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

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLANDS REHABILITATION AND HEALTHCARE (	102 WOODCHASE PARK DRIVE CLINTON, MS 39056

(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 investigations (CI) for CI MS #17989, CI MS #17960, CI MS #18409, and CI MS #18349 at the facility from 2/28/22 through 3/3/22. During the survey the SA determined the facility was not in compliance with Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm. The SA did not substantiate CI MS #17960 for improper discharge from facility and CI MS #18409 for resident rooms too hot and odors in the facility. The SA substantiated CI MS #17989 related to pressure ulcer treatment M615 and CI MS #18349 for misappropriation of resident funds and cited M500.	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; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or	M 500		5/25/22

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M 500	Continued From page 1	M 500		

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, free from restraint, interference, coercion, discrimination, or reprisal;

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M 500	Continued From page 2 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; 12. may associate and communicate privately	M 500		

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M 500	Continued From page 3 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: Level II	M 500	M500	

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M 500	Continued From page 4 Based on interviews, record reviews, and facility policy review, the facility failed to ensure residents were free from misappropriation of funds for three (3) of five (5) residents reviewed (Resident #4, Resident #5, and Resident #7), with the potential to affect 56 residents who have a resident trust fund. Findings Include: Record review of the facility's, "Resident Trust Fund Policy", dated 11/11/2019, revealed " ...Managing the Resident's Personal Funds Resident Trust Account (1) ...Care cost payments owed to the facility for room and board are debited from the Residents Trust Account and transferred to the facility RFMS Resident Trust Management Services Care Cost Account ...Cash Payments It is (Proper Name of Facility) policy not to accept cash payments ...If the resident/responsible party is unable to convert the cash to checks or money order, the facility will accept the payment. Then issue the resident/responsible party a receipt ..." On 3/1/22 at 10:30 AM, in an interview with the Administrator, she stated the former Business Office Manager (BOM) had been accepting cash payments or blank money orders for "care costs" from resident's families. She would keep the cash and blank money orders for her personal usage. She would then transfer money from another resident's personal fund account using a "care cost" debit transaction and post it to the facility RFMS in the name of residents who had paid by cash or blank money order. Therefore, the facility RFMS would not show an unpaid balance for the resident's care costs and did not raise a red flag. As a result, the facility no longer accepts cash payments or blank money orders as	M 500	1. On December 31, 2021, refunds were provided by the facility to three (3) of fifty-six (56) residents reviewed as potentially being affected by unauthorized withdrawals without supporting documentation. Resident #7 was refunded $531.82, Resident #5 was refunded $901.20, Resident #4 was refunded $515.92. Business Office Manager (BOM) was suspended on December 1, 2021, and terminated on December 3, 2021. The initial audit of trust fund transactions continued through March 15, 2021, followed by a review of credit card transactions that continued through April 22, 2022; and ACH transactions which continued through May 10, 2022 to ensure all funds that were mis-posted with monies in question are refunded. The facility self-reported the unauthorized withdrawals on December 3, 2021, to state agencies and police department, and a police report was obtained for felony misappropriation of funds. On April 14, 2022, Centers for Medicare and Medicaid Services (CMS) issued an imposition notice to include a directed plan of correction. As required by the directed plan of correction, the facility designated an individual not affiliated with ownership, operation or management to provide education and training on ethics, integrity for the governing body, administration and all staff of the facility. The facility also contracted the services of a forensic certified public accountant (CPA) not affiliated with ownership, operation or management to conduct an audit to assure that resident funds are	

