. She confirmed that Resident #9's nurse that was on duty when the fall occurred should have completed an incident report, but she did not. She revealed that when the resident started complaining of pain during the next shift that the nurse completed it and put the incident type as "Other". The Administrator revealed that since that nurse put "Other" as the Incident type then it did not show up on our "Fall Incident Log"	F 697	High Risk Meeting focusing on pain scale documentation and pain intervention with physician notification as needed. Any concerns noted during this ongoing review will be reported to the Quality Assurance Committee on 5/17/22 with any additional in-servicing completed as needed. Beginning May 9, 2022 the Administrator or Director of Nursing will report any concerns regarding F Tag 697 in the Department Head meeting each week for four weeks then monthly for three months. Beginning May 12, 2022, the Administrator, Director of Nursing or Social Services Designee will interview five cognitive residents weekly for four weeks then monthly for three months to ensure pain medications are received as ordered or as needed. Beginning May 17, 2022, the Administrator or Director of Nursing will report any concerns to the Quality Assurance Committee and then monthly for three months at each Quality Assurance Committee meeting until substantial compliance is achieved with F Tag 697. The Quality Assurance Committee will revise the corrective action plan as needed until substantial compliance is achieved with F Tag 697.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255218	A. BUILDING _____ B. WING _____	C 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO MANOR	230 KHAKI STREET IUKA, MS 38852

(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 697	Continued From page 20	F 697		

On 4/13/22 at 10:12 AM, a phone interview with Licensed Practical Nurse (LPN) #3 revealed she came on shift 2/25/22 at 11 PM, the CNAs reported around 2 AM that Resident #9 was complaining of her leg hurting. She revealed she went to the resident's room and assessed her legs and the left foot was turned inward. She compared it to her right foot, and they looked the same. She revealed she did not get a report of a fall or any incident with this resident, so I gave her some Tylenol and a couple of hours later she continued to complain of pain and requested to go to the ER. She revealed that she told the resident we could get a portable X-ray in the morning. She confirmed if she had known about the fall then she would have assessed her more frequently and when she started complaining of pain, she would have sent her out. She confirmed that if she had known about the fall then when the Tylenol had not relieved her pain, she would not have put her off for transfer until the morning.

An interview on 4/23/22 at 3:15 PM, with the DON revealed that a nurse not reporting a fall of a resident to the next shift nurse is "borderline" neglect and confirmed that if an accurate report is not given to the oncoming shift, then any changes in care cannot be carried through. She confirmed the nurse on duty when Resident #9 had the lift fall should have completed an incident report, made the next shift nurse aware and notified the RR.

An interview on 4/14/22 at 10:58 PM, with the resident's RR confirmed she was not notified of her mother's fall from a lift until the next day. She revealed her mother told her that she had severe pain in her leg all night. The RR stated, "they let

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255218	A. BUILDING _____ B. WING _____	C 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO MANOR	230 KHAKI STREET IUKA, MS 38852

(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 697	Continued From page 21	F 697		

her lay there in pain all night". She revealed she spoke with the Administrator the day she found out about the fall and insisted her mother be discharged.

Record review of Resident #9's Face Sheet revealed the facility admitted the resident on 9/13/19 with medical diagnoses including Type 2 Diabetes mellitus with diabetic nephropathy and Other abnormalities of gait and mobility. She was discharged on 2/26/22.

Record review of a Departmental Note written by LPN #3 on 2/26/22 at 3:34 AM, revealed "wake in bed with complaint of left leg/foot pain. Tylenol given PO (as needed) as ordered.

Record review of a Departmental Note dated 2/26/22 at 3:07 PM, by RN #3, Late entry for 8:20 AM, revealed, "called to resident room per medication nurse to assess resident's left foot and leg due to complaint of pain. Left foot has mild edema noted to outside of foot and ankle bone. She complained of pain that is shooting sharp and at a 10 on a scale of 0-10 when it is touched or moved. The resident described that three staff got her up in the stand lift and was performing her care and her foot slipped off the platform of the lift. The Responsible Person (RP) was called at this time and informed of the incident with residents' complaint of pain and need for an Xray. The RP chose to have the resident sent to the ER instead of waiting on a portable XRAY."

Record review of the Departmental Note dated 2/26/22 at 3:40 PM, written by RN#3 revealed, "Resident returned to facility at 2:05 PM via ambulance with RP present."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255218	A. BUILDING _____ B. WING _____	C 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO MANOR	230 KHAKI STREET IUKA, MS 38852

(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 697	Continued From page 22	F 697		

Record review of a Departmental Note by a staff LPN, dated 2/26/22 at 3:57 PM-Late Entry for 7:30 AM "Went to residents' room to assess her Bilateral Lower Extremities (BLE) due to resident had complaint of pain to leg. Observed for any bruising edema, or pain to BLE's. Lower Left Extremity (LLE) tender to touch and resident yells when leg is moved. No edema or bruising noted. Reported this to charge nurse and for her to assess her LLE."

Record review of Resident #9's Physician's Orders revealed an order dated 9/13/19 for Acetaminophen 500 mg (milligrams) tablet give two by mouth every 4 hours for pain AS NEEDED FOR MILD PAIN.

Record review of Resident #9's Electronic Medication Administration Record (EMAR) revealed Resident #9 received two (2) Acetaminophen 500 mg tablets on 2/26/22 at 6:13 AM for pain of seven (7) on a scale of one (1) to 10.

Record review of Resident #9's Emergency Department Discharge Summary Report from 2/26/22 indicated a Computerized Tomography (CT) was obtained on the resident's left lower leg without contrast and the findings were noted as; Comminuted and impacted distal tibial fracture extends into the articular surface of the anterior medical distal tibia. Comminuted and impacted distal fibular shaft fracture with medial angulation of distal fragments. The review of this report indicated the resident received Toradol, Zofran and Morphine in the Emergency Room and was discharged back to the facility on 2/26/22 in stable condition with a left leg splint and a follow

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255218	A. BUILDING _____ B. WING _____	C 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO MANOR	230 KHAKI STREET IUKA, MS 38852

(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 697	Continued From page 23 up appointment with an orthopedic doctor on Monday 2/28/22. Record review of Resident #9's most recent Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/22/21 revealed a Brief Interview for Mental Status (BIMS) of 15, which indicates the resident was cognitively intact.	F 697		