STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255281	A. BUILDING _____ B. WING _____	04/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DESOTO	3068 NAIL ROAD WEST HORN LAKE, MS 38637

(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 an annual recertification survey at the facility from 4/26/22 to 4/28/22. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid regulations for participation. The SA cited deficiencies at F641 and F888. The facility had a census of 47 at the time at the survey and held a license for 60 beds.	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on staff interviews, record review, and facility policy review the facility failed to accurately complete a Minimum Data Set (MDS) assessment for one (1) of 13 residents reviewed. Resident #50 Findings Include Review of the facility policy titled, "Resident Assessment" with a revision date of 09/19 revealed " ...The completed assessment guide the staff in identifying key information about the resident and serves as a basis for identifying resident specific issues and objectives in order to develop a care plan ...The assessment will describe the resident's physical and mental deficits, strengths and the requirements of assistance to meet their needs. The assessment will also identify risk factors associated with possible functional decline and describe the	F 641	Resident #50 was assessed on 04/27/2022 by Director of Nursing (DON) with no adverse affects noted. Resident #50 Minimum Data Set (MDS) was modified and corrected on 04/27/2022 by the MDS Nurse and verified by Director of Nursing (DON). All residents have the potential to be affected by this deficient practice. On 04/27/22, the MDS Nurse reviewed "Section O" of the MDS assessments for residents with physician orders for dialysis. The MDS Nurses were in-serviced on 04/28/2022, by Director of Nursing (DON) and facility Quality Improvement (QI) Nurse related to the accuracy of assessments. Beginning 05/12/2022, the Director of	6/2/22

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

Electronically Signed | 05/18/2022

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F 641	Continued From page 1 resident's objectives for maintaining or improving their functional abilities ...Any healthcare professional that completes a portion of the assessment must sign and certify the accuracy of the portion of the assessment that they have completed" An interview on 4/27/22 at 2:50 PM, with the Minimum Data Set (MDS) Nurse revealed she had been training someone to help her with MDS and that person completed Resident # 50's 4/3/22 "Significant Change" MDS Assessment. She confirmed that Resident #50 receives dialysis and her assessment on 4/3/22 did not indicate that. She revealed the facility has a "utilization meeting" every Thursday to review all MDS assessment documentation for that week and make any corrections that need to be made, but we must have missed this error. She confirmed that Resident #50's 4/3/22 MDS assessment "Section O" was not accurate due to "Dialysis" not being marked correctly. An interview on 4/27/22 at 4:44 PM, with the Director of Nurses (DON) confirmed that Resident #50 should have had dialysis indicated on her MDS assessment, because she does get dialysis and has for a long time. Record review of the Face Sheet revealed that Resident #50 was admitted on 8-2-21 with medical diagnoses that included End Stage Renal Disease and Chronic Kidney Disease. Record review of the Resident # 50's Physician's Orders revealed the following order with a start date of 9/2/21- "Dialysis on Tuesday, Thursday, and Saturday..."	F 641	Nursing (DON) or Administrator will review MDS assessments for accuracy prior to transmission each week for 4 weeks, twice monthly for one month and then monthly until resolved. Any issues identified will be reported at Quality Assessment and Assurance (QA) Committee Meeting beginning May 26, 2022. Any concerns identified regarding F-641 will be addressed until substantial compliance is achieved. The corrected action plan for F-641 will be revised if needed.	

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F 641	Continued From page 2 Record review of the MDS Section O with an Assessment Reference Date (ARD) of 4-3-22 revealed the resident was not receiving Dialysis. Section C revealed a Brief Interview for Mental Status (BIMS) score of 11, which indicates the resident is moderately cognitively impaired.	F 641		
F 888 SS=F	COVID-19 Vaccination of Facility Staff CFR(s): 483.80(i)(1)-(3)(i)-(x) §483.80(i) COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine. §483.80(i)(1) Regardless of clinical responsibility or resident contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its residents: (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the facility and/or its residents, under contract or by other arrangement. §483.80(i)(2) The policies and procedures of this section do not apply to the following facility staff: (i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting	F 888		6/2/22

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and who do not have any direct contact with residents and other staff specified in paragraph (i)(1) of this section; and
(ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i)(1) of this section.

§483.80(i)(3) The policies and procedures must include, at a minimum, the following components:
(i) A process for ensuring all staff specified in paragraph (i)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its residents;
(iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19;
(iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (i)(1) of this section;
(v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC;
(vi) A process by which staff may request an

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exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law;
(vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements;
(viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains:
(A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and
(B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications;
(ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and

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F 888	Continued From page 5 (x) Contingency plans for staff who are not fully vaccinated for COVID-19. Effective 60 Days After Publication: §483.80(i)(3)(ii) A process for ensuring that all staff specified in paragraph (i)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations; This REQUIREMENT is not met as evidenced by: Based on staff interviews, record reviews, and facility policy review, the facility failed to implement the facility policy to ensure all staff are fully vaccinated for COVID-19 for three (3) of 43 staff employed by the facility. Findings include: Record review of policy titled, "Mandatory COVID-19 Vaccination Policy and Procedure, with the latest revision date of 04/22, revealed, "...Purpose: Vaccination is a vital tool to reduce the presence and severity of COVID-19 cases in the workplace, in communities, and in the nation as a whole. This facility has adopted this policy on mandatory vaccination to safeguard the health of our staff and residents from the hazards of COVID-19 .... Scope: ... All staff, covered by this policy, are required to be fully vaccinated as a term and condition of employment at this facility. Current staff must be fully vaccinated by March 15.2022 .... Should current staff not provide proof of vaccination or proof of exemption by January	F 888	CNA #1, CNA# 2, and Dietary Department Staff member # 1 were immediately removed from the facility schedule on 04/28/22 until fully vaccinated. CNA #1 and Dietary Department Staff member # 1 completed vaccination series on 04/28/22 CNA #2 was terminated on 04/29/22. All residents have the potential to be affected by the deficient practice . On 04/29/22, Administrator and Human Resource Director (HR)completed an audit on employee vaccination status and updated facility employee Covid-19 Log. All facility staff are fully vaccinated or have an approved exemptions effective 04/29/2022. Facility staff were in-serviced on 04/28/2022, regarding Mandatory Covid-19 Vaccination Policy and Procedure. The Administrator and Human Resource (HR) Director will ensure all new hires have approved exemptions or	