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M 500	Continued From page 5 payment sources. On 3/1/22 at 2:38 PM, in an interview with the current Business Office Manager, she confirmed the facility no longer accepts cash payments or blank money orders as payment. She stated when Resident #7 expired, Responsible Party (RP) #1 asked the facility to cut a check to pay for funeral expense. When RP #1 received the check, he inquired as to why there was a $531.82 difference from the last resident personal fund statement. This inquiry initiated the facility's investigation. On 3/2/22 at 9:12 AM, in an interview with the Administrator, she stated the facility is continuing to audit all resident transactions and have been reimbursing resident personal funds. She confirmed it will take time to audit all the transactions and they will continue to reimburse the resident trust accounts. The former BOM was the only person who took payments and was the only person who posted transactions to the residents' accounts. She confirmed the former BOM was suspended on 12/1/21 and terminated on 12/3/21. Resident #7 On 3/2/22 at 10:27 AM, in an interview with the Administrator, she stated Resident #7 expired and the resident's RP phoned and requested the balance from the resident's trust account be sent to him for funeral arrangements. The RP stated that the month before, there was $531.82 plus money in the account, and he questioned the discrepancy. When the facility reviewed the account, they noticed there was a care cost payment transferred from the Residents Trust Account to the facility RFMS Care Cost Account	M 500	managed in accordance with generally accepted accounting principles. 2. Each resident who paid resident liability with cash and/or money orders, and/or obtained a Resident Trust Account from November 2018 to November 2021, had the potential to be affected. Regional Financial Specialist audited all residents Trust Fund Accounts and Cash receipts to verify proper posting of care cost payments beginning on December 1, 2021. Thirty-eight (38) residents were identified throughout the course of the audit as being affected by misappropriation of resident funds. Upon identification of misappropriated funds, refunds were issued to make affected residents whole. These refunds included any accruals to resident trust fund accounts of affected residents. All affected residents were made whole as of May 19, 2022. 3. In-services on Abuse and Neglect, Resident Rights, Vulnerable Adults Act, and Misappropriation was completed for Business Office staff on December 1, 2021 by Administrator and Staff Development Coordinator. In-services on Abuse and Neglect, Resident Rights, Vulnerable Persons Act, and Misappropriation was initiated for facility staff On April 4, 2022. Facility implemented a No Cash Policy and Business Office staff were trained by Regional Financial Manager regarding new policy on December 10, 2021. On	

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M 500	Continued From page 6 on 10/27/21. This was out of the normal timeline because all care credit withdrawals usually occur between the 5th through the 10th of each month. Through their investigation, they discovered the former BOM had pulled money from Resident #7's resident trust account, using a care cost withdrawal, and had posted it to the facility RFMS Care Cost Account in the name of another resident that had paid in cash. On 3/2/22 at 2:40 PM, in a phone interview with Resident #7's RP #1, he stated when his mom passed away, he phoned the facility to have her trust account money to be sent to the funeral home. He stated he noticed it was $500 less that what it should have been, and he contacted the facility to find out why. They investigated it and sent a check to Resident #7's estate for $531.82. He stated he had never noticed a discrepancy in her account before. Record review of Resident #7's "Admission Record" revealed the facility originally admitted her on 10/2/2013 and she had a recent admission date of 2/22/21. She had diagnoses which included Cerebral Infarction, Unspecified Dementia with Behavioral Disturbance and Aphasia. Record review of the quarterly Minimum Data Set (MDS) with and ARD of 11/15/21 revealed a Brief Interview for Mental Status (BIMS) score of 00, which indicated she was severely cognitively impaired. Record review of Resident #7's "Resident Fund Management Service Statement" with a statement period of 10/1/2021 through 12/31/2021 revealed on 10/27/21, there was a Care Cost Payment debit in the amount of	M 500	December 31, 2021, Facility implemented a new Trust Fund Policy. On April 11, 2022, Business Office staff were trained on an updated policy related to Resident Trust Funds and separation of duties by the Regional Financial Manager. The separation of duties was developed and put into place to control access to cash, receipting and posting of cash. Beginning on April 6, 2022, the Administrator is to audit weekly the cash receipts, trust fund transactions and operating accounts to ensure accurate posting of applicable transactions to the appropriate accounts. Beginning May 3, 2022, the Vice President of Revenue Cycle implemented a quarterly audit tool to be completed by the Regional Financial Specialist quarterly. A directed in-service was conducted by the External Ethics Consultant and in conjunction with the VP for Compliance and Administrator for facility employees and governing body on May 5, 2022 and May 6, 2022 on ethics, compliance, abuse, neglect, misappropriation of resident funds, the Elder Justice Act and the importance of reporting such misconduct. On May 12, 2022, the same in-service was held and recorded via Microsoft Teams. This purpose of this recording is to incorporate into the facility orientation process for new employees going forward. Permission was granted by the council to allow the facility and External Ethics Consultant to conduct a special Resident Council meeting that was held on May 5, 2022 to discuss and provide written information regarding abuse, misappropriation of resident property and the facility's duty to report and safeguard. On May 6, 2022 and May	

