MSDH - Health Facilities Licensure and Certification

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| OCEAN SPRINGS HEALTH & REHABILITATION CENTI | 1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564 |

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| M 000 | Initial Comments<br><br>The State Agency (SA) conducted an annual recertification along with six (6) complaint investigations (CI): MS #18410, MS #18423, MS #18499, MS #18631, MS #18736 and MS #18767 at the facility from 4/25/22 to 4/29/22. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements. The SA did not substantiate MS #18423 for verbal abuse, MS #18736 for staffing, residents left soiled for extended amount of time, and roach infestation, MS #18499 for meds not given, misappropriation of property, and quality of care or MS #18767 for not providing appropriate end of life services. The SA substantiated MS #18410 for not providing nail care, MS #18631 was substantiated for medications not being given according to physician's orders and wound care not provided according to professional standards. The SA cited deficiences at M490, M610, M615, and M815. | M 000 | | |
| M 490 | 45.17 RESIDENTS RIGHTS<br><br>RESIDENTS RIGHTS<br><br>This Statute is not met as evidenced by:<br>Based on observation, interviews, record review and facility policy review the facility failed to treat a resident in a dignified manner by not covering the resident during incontinence/catheter care for one (1) of eight (8) care observations. (Resident #77)<br><br>Review of the facility's "Policies and Procedures" with the "Subject" of "Perineal Care" with a revised date of 9/5/2017 revealed, "Procedure ...Remove necessary clothing ...Wash, rinse and | M 490 | This Plan of Correction does not constitute an admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared solely because by the provisions of State and Federal laws.<br><br>M490 | 6/10/22 |

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| M 490 | Continued From page 1<br>dry the skin, being certain to expose all skin surfaces which are soiled ..."<br><br>On 04/26/22 at10:07 AM, the State Agency (SA) observed incontinent/catheter care with Certified Nursing Assistant (CNA) #8 for Resident #77. Her husband remained in the room for the procedure. CNA #8 pulled the residents gown up, pulled the cover down, and exposed her perineal area. CNA #8 then went to the sink and filled the water basin, leaving the resident exposed. Resident #77 pulled her gown back down to cover herself. CNA #8 then returned to the resident to perform incontinent/catheter care. CNA #8 pulled the gown up and asked the resident to open her legs. CNA #8 cleansed the catheter tubing by anchoring the tip of the tube near the meatus and wiped the resident from front to back. CNA #8 then turned the resident over and wiped from front to back with the resident uncovered.<br><br>During an interview on 04/26/22 at 10:30 AM, with Resident #77, she confirmed she did not feel comfortable with her body being exposed. She explained that it is hard to be comfortable with people looking at her private area and that is why she had pulled her gown down while the CNA was filling the wash basin. She thought it would cause a problem if she had spoken up about her discomfort.<br><br>During an interview on 4/26/22 at 11:00 AM, with CNA #8, he confirmed that he failed to cover Resident #77 perineal area during care and left her exposed while filling the wash basin. He verified that he should have covered the resident, but because he was nervous and not thinking straight, he did not realize it until he had completed the care. | M 490 | * On April 27, 2022, Resident #77 was assessed for negative effects resulting from exposure by Director of Nursing, no adverse findings noted.<br>On April 27, 2022, CNA # 8 was in-serviced on dignity, perineal care and resident rights, by Director of Nursing<br>On April 27, 2022, Director of Nursing observed CNA # 8 perform perineal care skills check off to include monitoring for covering of resident and dignity.<br><br>* All residents that receive incontinent/catheter care interviewed by the Director of Nursing, beginning on May 2, 2022, no adverse findings noted.<br><br>* Registered Nurse Educator will observe perineal care for five (5) residents weekly x 4 weeks, then monthly x 3 months to ensure resident is covered during incontinent/catheter care, beginning May 10, 2022.<br>All nursing staff in-serviced on resident rights, dignity to include covering of resident, and perineal care by Registered Nurse Educator, beginning May 3, 2022.<br><br>* Findings were brought to the Quality Assurance Performance Improvement Committee Meeting by Director of Nursing on May 16, 2022 and will continue monthly x three (3) months to determine the effectiveness and make any necessary changes as indicated. | |

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| M 490 | Continued From page 2<br><br>During an interview on 04/26/22 at 03:07 PM, with the Director of Nursing (DON), she confirmed that CNA #8 failed to follow the facility's policy by leaving Resident #77 exposed during care. The DON said CNA #8 should have covered the resident and only exposed the part that was being cleaned.<br><br>Record review of the Resident #77's "Admission Record" revealed the facility admitted her 3/24/22 with diagnoses that included Encounter for Othe Orthopedic Aftercare, Presence of Left Artificial Hip Joint, and Displaced Fracture of Epiphysis of the Left Femur.<br><br>Record review of the Comprehensive Minimum Data Set (MDS) with the Assessment Reference Date (ARD) of 03/31/22 revealed Resident #77 had a Brief Interview of Mental Status (BIMS) of 14 that indicated Resident #77 is cognitively intact.<br><br>Review of the facility's "In-Service Sign-in Sheet" dated 1/26/2022 with "Topic" listed as State Regulations, Privacy and Dignity revealed CNA #8's signature which indicted he received training related to privacy and dignity. | M 490 | | |

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| M 490 | Continued From page 3 | M 490 | | |

Based on interview, record review and facility policy review, the facility failed to resolve a resident's grievance regarding personal property for one (1) of three (3) residents reviewed for misappropriation of property. Resident #20.

Record review of the facility's "Clinical Guideline - Complaint/Grievance" with a revision date of 8/9/2018, revealed, " ...Purpose: To support each resident's right to voice grievances; resulting in a follow-up and resolution while keeping the resident apprised of its progress toward resolution ...Process ... The grievance follow-up should be completed in a reasonable time frame; this should not exceed 14 days... The individual voicing the grievance shall receive follow up communication with the resolution ..."

Record review of Resident #20's "Admission Record" revealed he was admitted by the facility initially on 7/30/21 and had a recent re-admission date of 1/11/22. He had diagnoses including Acute on Chronic Systolic (Congestive) Heart Failure, Essential Hypertension, and Acute Kidney failure.

Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/24/22 revealed Resident #20 had a Brief Interview of Mental Status BIMS) score of 15, which indicated he was cognitively intact.