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F 888	Continued From page 6 20, 2022, they will be given written notice of the need to do so by February 13, 2022. If the staff member has not provided the proof of vaccination of exemption by February 13, 2022, they will be placed on an up to 30-day unpaid leave, at the end of the leave if proof of vaccination of exemption is not provided, the status is considered voluntary resignation..." Record review of the "Credentials... Covid Vaccination Status" printout from the National Healthcare Safety Network (NHSN), copies of the staffs' "COVID-19 Vaccination Record Card," and copies of the "Patient Vaccination Summary," for the staff, revealed there were three (3) unvaccinated staff members, Certified Nurse Aide (CNA)#1, CNA #2, and Dietary Department Staff #1 (Dietary Manager), that had only received one (1) dose, of the COVID-19 vaccine, on 12/1/2021, but did not reveal documentation to prove that they were fully vaccinated for COVID-19, before March 15, 2022. An interview on 4/28/22 at 11:40 AM, with the Director of Nursing (DON), confirmed that all staff members of the facility were not fully vaccinated before March 15, 2022, and that CNA #1, CNA #2 and Dietary Department Staff Member #1, had been employed in the facility long enough to have been fully vaccinated by March 15, 2022. The DON revealed that the 3 unvaccinated staff members had remained on the facility work schedules until 4/28/22, with CNA #1 and CNA #2, on the nursing units as direct care staff and the Dietary Staff Member #1, in the kitchen, as the Dietary Manager. The DON confirmed that CNA #1, CNA #2, and the Dietary Staff Member #1 should have been removed from the facility's work schedules on February 13, 2022. The DON	F 888	are fully vaccinated beginning 04/29/2022. Beginning 04/29/2022, the Administrator or HR Director will review new employee vaccination status weekly for 4 weeks and then monthly for 3 months to ensure compliance with F-888. Any problems identified will be reported to Quality Assessment and Assurance(QA) Committee Meeting beginning May 26,2022. Concerns regarding F-888 will be addressed until substantial compliance is achieved. The corrected action plan for F-888 will be revised if needed.	

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also confirmed the that the facility was out of compliance and that the facility was not following the "Mandatory COVID-19 Vaccination Policy and Procedure." The DON revealed all employee COVID-19 vaccinations should have been completed by March 15, 2022, which would have possibly decreased the likelihood of COVID-19 being possibly contracted by a resident or another staff member and revealed that the facility's last COVID-19 positive test result, was on 2/16/22.

An interview on 4/28/22 at 12:20 PM, with the Administrator, revealed she was not aware that there was three (3) unvaccinated staff members, CNA #1, CNA #2, and the Dietary Staff Member #1 (Dietary Manager). She was informed of their vaccination status on 4/28/22, and confirmed that the three (3) unvaccinated staff members were informed not to return to work, as of 4/28/22, until they could provide proof of being fully vaccinated. The Administrator revealed that no written notification had been given to the unvaccinated staff members regarding them being responsible for providing proof of vaccination or proof of exemption by February 13, 2022 and if they failed to do so, they would be placed on an up to 30 day unpaid leave, that could have resulted in voluntary resignation. The Administrator revealed the employees should have been vaccinated by 3/15/22 or should have been removed from the work schedule and confirmed the facility's last positive COVID-19 test result was on 2/16/22.

A telephone interview on 4/28/22 at 12:35 PM, with the Dietary Staff Member #1 (Dietary Manager), revealed she was scheduled to get her second (2nd) dose of the vaccine at the first of March 2022, was not able to get it due a family emergency. She was reminded by the DON she

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needed to be fully vaccinated in March 2022, but was not informed, by the facility, that she needed to be fully vaccinated by the specific date of March 15, 2022. The Dietary Staff Member revealed she was told, by the DON, to wear an N95 mask until she was fully vaccinated, was screened at the main entrance each workday, and had to have a COVID-19 test done every Tuesday and Thursday, due to not being fully vaccinated. The Dietary Staff Member #1 confirmed she was sent home from the facility by the DON, on 4/28/22, and told not to return to work until she is fully vaccinated.

A telephone interview on 4/28/22 at 12:45 PM, with CNA #2, revealed she was scheduled to get her second dose of the COVID-19 vaccine on 5/5/22, at the facility's scheduled COVID-19 Clinic for vaccinations, and that the DON had informed her she could get her second dose on that date. She stated that she had not been informed that the deadline to be fully vaccinated was March 15, 2022. She stated that she is screened in at the main entrance each work day, wears an N95 mask until she was fully vaccinated, and that she followed the COVID-19 testing schedule to be tested every Tuesday and Thursday, for not being fully vaccinated.

A telephone interview attempt was made on 4/28/22 at 12:55, with CNA #1, without an answer or return call.