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M 500	Continued From page 7 $531.82. Record review of a copy of a facility check dated 12/31/21 and made out to the estate of Resident #7 in the amount of $531.82, revealed the facility refunded the resident for the Care Cost payment that was deducted from her trust account on 10/27/21. Resident #4 Record review of Resident #4's "Resident Fund Management Service Statement" with a statement period of 10/1/2021 through 12/31/2021 revealed on 10/27/21, there was a Care Cost Payment debit in the amount of $515.92. Record review of a facility check dated 12/31/21 and made out to Resident #4 in the amount of $515.92, revealed the facility refunded the resident for the Care Cost payment that was deducted from his trust account on 10/27/21. Record review of the "Resident Statement Landscape" for Resident #4 revealed on 7/28/21, a Care Cost payment was debited in the amount of $1929.50, instead of the usual amount of $1115.00. This was a difference of $814.50. Record review of the "Cash Receipts Report" with a posting date of 7/8/21 revealed a receipt amount of $1115.00 with "Name ID" of Resident #4 was posted with an "Effective Date" of 7/8/21 and the "Payer/Comment" listed as "Resident Liability". Directly above that transaction was a receipt amount for $814.50 with "Name ID" of (Proper Name of Unsampled Resident) with the "Payer/Comment" listed as "Resident Liability", which indicated $814.50 was debited from	M 500	7, 2022, Family Council meetings were held to discuss and educate on misappropriation of resident property, abuse and reporting such misconduct. On May 13, 2022, the facility mailed a letter and copy of the presentation materials to all resident representatives to cover the same education provided during the Family Council meetings. The forensic Certified Public Accountant (CPA) conducted an audit to assure that resident funds are managed in accordance with generally accepted accounting principles. The audit concluded on May 12, 2022, with only one additional finding of misappropriated monies. Monies were immediately made whole on May 12, 2022, upon discovery. Subsequent report of findings submitted to the licensing agency on May 18, 2022. 4. Beginning the week of April 4, 2022, the Administrator and/or DON will meet with the BOM staff weekly and pull Care Cost from Resident Trust Fund to compare to the liability payment receipts weekly for four (4) weeks, then monthly for two (2) months, then quarterly thereafter. A report will be submitted monthly to the Quality Assurance Performance Committee by Administrator for further recommendations beginning April 27, 2022. The Administrator is responsible for on-going monitoring and compliance. Any changes deemed necessary after review for monitoring/compliance will be initiated through the Quality Assurance Performance Improvement committee.	

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Resident #4's trust account and was posted to the facility RFMS in the name of another resident. This amount had not been reimbursed to Resident #4 at the time of the survey.

Record review of the "Resident Statement Landscape" for Resident #4 revealed on 8/27/21, a Care Cost payment was debited in the amount of $447.28. This was in addition to the usual monthly Care Cost payment of $1115.00 that was debited on 8/4/21.

Record review of the "Cash Receipts Report" with a posting date of 8/30/21 revealed a receipt amount of $447.28 with "Name ID" of (Proper Name of Unsampled Resident) with the "Payer/Comment" listed as "Resident Liability" and "Effective Date" of 8/27/21. This transaction indicated $447.28 was debited from Resident #4's trust account and was posted to the facility RFMS in the name of another resident. This amount had not been reimbursed to Resident #4 at the time of the survey.