On 04/25/22 at 03:00 PM, in an interview with Resident #20, he stated that he was missing a ring. He described the Social Services Designee

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| M 490 | Continued From page 4 | M 490 | | |

(SSD) and stated the missing ring was reported to her at the end of last year (2021). The resident stated the SSD did look for the ring but did not locate it.

Record review of the facility's "Grievance Log" revealed an entry for Resident #20 which indicated the "Date Grievance Received" as 11/14/21, the "Type of Grievance" is indicated as "Other", and the "Date of the Incident" and the "Date Parties Informed of Findings" is listed as 11/14/21. The "Disposition Of Grievance" is indicated as "Resolved". The description of the nature of the grievance is listed as "resident reported missing clothes and a ring".

Record review of the facility's "Grievance Investigation" dated 11/14/21, revealed the name of the resident was not indicated on the report. The description of the incident as provided by the resident stated, "Resident stated he is missing clothes and a ring. He stated he may have lost the ring." Recommendations/corrective actions taken were indicated as "SS (Social Services) called family p (after) reporting ring missing. Clothes were found in laundry p south activity. Some other rings were found in resident's suitcase. Son did not express concern of replacing missing ring." The investigation indicated that the grievance was resolved to the satisfaction of all concerned. The "Date resident/individual received response of finding" was listed as 11/14/21. The "Time" was blank.

On 04/28/22 at 02:46 PM, in an interview with Social Services (SS) stated Resident #20 had told her he was missing a gold ring. She stated she phoned the resident's son, and the son was aware of the missing ring. She stated the missing ring was reported to her and she reported it to the

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| M 490 | Continued From page 5<br>Administrator.<br><br>On 4/28/22 at 03:18 PM, in an interview with Resident #20's son, he stated his dad had told him about his gold ring with diamonds that was missing. The son described the ring as being gold and had diamonds from one corner to the other corner. He confirmed he had spoken with the SSD about the missing ring, and he was told the SSD would keep a look out for it. He stated he initiated the phone call to the SSD; she did not initiate the call and she never responded to let him know the outcome or if the issue was resolved or not. He stated he lives several states away and felt like there was nothing he could do about his dad's missing items.<br><br>On 4/28/22 at 03:34 PM, in an interview with the SSD, she stated she had marked the grievance as "resolved" on the grievance log because she did not think the resident's son was concerned about it.<br><br>On 4/28/22 at 5:50 PM, in an interview with the Interim Administrator, she stated that she had spoken with Resident #20's son and his story and the SSD's story "does not add up".<br><br>F585 | M 490 | | |

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| M 490 | Continued From page 6 | M 490 | | |

Based on interview, record review and facility policy review, the facility failed to resolve a resident's grievance regarding personal property for one (1) of three (3) Resident #20.

Record review of the facility's "Clinical Guideline - Complaint/Grievance" with a revision date of 8/9/2018, revealed, " ...Purpose: To support each resident's right to voice grievances; resulting in a follow-up and resolution while keeping the resident apprised of its progress toward resolution ...Process ... The grievance follow-up should be completed in a reasonable time frame; this should not exceed 14 days... The individual voicing the grievance shall receive follow up communication with the resolution ..."

Record review of Resident #20's "Admission Record" revealed he was admitted by the facility initially on 7/30/21 and had a recent admission date of 1/11/22. He had diagnoses including Acute on Chronic Systolic (Congestive) Heart Failure, Essential Hypertension, and Acute Kidney failure.

Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/24/22 revealed Resident #20 had a Brief Interview of Mental Status BIMS) score of 15, which indicated he was cognitively intact.

On 04/25/22 at 03:00 PM, in an interview with Resident #20, he stated that he was missing a ring. He described the Social Services Designee (SSD) and stated reported to her at the end of last year (2021) that he had a missing gold diamond ring.

On 04/28/22 at 02:58 PM in an interview with Resident #20 with the SSD present, Resident #20

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| M 490 | Continued From page 7 | M 490 | | |

stated he had told the SSD about the missing ring, and she had looked for it and could not find the ring.

On 4/28/22 at 03:18 PM in an interview with Resident #20's son, he stated his dad had told him about his gold ring with diamonds that was missing. The son described the ring as being gold and had diamonds from one corner to the other corner. He confirmed he had spoken with the SSD about the missing ring, and he was told the SSD would keep a look out for it. He clarified that he initiated the phone call to the SSD; she did not initiate the call and she never responded to let him know the outcome or if the issue was resolved or not. He stated he lives several states away and felt like there was nothing he could do about his dad's missing items.

Record review of the facility's "Grievance Log" revealed an entry for Resident #20 which indicated the "Date Grievance Received" as 11/14/21, the "Type of Grievance" is indicated as "Other", and the "Date of the Incident" and the "Date Parties Informed of Findings" is listed as 11/14/21. The "Disposition Of Grievance" is indicated as "Resolved".

Record review of the facility's "Grievance Report" lists the "Name of Resident" as Resident #20, and the "Date the incident occurred" is listed as 11/14/21. The description of the nature of the grievance is listed as "resident reported missing clothes and a ring".

Record review of the facility's "Grievance Investigation" dated 11/14/21, revealed the name of the resident was not indicated on the report. The description of the incident as provided by the resident stated, "Resident stated he is missing

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| M 490 | Continued From page 8<br>clothes and a ring. He stated he may have lost the ring." Recommendations/corrective actions taken were indicated as "SS (Social Services) called family p (after) reporting ring missing. Clothes were found in laundry p south activity. Some other rings were found in resident's suitcase. Son did not express concern of replacing missing ring." The investigation indicated that the grievance was resolved to the satisfaction of all concerned. The "Date resident/individual received response of finding" was listed as 11/14/21. The "Time" was blank.<br><br>On 4/28/22 at 03:34 PM in an interview with the SSD, she stated she had marked the grievance as "resolved" on the grievance log because she did not have to replace the ring.<br><br>On 4/28/22 at 5:50 PM in an interview with the Interim Administrator, she stated that she had spoken with Resident #20's son and his story and the SSD's story "does not add up". | M 490 | | |
| M 610 | 45.21.2 Activities of daily living<br><br>Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to:<br><br>1. Bath, dressing and grooming;<br><br>2. Transfer and ambulate;<br><br>3. Good nutrition, personal and oral hygiene; and<br><br>4. Toileting.<br><br>This Statute is not met as evidenced by: | M 610 | | 6/10/22 |