Record review of the "Admission Record" for Resident #4 revealed the facility admitted him on 3/24/20 with diagnoses including Cerebral Infarction, Type two Diabetes Mellitus with Hyperglycemia, Essential Primary Hypertension, and Major Depressive Disorder.

Record review of the "Brief Interview For Mental Status (3.0 BIMS)" dated 2/23/22 revealed Resident #4 had a BIMS score of 12, which indicated his cognition is moderately impaired.

Resident #5

Record review of the "Resident Fund Management Service Statement" with a

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statement period of 10/1/21 through 12/31/21, revealed on 10/27/21 there was a Care Cost Payment debit in the amount of $901.20.

Record review of a facility check dated 12/31/21 and made out to Resident #5 in the amount of $901.20, revealed the facility refunded the resident for the Care Cost payment that was deducted from her trust account on 10/27/21.

Record review of the "Resident Statement Landscape" for Resident #5 revealed on 6/22/21, a Care Cost payment was debited in the amount of $373.51. This was in addition to the usual monthly Care Cost payment of $744.40.

Record review of the "Cash Receipts Report" with a posting date of 6/23/21 revealed a receipt amount of $373.51 with "Name ID" of (Proper Name of Unsampled Resident) with the "Payer/Comment" listed as "Resident Liability" and "Effective Date" of 6/22/21. This transaction indicated $373.51 was debited from Resident #5's trust account and was posted to the facility RFMS in the name of another resident. This amount had not been reimbursed to Resident #5 at the time of the survey.

Record review of the "Resident Statement Landscape" for Resident #5 revealed on 7/13/21, a Care Cost payment was debited in the amount of $232.44. This was in addition to the usual monthly Care Cost payment of $744.40.

Record review of the "Cash Receipts Report" with a posting date of 7/14/21 revealed a receipt amount of $232.44 with "Name ID" of (Proper Name of Unsampled Resident) with the "Payer/Comment" listed as "Resident Liability" and "Effective Date" of 7/13/21. This transaction

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indicated $232.44 was debited from Resident #5's trust account and was posted to the facility RFMS in the name of another resident. This amount had not been reimbursed to Resident #5 at the time of the survey.

Record review of Resident #5's "Admission Record" revealed the facility admitted her on 8/5/2016 with diagnoses including Unspecified Dementia without Behavioral Disturbance, Major depressive Disorder, and Essential Primary Hypertension.

Record review of Resident #5 Annual MDS with and ARD of 1/21/22, revealed a BIMS score of 5, which indicated she had severe cognitive impairment.

Record review of the "Job Description" updated 3/17, with the Position Title of "Business Office Manager", revealed, "Job Summary The Business Office Manager (BOM) is responsible to bill facility charges to the appropriate payor, collect outstanding Accounts Receivables, and oversee the resident trust fund in accordance with (Proper name) corporate policy and applicable federal, state, and local regulations".

Record review of the "Personnel Action Form" for the former BOM, revealed her last day worked was 12/01/21 and her termination date was 12/2/21. Reason for Separation is listed as "Falsify Company Records (Involuntary)".

Record review of "Disciplinary Action Record" dated 12/1/21, revealed "Employee Name" of former BOM, "Recommended Action" was checked as "Suspend", "Date of Occurrence" was listed as 11/24/21, and the "FACTS REGARDING INCIDENT" was "Under investigation of resident