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| M 610 | Continued From page 9<br><br>Based on observation, interviews, record review and facility policy review the facility failed to ensure residents who were dependent on staff for showering, shaving, and nail care received those services for five (5) of six (6) residents reviewed for Activities of Daily Living (ADLs) assistance. Resident #48, Resident #49, Resident #56, Resident #58, and Resident #60.<br><br>Review of the faciality's "Policies and Procedures" with the "Subject" of "Bathing/Showering", revised on 9/1/2017, revealed "Policy: Assistance with showering and bathing will be provided at least twice a week and PRN to cleanse and refresh the resident. The resident shall be asked on admission to establish a frequency schedule for bathing. This schedule will take precedence over the twice a week and PRN cleansing ..."<br><br>Review of the facility's "Policies and Procedures" with the "Subject" of "Podiatry", revised on 8/24/2017 revealed, "Policy: Podiatry consults are available to residents in need of services other than routine care. Procedure ...The consulting podiatrist will complete the physician consultation form and/or podiatry assessment and return it to the charge nurse for filing in the medical record..."<br><br>Resident #48<br><br>On 4/25/22 at 2:37 PM, Resident #48 said he did not get a shower every week and the last shower he received was on 4/18/22. Prior to that, he went two (2) weeks without a shower. He has informed the staff that he is scheduled to receive a shower on first shift now, and not on second shift. Resident #48's hair was oily.<br><br>On 4/26/22 at 02:12 PM, in an interview with | M 610 | M610<br><br>* On April 29, 2022, Resident #48 was showered, by Certified Nursing Assistant. Unit Manager will audit bath list daily to ensure completion of resident baths, beginning May 25, 2022<br>On April 30, 2022, Resident #49 was showered. shaved and hair washed by Certified Nursing Assistant. Unit Manager will audit bath list daily to ensure completion of resident baths, beginning May 25, 2022<br>On May 6, 2022, Podiatry visit for Resident # 56, toenails were cut and trimmed. Staff nurse will check, clean and trim fingernails and toenails weekly on Sundays, beginning May 8, 2022.<br>On April 30, 2022, Resident #58 was shaved to removed facial hair and hair brushed by Certified Nursing Assistant. Unit Manager will audit bath list daily to ensure completion of resident baths, beginning May 25, 2022<br>On April 29, 2022 Resident # 60 refused his bath. On May 3, 2022, Resident #60 was showered, shaved and hair washed by Certified Nursing Assistant. Unit Manager will audit bath list daily to ensure completion of resident baths, beginning May 25, 2022<br><br>* All residents have the potential to be affected.<br>All residents were assessed for nail care, by Registered Nurse on May 2, 2022 with nails trimmed for residents identified.<br>All residents were observed for ADL care, to include facial hair and greasy hair, on May 2, 2022 by Director of Nursing with | |

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| M 610 | Continued From page 10<br>Resident #48, he stated he should have received a shower yesterday on 4/25/22 but he did not get a shower. He is supposed to get showers on Monday, Wednesday, and Friday.<br><br>Record review of Resident #48's "Admission Record" revealed a readmission date of 2/17/22 and an original admission date of 10/11/18. He had diagnoses including Resident has diagnosis of Morbid Obesity and Congestive Heart Failure.<br><br>Record review of the Admission Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 2/24/22 revealed Resident #48 had a Brief Interview of Mental Status (BIMS) score of 15, which indicated resident was cognitively intact.<br><br>Record review of Resident #48's "Edit Task" report dated 4/29/22 with the "Standard Task" as "Shower/Bath" revealed the "Task Schedule" as "Monday Wednesday Friday ...Q(Every)Shift: *Days".<br><br>Record review of Resident #48's "Documentation Survey Report (V2) for "Mar-22" revealed he did not receive a scheduled shower during March. "On 3/8/22, it is recorded as "97" which means, "Not Applicable". He received a bed bath, not a shower, on 3/8/22, 3/19/22, 3/22/22, and 3/25/22. Resident #48 should have received a shower on 3/2/22, 3/5/22, 3/10/22, 3/12/22, 3/15/22, 3/17/22, 3/26/22, 3/29/ss, and 3/31/22.<br><br>Record review of Resident #48's "Documentation Survey Report (V2) for "Apr-22" revealed he did not receive a shower from April 1-14, 2022. He was scheduled to receive a shower on 4/2/22, 4/5/22, 4/7/22, 4/9/22, 4/12/22, and 4/14/22. He did not get a shower on 4/19/22, 4/23/22, and | M 610 | shower/bath, shave, and hair washed for residents identified.<br><br>* All nursing staff in-serviced on bathing, showering, and nail care, by Registered Nurse Educator, beginning on May 2, 2022.<br>Beginning on May 2, 2022, Registered Nurse Educator in-serviced nurses and certified nursing assistants on how to add a resident to podiatry list and where the list is located.<br>Assistant Director of Nursing updated Point Click Care order set for all diabetic residents to receive nail care weekly, beginning on May 5, 2022.<br>Assistant Director of Nursing updated Point of Care order set, for all non-diabetic residents to receive nail care weekly, beginning on May 5, 2022.<br>Assistant Director of Nursing completed Bath schedule and placed at nurses station. Each shift the staff nurses will complete a bath list from the bath schedule for the Certified Nursing Assistants informing them of baths (to include bathing, shaving, washing hair and nail care) scheduled for the shift. The certified nursing assistants will perform baths and sign on the bath list when completed. The staff nurse will ensure bath has been completed and sign the bath list.<br>On April 28, 2022, Assistant Director of Nursing placed a Podiatry List in the 24 hour binder at each nurses station. Staff will add any resident needing a referral to the Podiatrist to the list. Prior to Podiatrist visit, Unit Manager will consult with Medical Director/Nurse Practitioner | |