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(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 funds". Record review of "Disciplinary Action Record" dated 12/3/21, revealed "Employee Name" of former BOM, "Recommended Action" was checked as "Terminate", Date of Occurrence" was listed as 11/24/21, and the "FACTS REGARDING INCIDENT" was "investigation confirmed misappropriation of resident funds".	M 500		
M 615	45.21.3 Pressure sores Pressure sores. Residents with a pressure sore shall receive necessary treatment and service to promote healing and prevent the development of new pressure sores. Residents without pressure sores will not develop pressure sores unless the residents' clinical condition indicates they were unavoidable. This Statute is not met as evidenced by: Level II Based on observations, interviews, record reviews and facility policy review, the facility failed to ensure staff washed or sanitized hands during wound care for two (2) of three (3) wound care observations. Resident #2 and Resident #3. Findings Include: Review of the facility's policy, "Handwashing-Hand Hygiene Policy and Procedures", with a revision date of 10/2020, revealed, "Policy Statement This facility considers hand hygiene the primary means to prevent the spread of infections. Policy Interpretation and Implementation ...7. Use an alcohol-based hand rub containing at least 62% alcohol; or,	M 615	M615 1. On 03/03/2022, Resident #2 and Resident #3 were assessed by Director of Nursing for any adverse reactions related to the deficient practice. No adverse reactions were found. Residents #2 and #3 were monitored for signs and symptoms of infection by nursing staff for seven days. No infections were evident or identified. Registered Nurse (RN) #1 Treatment Nurse was evaluated, and a clinical performance checklist was completed on 03/04/2022 for the following topics: Handwashing, Treatment Nurse Skills Validation and Non-Sterile Dressing Changes by the Director of Nursing	4/29/22

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

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M 615	Continued From page 12 alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations ... g. Before handling clean or soiled dressings, gauze pads etc., h. Before moving from a contaminated body site to a clean body site during resident care; ...l. After contact with objects (e. g. medical equipment) in the immediate vicinity of the resident; m. After removing gloves; ...Applying and Removing Gloves ...1. Perform hand hygiene before and after applying non-sterile gloves. Resident #2 On 3/1/22 at 11:12 AM, the State Agency (SA) observed wound care on Resident #2 by Registered Nurse #1 (RN)/ Wound Care Nurse and assisted by Certified Nursing Assistant (CNA) #1. During the observation, RN #1 donned clean gloves, and touched the resident's privacy curtain and garbage can. She did not sanitize her hands or don clean gloves after contact with the privacy curtain and garbage can. RN #2 applied a second pair of gloves over her existing gloves and removed the soiled dressing from Resident #2's right thigh. She did not sanitize her hands or change her soiled gloves after she removed the soiled dressing and before she cleaned the wound with normal saline. She did not wash or sanitize her hands, remove her soiled gloves and don clean gloves after she cleaned the wound, and before she applied xeroform to the wound. Record review of Resident #2's "Admission Record" revealed the facility admitted her on 7/3/20 and she had a diagnosis of Unspecified Dementia without Behavioral Disturbance. Record review of Resident #2's "Order Summary Report" with active orders as of 3/3/22 revealed	M 615	(DON). RN #1 Treatment Nurse received a written disciplinary action on 03/04/2022 by Director of Nursing. for failure to comply with proper infection control policies and procedures. On 03/10/2022 RN #1 Treatment Nurse, Director of Nursing (DON) and Licensed Practical Nurse (LPN) #1 were in-serviced by FNP-C, CSWS - Nurse Practitioner (FNP-C) #1 on infection control, wound care dressing changes and proper wound care protocols. 2. 21 residents with wounds have the potential to be affected. No adverse reactions were identified. 3. Beginning on 03/07/2022, nursing department CNA staff were educated on Handwashing and infection control techniques by Certified Nursing Assistant #1 (CNA) Educator. Beginning on 03/07/2022, licensed nursing staff were educated on infection control, wound care dressing changes and proper wound care protocols by LPN #2 Staff Development Coordinator (SDC). An Ad Hoc Quality Assurance Meeting was held by the Administrator on 03/04/2022 to discuss findings of complaint survey and deficient practices. On 03/23/2022, in-service education was initiated for staff on CDC (Centers for Disease Control) (Centers for Disease Control) COVID-19 Prevention Messages for Frontline Long-Term Care Staff: Clean Hands – Combat COVID-19 as provided by the State Agency to serve	