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| M 610 | Continued From page 11<br>4/26/22.<br><br>On 4/28/22 at 3:40 PM, in an interview with the Director of Nursing (DON) she stated Resident #48 is scheduled for showers on Tuesday, Thursday, and Saturday.<br><br>On 04/29/22 at 09:11 AM, in an interview with Resident #48, he stated he has never refused a bath. During a two-week period, he was offered a bed bath once in the last two weeks. He had reported his concerns with showering to the Social Services Designee (SSD) and was told he get a bath in 10 minutes. Shortly thereafter, the facility staff called him to the dining hall for a special meeting. He just wanted a shower on his scheduled days.<br><br>On 4/29/22 at 09:42 AM, in an interview with the SSD, she stated Resident #48 did speak with her about not getting showers. She stated she completed a grievance, and he did receive a shower that day, so she resolved the grievance. His shower days were changed from the evening shift to the day shift per his request. He had not mentioned it to her again after that.<br><br>On 4/29/22 10:29 AM, in an interview with the DON, she stated the nurse on the cart is responsible for making sure residents get their scheduled baths. She stated the nurse on the cart should follow up with CNA and the resident. If a resident refuses a shower, the nurse should document the refusal in the progress notes.<br><br>Record review of the March and April progress notes for Resident #48 revealed there was no documentation related resident refusals of baths or showers. | M 610 | regarding referrals to Podiatrist and write orders as indicated.<br><br>*Licensed Practical Nurse will perform rounds three (3) times per week for four (4) weeks, then monthly times three (3) months, to observe nail care, hair care, and facial hair, beginning on May 10, 2022.<br>The Unit Managers will audit bath lists daily to ensure completion, beginning May 25, 2022.<br>Findings were brought to the Quality Assurance Performance Improvement Committee Meeting by Director of Nursing on May 16, 2022 and will continue monthly times three (3) months to determine the effectiveness and make any necessary changes as indicated. | |

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Resident #49

On 4/25/22 at 4:12 PM, the State Agency (SA) observed Resident #49 lying in bed with long facial hair and hair was greasy in appearance. He reported he does not know about his baths or showers.

On 4/26/22 at 2:45 PM, the SA observed Resident #49 lying in bed. His hair appears greasy and dirty, and he had long facial hair.

On 4/27/22 at 09:45 AM, during an interview with Certified Nurse Aide (CNA) #5, she explained she always tries to give her residents including Resident #49 a wash down/ bed bath every morning on here first round. She explained Resident #49 is scheduled for showers on the evening shift. She did not wash his hair this morning and she agreed that his hair was greasy.

On 4/27/22 at 3:30 PM, during an interview with CNA #3, she reported that on some evenings, each CNA will have up to five (5) showers and not all showers are given. If all showers scheduled are not given, she tries to give the resident a bed bath.

At 3:40 PM on 4/27/22, during an interview with CNA #6, she reported she does not know when Resident #49 receives his showers, but the facility has a bath schedule. She reported she will give Resident #49 a shower tonight due because his hair is greasy.

A record review of Resident #49's "Admission Record" revealed the facility initially admitted him on 2/28/2019 and he was readmitted resident on 1/15/2020 with the diagnoses of Other Specified

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Interstitial Pulmonary Disease and Chronic Obstructive Pulmonary Disease.

A record review of Resident #49's Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/24/22 revealed a Brief Interview for Mental Status (BIMS) score of 8, which indicated he has moderate cognitive impairment. Resident #49 is dependent on staff for two-person assistance for transfers and total assistance for bathing.

A record review of Resident #49's "Documentation Survey Report (V2)" for "Mar-22" revealed he did not receive a shower on 3/12/22, 3/17/22, 3/22/22, 3/29/22, and 3/31/22.

A record review of Resident #49's "Documentation Survey Report (V2)" for "Apr-22" revealed he did not receive a shower on 4/5/22, 4/7/22, 4/9/22, 4/12/22, 4/14/22, 4/16/22, 4/23/22, and 4/26/22.

A record review of the facility's "North Wing Bath Schedule" revealed Resident #49's room scheduled for baths on Tuesday, Thursday, and Saturday on 3-11 shift.

Resident #56

On 4/25/22 at 1:57 PM, the State Agency (SA) and the Director of Nursing (DON) observed Resident #56 in his room. His right and left great toenails had a black discoloration and were long and jagged. The other toenails on the left and right foot were not discolored but were noted to be long and jagged. The 4th toe overlaps the 5th toe on his left foot.

During an interview on 4/28/22 at 2:26 PM, with

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the DON, she confirmed Resident #56's great toenails were long, discolored, and jagged. The DON said the resident could get her toenails caught in the covers, in her clothes or anything that could cause infection or serious pain. The DON measured the residents' toenails. The right great toe measured at 11/2 inches. The measurements of all the other toes were 1/2-inch past the toe except the middle toes. The left great toe measurements were 11/2 inches. The left 4th digit toe overlaps the left 5th digit toe. All the other toenails had jagged edges.

During an interview on 4/28/22 at 3:00 PM, with the Social Services Designee (SSD) confirmed the podiatrist has not seen Resident #56 since 5/7/21. The SSD said the Podiatrist visited other residents on June 2021, December 2021, and March 2022. She notified all the Department Heads of when the Podiatrist would be providing care to the residents. He usually sees fifteen to twenty residents per visit. If the Department Heads do not provide a list of residents needing podiatry services, she adds resident's names who have not been seen. The Social Worker said she had not been notified that Resident #56 needed to be seen by the Podiatrist.

Record review of the Resident #56's "Admission Record" revealed the facility admitted him on 8/15/18 with diagnoses including Hemiplegia and Hemiparesis, Type 2 Diabetes Mellitus, and Dysphagia.

Record review of the Quarterly Minimum Data Set (MDS) with the Assessment Reference Date (ARD) of 03/21/22 revealed Resident #56 had a Brief Interview of Mental Status (BIMS) of 03 that indicated he is severely cognitively impaired. A review of Section G revealed he is totally

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dependent upon staff for personal hygiene.

A record review of the "(PED) Patient Encounter Document - Total Foot Care Clinic" dated 5/7/21 revealed Resident #56 was seen by the Podiatrist. A further review of the medical record revealed no other Podiatrist since 5/7/21.

Record review of an email from the Social Worker sent on 3/21/22 (Monday) to the facility Users revealed there were 22 residents on a list to be seen by the Podiatrist on Thursday (3/24/22). Resident #56 was not on the list.

A record review of the facility's policy "Bathing/Showering" revealed a revision date 09/01/2017. The policy stated, "Assistance with showering and bathing will be provided at least twice a week and PRN to cleanse and refresh the resident. The resident shall be asked on admission to establish a frequency schedule for bathing. This schedule will take precedence over the twice a week and PR cleansing. The resident's frequency and preferences for bathing will be reviewed at least quarterly during care conference."

Resident #58

On 4/25/22 at 12:20 PM, the SA observed Resident #58 and noted he had long facial hair and long hair not brushed noted.

On 4/26/22 03:37 PM, the SA observed Resident #58 to have long facial hair and his hair was unkempt.

On 4/27/22 at 2:55 PM, during an interview with Licensed Practical Nurse (LPN) #1, she explained Resident #58 has not refused showers on her

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shift.