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M 615	Continued From page 13 a physician's order with an order date of 2/28/22 to "cleanse stage 3 (three) pressure ulcer to Right posterior thigh with normal saline; Apply xeroform, cover with ABD (Abdominal) pads and secure with tape daily and prn, as needed". Record review of the Quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 2/10/22 revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she is cognitively intact. Resident #3 On 3/1/22 at 11:30 AM, the SA observed wound care to Resident #3's sacrum by RN #1 and assisted by CNA #1. RN #1 donned clean gloves and raised the head of the bed with the bed remote. She did not sanitize her hands or don clean gloves after contact with the bed remote. RN #1 removed and discarded the soiled dressing from Resident #3's sacrum. She removed her soiled gloves and applied a clean pair of gloves; however, she did not wash or sanitize her hands before applying the clean pair of gloves. RN #1 did not change her soiled gloves, wash or sanitize her hands, or don clean gloves after cleaning the wound with normal saline and before applying skin prep to peri wound area, and before applying santyl ointment to the wound bed. Record review of Resident #3's "Admission Record" revealed the facility admitted her on 12/10/20 with diagnoses including Type Two Diabetes Mellitus without complications, Hypertension, and Tachycardia. Record review of Resident #3's "Order Summary Report" with active orders as of 3/3/22 revealed a	M 615	as the Directed Plan of Correction related to Infection Prevention and Control – by CNA #1 Educator and LPN #2 Staff Development Coordinator. Root Cause Analysis (RCA) completed as related to improper handwashing techniques by Director of Nursing and Interim Administrator. Beginning 03/28/2022, hand washing return demonstration skills check-offs completed with nursing staff as related to infection control techniques by LPN #2 Staff Development Coordinator. 4. Beginning 03/14/2022, 2 wound care observations were completed by FNP-C, CSWS - Nurse Practitioner (FNP-C) #1. These observations will continue 2 per week for 4 weeks, and 2 per month, thereafter. Results of findings will be presented to the Quality Assurance Committee for continued monitoring and compliance on a quarterly basis beginning 04/27/2022. Beginning 03/28/2022 LPN #2 Staff Development Coordinator will monitor 5 handwashing return demonstrations, as related to infection control techniques, per week for 4 weeks: then 5 per month for 3 months thereafter. Results of findings will be presented to the Quality Assurance Committee for continued monitoring and compliance on a quarterly basis beginning 04/27/2022. The Director of Nursing (DON) will monitor the outcomes of observations and report findings to the Quality Assurance Performance Improvement committee. The Director of Nursing is responsible for on-going monitoring and compliance.	

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M 615	Continued From page 14	M 615		

physician order with an order date of 2/10/22 to "cleanse unstageable pressure ulcer to sacrum with normal saline. Apply skin prep to peri wound. Apply nickel thick santyl ointment to wound bed only. Cover with foam dressing. Change daily and PRN if dislodged..."

Record review of the Quarterly MDS with an ARD of 2/1/22 revealed Resident # 3 had a BIMS score of 15, which indicated she is cognitively intact.

On 3/1/22 at 11:45 AM, in an interview with RN #1, she confirmed that she should have sanitized her hands and applied a clean pair of gloves after touching objects near the residents and throughout the wound care for Resident #2 and Resident #3. She stated her actions could have caused the residents to get an infection.

On 3/2/22 at 10:05 AM, in an interview with the Director of Nursing (DON), she stated that RN #1 told her that wound care did not go well. She stated that RN #1 told her she had forgotten to change her gloves, and wash or sanitize her hands during wound care. She confirmed RN #1's actions could have caused the residents to get an infection by potentially spreading germs to another area of the resident's body.

Record review of the facility's "2/22/22 and 2/24/22 Inservice Topics" revealed RN #1 signed the sign in sheet which indicated she received training on "Infection Control Standards".

Record review of "Non-Sterile Dressing Change Skills Checklist" dated 5/19/21 for RN #1 revealed she received training on dressing changes.