On 4/27/22 at 4:05 PM, during an interview with CNA #2, she explained Resident #58 receives showers on the evening shift and the shower schedule is located at the nurse's station. Resident #58 was noted to have long facial hair. CNA #2 reported the staff shave him when he gets his scheduled shower.

On 4/28/22 at 11:20 AM, during an interview with CNA #4, she confirmed Resident #58 receives showers on evening shifts and he is always very cooperative.

On 4/28/22 at 3:00 PM, during an interview with CNA #3, she explained when a resident refuses a shower or bath, she will report the refusal to the nurse and will try again late. If the resident continues to refuse, the bath is charted as "refused".

At 3:10 PM on 04/28/22, during an interview with LPN #2, she explained when a resident refuses a shower, the CNA reports to her and she will try to encourage resident to shower and will try again later.

On 04/28/22 at 3:20 PM, during an interview with RN #1, she reported there is a lot of residents who refuse showers on evening shift and the staff will encourage the resident to take a shower and will give the bed bath. If a resident continues to refuse showers or bath, the staff will call the family. She reported Resident #58 seldom refuses his showers.

A record review of Resident # 58's "Admission Record" revealed the facility originally admitted him on 11/3/2020 and he has a most recent

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admission date of 3/5/2021 with diagnoses including Dementia, Type 2 diabetes, and Heart Failure.

A record review of Resident #58's Annual MDS with and ARD of 3/7/22 revealed he had a BIMS score of 8 which indicated he was moderately cognitively impaired. He required limited assistance with and personal hygiene and extensive one-person assistance for bathing support.

A record review of Resident #58's "Documentation Survey Report (V2)" for "Ma-22) revealed he did not receive a shower on 3/5/22, 3/10/22, 3/12/22, 3/15/22, 3/17/22, 3/19/22, 3/22/22, 3/24/22, 3/26/22, 3/29/22, and 3/31/22.

A record review of Resident #58's "Documentation Survey Report (V2)" for "Apr-22" revealed he did not receive a shower on 4/2/22, 4/5/22, 4/9/22, 4/12/22, 4/14/22, 4/16/22, 4/19/22, 4/21/22, 4/23/22, 4/26/22, and 4/28/22.

Resident #60

On 4/25/22 at 11:25 AM, the SA observed Resident #60 to have greasy hair. There was a strong foul odor noted in the resident's room and in the hallway.

On 4/26/22 at 3:45 PM, the SA observed Resident #60 to have greasy hair and long facial hair. Resident #60's room had a strong foul odor noted in room and out in hallway.

On 4/27/22 at 2:50 PM, Resident #60 reported that he is not sure when he had his last shower/bath.

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| M 610 | Continued From page 18<br>On 4/27/22 at 4:05 PM, during an interview with CNA #2, she explained she has never given him a shower on her shift. The shower schedule is located at the nurse's station.<br><br>On 4/28/22 at 11:00 AM, during an interview with CNA #4, she explained Resident #60 receives his showers and baths on evening shift. She had given him a shower before and required assistance.<br><br>On 4/28/22 at 3:00 PM during an interview with CNA #3, she explained when a resident refuses a shower or bath, she will report the refusal to the nurse and then will try again later. If the continues to refuse, it is charted as "refused".<br><br>A record review of Resident #60's "Admission Record" revealed he was initially admitted by the facility on 9/10/21 and readmitted on 4/1/2022 with the diagnoses of Congestive Heart Failure and Type 2 Diabetes Mellitus.<br><br>Record review of Resident #60's Quarterly MDS with ARD of 3/16/2022 revealed a BIMS score of 13, which indicated he is cognitively intact and requires on-person physical assistance with bathing.<br><br>Record review of Resident #60's "Documented Survey Report (V2)" for "Mar-22" revealed Resident #60 did not receive a bath on 3/11/22, 3/16/22, 3/21/22, 3/23/22, 3/28/22, and 3/30/22.<br><br>Record review of Resident #60's "Documented Survey Report (V2)" for "Apr-22" revealed he did not receive a bath on 4/1/22, 4/4/22, 4/6/22, 4/11/22, 4/18/22, 4/20/22, 4/22/22, 4/25/22, and 4/27/22. | M 610 | | |

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| M 610 | Continued From page 19<br><br>Record review of "South Wing Bath Schedule" provided by the DON revealed Resident #60's room receives baths/showers on Monday, Wednesday, and Friday on the 3-11 shift.<br><br>On 4/29/22 10:29 AM, in an interview with the DON, she stated the nurse on the cart is responsible for making sure residents get their scheduled baths. She stated the nurse on the cart should follow up with CNA and the resident. If a resident refuses a shower, the nurse should document the refusal in the progress notes. She explained the facility has a bath/shower schedule posted at each nurse station south and north wing. She reported the CNAs are to chart in the computer and on paper for completed baths and showers. DON provided two (2) completed shower list for 7-3 shift and reported she could not find any other "daily bath list." Resident #60 was not listed on the daily bath list. No other documentation was provided during the survey. | M 610 | | |

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Based on observation, interviews, record review and facility policy review the facility failed to ensure residents who were dependent on staff for showering, shaving, and nail care received those services for five (5) of six (6) residents reviewed for Activities of Daily Living (ADLs) assistance. Resident #48, Resident #49, Resident #56, Resident #58, and Resident #60.

Review of the faciality's "Policies and Procedures" with the "Subject" of "Bathing/Showering", revised on 9/1/2017, revealed "Policy: Assistance with showering and bathing will be provided at least twice a week and PRN to cleanse and refresh the resident. The resident shall be asked on admission to establish a frequency schedule for bathing. This schedule will take precedence over the twice a week and PRN cleansing ..."

Review of the facility's "Policies and Procedures" with the "Subject" of "Podiatry", revised on 8/24/2017 revealed, "Policy: Podiatry consults are available to residents in need of services other than routine care. Procedure ...The consulting podiatrist will complete the physician consultation form and/or podiatry assessment and return it to the charge nurse for filing in the medical record..."

Resident #48
On 4/25/22 at 2:37 PM, Resident #48 said he did not get a shower every week and the last shower he received was on 4/18/22. Prior to that, he went two (2) weeks without a shower. He has informed the staff that he is scheduled to receive a shower on first shift now, and not on second

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shift. Resident #48's hair was oily.
On 4/26/22 at 02:12 PM, in an interview with Resident #48, he stated he should have received a shower yesterday on 4/25/22 but he did not get a shower. He is supposed to get showers on Monday, Wednesday, and Friday.
Record review of Resident #48's "Admission Record" revealed a readmission date of 2/17/22 and an original admission date of 10/11/18. He had diagnoses including Resident has diagnosis of Morbid Obesity and Congestive Heart Failure.
Record review of the Admission Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 2/24/22 revealed Resident #48 had a Brief Interview of Mental Status (BIMS) score of 15, which indicated resident he is cognitively intact.
Record review of Resident #48's "Edit Task" report dated 4/29/22 with the "Standard Task" as "Shower/Bath" revealed the "Task Schedule" as "Monday Wednesday Friday ...Q(Every)Shift: *Days".
Record review of Resident #48's "Documentation Survey Report (V2) for "Mar-22" revealed he did not receive a scheduled shower during March. "On 3/8/22, it is recorded as "97" which means, "Not Applicable". He received a bed bath, not a shower, on 3/8/22, 3/19/22, 3/22/22, and 3/25/22. Resident #48 should have received a shower on 3/2/22, 3/5/22, 3/10/22, 3/12/22, 3/15/22, 3/17/22, 3/26/22, 3/29/ss, and 3/31/22.
Record review of Resident #48's "Documentation Survey Report (V2) for "Apr-22" revealed he did not receive a shower from April 1-14, 2022. He was scheduled to receive a shower on 4/2/22, 4/5/22, 4/7/22, 4/9/22, 4/12/22, and 4/14/22. He did not get a shower on 4/19/22, 4/23/22, and 4/26/22.
On 4/28/22 at 3:40 PM, in an interview with the Director of Nursing (DON) she stated Resident

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#48 is scheduled for showers on Tuesday, Thursday, and Saturday.
On 04/29/22 at 09:11 AM, in an interview with Resident #48, he stated he has never refused a bath. During a two-week period, he was offered a bed bath once in the last two weeks. He had reported his concerns with showering to the Social Services Designee (SSD) and was told he get a bath in 10 minutes. Shortly thereafter, the facility staff called him to the dining hall for a special meeting. He just wanted a shower on his scheduled days.
On 4/29/22 at 09:42 AM, in an interview with the SSD, she stated Resident #48 did speak with her about not getting showers. She stated she completed a grievance, and he did receive a shower that day, so she resolved the grievance. His shower days were changed from the evening shift to the day shift per his request. He had not mentioned it to her again after that.
On 4/29/22 10:29 AM, in an interview with the DON, she stated the nurse on the cart is responsible for making sure residents get their scheduled baths. She stated the nurse on the cart should follow up with CNA and the resident. If a resident refuses a shower, the nurse should document the refusal in the progress notes.
Record review of the March and April progress notes for Resident #48 revealed there was no documentation related resident refusals of baths or showers.
Resident #49

On 4/25/22 at 4:12 PM, the State Agency (SA) observed Resident #49 lying in bed with long facial hair and hair was greasy in appearance. He reported he does not know about his baths or showers.

On 4/26/22 at 2:45 PM, the SA observed

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Resident #49 lying in bed. His hair appears greasy and dirty, and he had long facial hair.

On 4/27/22 at 09:45 AM, during an interview with Certified Nurse Aide (CNA) #5, she explained she always tries to give her residents including Resident #49 a wash down/ bed bath every morning on here first round. She explained Resident #49 is scheduled for showers on the evening shift. She did not wash his hair this morning and she agreed that his hair was greasy.

On 4/27/22 at 3:30 PM, during an interview with CNA #3, she reported that on some evenings, each CNA will have up to five (5) showers and not all showers are given. If all showers scheduled are not given, she tries to give the resident a bed bath.

At 3:40 PM on 4/27/22, during an interview with CNA #6, she reported she does not know when Resident #49 receives his showers, but the facility has a bath schedule. She reported she will give Resident #49 a shower tonight due because his hair is greasy.

A record review of Resident #49's "Admission Record" revealed the facility initially admitted him on 2/28/2019 and he was readmitted resident on 1/15/2020 with the diagnoses of Other Specified Interstitial Pulmonary Disease and Chronic Obstructive Pulmonary Disease.

A record review of Resident #49's Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/24/22 revealed a Brief Interview for Mental Status (BIMS) score of 8, which indicated he has moderate cognitive impairment. Resident #49 is dependent on staff for wo-person assistance for transfers and total

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assistance for bathing.

A record review of Resident #49's "Documentation Survey Report (V2)" for "Mar-22" revealed he did not receive a shower on 3/12/22, 3/17/22, 3/22/22, 3/29/22, and 3/31/22.

A record review of Resident #49's "Documentation Survey Report (V2)" for "Apr-22" revealed he did not receive a shower on 4/5/22, 4/7/22, 4/9/22, 4/12/22, 4/14/22, 4/16/22, 4/23/22, and 4/26/22.

A record review of the facility's "North Wing Bath Schedule" revealed Resident #49's room scheduled for baths on Tuesday, Thursday, and Saturday on 3-11 shift.

Resident #56

On 4/25/22 at 1:57 PM, the State Agency (SA) and the Director of Nursing (DON) observed Resident #56 in his room. His right and left great toenails had a black discoloration and were long and jagged. The other toenails on the left and right foot were not discolored but were noted to be long and jagged. The 4th toe overlaps the 5th toe on his left foot.

During an interview on 4/28/22 at 2:26 PM, with the DON, she confirmed Resident #56's great toenails were long, discolored, and jagged. The DON said the resident could get her toenails caught in the covers, in her clothes or anything that could cause infection or serious pain. The DON measured the residents' toenails. The right great toe measured at 11/2 inches. The measurements of all the other toes were 1/2-inch past the toe except the middle toes. The left great toe measurements were 11/2 inches. The left 4th

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digit toe overlaps the left 5th digit toe. All the other toenails had jagged edges.

During an interview on 4/28/22 at 3:00 PM, with the Social Services Designee (SSD) confirmed the podiatrist has not seen Resident #56 since 5/7/21. The SSD said the Podiatrist visited other residents on June 2021, December 2021, and March 2022. She notified all the Department Heads of when the Podiatrist would be providing care to the residents. He usually sees fifteen to twenty residents per visit. If the Department Heads do not provide a list of residents needing podiatry services, she adds resident's names who have not been seen. The Social Worker said she had not been notified that Resident #56 needed to be seen by the Podiatrist.

Record review of the Resident #56's "Admission Record" revealed the facility admitted him on 8/15/18 with diagnoses including Hemiplegia and Hemiparesis, Type 2 Diabetes Mellitus, and Dysphagia.

Record review of the Quarterly Minimum Data Set (MDS) with the Assessment Reference Date (ARD) of 03/21/22 revealed Resident #56 had a Brief Interview of Mental Status (BIMS) of 03 that indicated he is severely cognitively impaired. A review of Section G revealed he is totally dependent upon staff for personal hygiene.

A record review of the "(PED) Patient Encounter Document - Total Foot Care Clinic" dated 5/7/21 revealed Resident #56 was seen by the Podiatrist. A further review of the medical record revealed no other Podiatrist since 5/7/21.

Record review of an email from the Social Worker sent on 3/21/22 (Monday) to the facility

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Users revealed there were 22 residents on a list to be seen by the Podiatrist on Thursday (3/24/22). Resident #56 was not on the list.

A record review of the facility's policy "Bathing/Showering" revealed a revision date 09/01/2017. The policy stated, "Assistance with showering and bathing will be provided at least twice a week and PRN to cleanse and refresh the resident. The resident shall be asked on admission to establish a frequency schedule for bathing. This schedule will take precedence over the twice a week and PR cleansing. The resident's frequency and preferences for bathing will be reviewed at least quarterly during care conference."

Resident #58

On 4/25/22 at 12:20 PM, the SA observed Resident #58 and noted he had long facial hair and long hair not brushed noted.

On 4/26/22 03:37 PM, the SA observed Resident #58 to have long facial hair and his hair was unkempt.

On 4/27/22 at 2:55 PM, during an interview with Licensed Practical Nurse (LPN) #1, she explained Resident #58 has not refused showers on her shift.

On 4/27/22 at 4:05 PM, during an interview with CNA #2, she explained Resident #58 receives showers on the evening shift and the shower schedule is located at the nurse's station. Resident #58 was noted to have long facial hair. CNA #2 reported the staff shave him when he gets his scheduled shower.

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On 4/28/22 at 11:20 AM, during an interview with CNA #4, she confirmed Resident #58 receives showers on evening shifts and he is always very cooperative.

On 4/28/22 at 3:00 PM, during an interview with CNA #3, she explained when a resident refuses a shower or bath, she will report the refusal to the nurse and will try again late. If the resident continues to refuse, the bath is charted as "refused".

At 3:10 PM on 04/28/22, during an interview with LPN #2, she explained when a resident refuses a shower, the CNA reports to her and she will try to encourage resident to shower and will try again later.

On 04/28/22 at 3:20 PM, during an interview with RN #1, she reported there is a lot of residents who refuse showers on evening shift and the staff will encourage the resident to take a shower and will give the bed bath. If a resident continues to refuse showers or bath, the staff will call the family. She reported Resident #58 seldom refuses his showers.

A record review of Resident # 58's "Admission Record" revealed the facility originally admitted him on 11/3/2020 and he has a most recent admission date of 3/5/2021 with diagnoses including Dementia, Type 2 diabetes, and Heart Failure.

A record review of Resident #58's Annual MDS with and ARD of 3/7/22 revealed e had a BIMS score of 8 which indicated he was moderately cognitively impaired. He required limited assistance with and personal hygiene and extensive one-person assistance for bathing

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support.

A record review of Resident #58's "Documentation Survey Report (V2)" for "Ma-22) revealed he did not receive a shower on 3/5/22, 3/10/22, 3/12/22, 3/15/22, 3/17/22, 3/19/22, 3/22/22, 3/24/22, 3/26/22, 3/29/22, and 3/31/22.

A record review of Resident #58's "Documentation Survey Report (V2)" for "Apr-22" revealed he did not receive a shower on 4/2/22, 4/5/22, 4/9/22, 4/12/22, 4/14/22, 4/16/22, 4/19/22, 4/21/22, 4/23/22, 4/26/22, and 4/28/22.

Resident #60

On 4/25/22 at 11:25 AM, the SA observed Resident #60 to have greasy hair. There was a strong foul odor noted in the resident's room and in the hallway.

On 4/26/22 at 3:45 PM, the SA observed Resident #60 to have greasy hair and long facial hair. Resident #60's room had a strong foul odor noted in room and out in hallway.

On 4/27/22 at 2:50 PM, Resident #60 reported that he is not sure when he had his last shower/bath.

On 4/27/22 at 4:05 PM, during an interview with CNA #2, she explained she has never given him a shower on her shift. The shower schedule is located at the nurse's station.

On 4/28/22 at 11:00 AM, during an interview with CNA #4, she explained Resident #60 receives his showers and baths on evening shift. She had given him a shower before and required assistance.

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On 4/28/22 at 3:00 PM during an interview with CNA #3, she explained when a resident refuses a shower or bath, she will report the refusal to the nurse and then will try again later. If the continues to refuse, it is charted as "refused".

A record review of Resident #60's "Admission Record" revealed he was initially admitted by the facility on 9/10/21 and readmitted on 4/1/2022 with the diagnoses of Congestive Heart Failure and Type 2 Diabetes Mellitus.

Record review of Resident #60's Quarterly MDS with ARD of 3/16/2022 revealed a BIMS score of 13, which indicated he is cognitively intact and requires on-person physical assistance with bathing.

Record review of Resident #60's "Documented Survey Report (V2)" for "Mar-22" revealed Resident #60 did not receive a bath on 3/11/22, 3/16/22, 3/21/22, 3/23/22, 3/28/22, and 3/30/22.

Record review of Resident #60's "Documented Survey Report (V2)" for "Apr-22" revealed he did not receive a bath on 4/1/22, 4/4/22, 4/6/22, 4/11/22, 4/18/22, 4/20/22, 4/22/22, 4/25/22, and 4/27/22.

Record review of "South Wing Bath Schedule" provided by the DON revealed Resident #60's room receives baths/showers on Monday, Wednesday, and Friday on the 3-11 shift.

On 4/29/22 10:29 AM, in an interview with the DON, she stated the nurse on the cart is responsible for making sure residents get their scheduled baths. She stated the nurse on the cart should follow up with CNA and the resident. If a

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| M 610 | Continued From page 30<br>resident refuses a shower, the nurse should document the refusal in the progress notes. She explained the facility has a bath/shower schedule posted at each nurse station south and north wing. She reported the CNAs are to chart in the computer and on paper for completed baths and showers. DON provided two (2) completed shower list for 7-3 shift and reported she could not find any other "daily bath list." Resident #60 was not listed on the daily bath list. No other documentation was provided during the survey. | M 610 | | |
| M 615 | 45.21.3 Pressure sores<br><br>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.<br><br>This Statute is not met as evidenced by:<br>Based on observation, interview, record review and facility policy review the facility failed to clean a residents wound according to professional standards for two (2) of four (4) wound care observations Resident #49 and Resident #63.<br><br>Findings include:<br><br>A record review of the facility's "Policies and Procedures" with the "Subject" of "Clinical Guideline Skin & Wound" with an effective date of 4/1/2017 revealed, "Overview: To provide a system for identifying skin at risk, implementing individual interventions including evaluation and monitoring as indicated to promote skin health, healing, and decrease worsening of/prevention of | M 615 | M615<br><br>* Resident #49 and #63 were assessed for signs and symptoms of infection by Director of Nursing on April 29, 2022, no adverse findings.<br>Registered Nurse #2 performed a return demonstration skill check off on wound care, to include cleaning wound from center, moving outward, with Director of Nursing on April 29, 2022.<br>Registered Nurse educator will observe Registered Nurse #2 perform wound care procedure for Resident #49 and Resident #63 weekly times three (3) weeks , then monthly times three (3) months, beginning | 6/10/22 |

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| M 615 | Continued From page 31<br>pressure injury. Process: ... monitor residents' response to treatment and modify treatment as indicated ..."<br><br>A record review of the facility's "Policies and Procedures" with the "Subject" of "Dressing Change" with revision date of 12/6/2017 revealed "Policy: A clean dressing will applied by a nurse to a wound as ordered to promote healing .... Procedure: Cleanse wound as ordered, dispose of gauze ..."<br>Resident #49<br><br>On 4/27/22 at 11:30 AM during, an observation and interview with Registered Nurse (RN) #2, she explained Resident #49 was admitted with a left heel wound. The State Agency (SA) observed RN #2 clean a wound to the left heel with blind wipes in an upward motion from bottom and up and wiping every direction three (3) times with 3 four by four (4 x4) gauzes and discarding after each use. RN #2 did not clean the wound from center outward.<br><br>On 4/27/22 at 11:50 AM, during an interview with CNA #5 who assisted with positioning of Resident #49 during wound care, she explained she observed RN #2 clean the wound to the left heel from the bottom and wipe upward and wiped in all directions.<br><br>On 4/28/22 at 10:45 AM, during an interview with RN #2, she explained she doesn't remember how she wiped Resident #49's left heel wound yesterday but did confirm she wiped from the bottom upward to clean the left heel wound. She explained the proper technique to clean a wound is to clean inner to outer and throw away after each wipe. She confirmed she did not clean the wound the proper way. She explained cleaning a | M 615 | May 10, 2022.<br><br>* All residents with an active wound have the potential to be affected.<br>All residents with a wound were assessed for signs and symptoms of infection by the Director of Nursing on April 29, 2022 through May 18, 2022, no adverse findings.<br>Registered Nurse Educator will observe two (2) wound care procedures weekly times four (4) weeks, then monthly times three (3) months, beginning May 3, 2022.<br><br>* All nurses were in-serviced on proper wound care procedure by Registered Nurse Educator, beginning on May 3, 2022.<br>All nurses completed skill check off on proper wound care procedure by Registered Nurse Educator, beginning on May 3, 2022.<br><br>* Registered Nurse Educator will observe two (2) wound care procedures weekly times four (4) weeks, then monthly times three (3) months, beginning May 3, 2022.<br>Findings were brought to the Quality Assurance Performance Improvement Committee meeting by Director of Nursing on May 16, 2022 and will continue monthly times three (3) months to determine the effectiveness and make any necessary changes as indicated. | |

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wound incorrectly could cause a wound infection and the wound not to heal.

A record review of Resident #49's "Admission Record" revealed the resident was admitted to the facility 2/28/2019 with diagnoses that included Chronic Obstructive Pulmonary Disease and Alzheimer's Disease.

Record review of Resident #49's "Order Summary Report" dated 4/29/22 revealed " ...Left heel: Rinse with normal saline pat dry, apply skin prep to peri-wound allow to dry, apply Derma gel, change every 48 hours and as needed."

A record review of Resident #49's "Annual Minimum Data Set (MDS) with Assessment Reference Date (ARD) 2/24/22 revealed a Brief Interview for Mental Status (BIMS) score of 8, which indicated moderate cognitive impaired. Review of Section M revealed Resident #49 had one (1) Stage 3, one (1) Stage 4, and one (1) unstageable pressure wound.

Resident #63

On 4/27/22 at 10:45 AM, during an observation with the wound care nurse (RN #2), revealed during wound care for Resident #63 she used one (1) 4x4 gauze soaked in normal saline, wiped, and blotted the sacral wound. She did not clean the sacral wound from inner to outer and discard the gauze after the wipe.

On 4/28/22 at 10:45 AM, during an interview with RN #2, she explained Resident #63 was admitted with a sacral wound. RN #2 confirmed she only used one 4 x 4 gauze to clean Resident #63's sacral wound yesterday. She explained the proper technique to clean a wound is to clean

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 300S | A. BUILDING: _____ B. WING _____ | C 04/29/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| OCEAN SPRINGS HEALTH & REHABILITATION CENTI | 1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564 |

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inner to outer and throw away after each wipe. She confirmed she did not clean the wound the proper way. She explained cleaning a wound incorrectly could cause a wound infection and wound not to heal.

A record review of Resident #63's "Admission Record" revealed the resident was admitted to the facility on 11/30/22 with diagnoses that included Osteomyelitis of vertebra, Sacral and sacrococcygeal region.

A record review of Resident #63's "Order Summary Report" revealed an order 4/18/22 for Acetic Acid Solution 0.25% apply to sacrum topically one time a day for sacrum, cleanse pressure ulcer to sacrum with normal saline, pat dry, apply acetic acid ¼ strength wet to dry, cover with absorptive dressing daily and as needed.

A record review of Resident #63's Quarterly MDS with an ARD of 3/9/2022 revealed. Review of Section M revealed he had one (1) Stage 4 wound that was present upon admission.

On 04/28/22 at 4:30 PM, during an interview with Director of Nursing (DON), she confirmed the wound care for Resident # 49 and Resident # 63 observed by SA completed by RN #2, was improper wound care techniques. She explained improper wound care could mean the wound was not properly cleaned. She stated all wounds are different and depending on the wound bed would it cause further damage to the wound