STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

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F 000	INITIAL COMMENTS 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 requirements of participation for Medicare and Medicaid and cited F550, F585, F608, F610, F677, F686, F760 and F812 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 and cited F677. MS #18631 was substantiated for medications not being given according to physician's orders and wound care not provided according to professional standards and cited F686 and F760. The SA also cited F550, F585, F610 and F812 during the survey. The facility held a license for 115 beds with a census of 78.	F 000		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by:	F 677		6/10/22

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

Electronically Signed | 05/24/2022

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F 677	Continued From page 1 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 shift. Resident #48's hair was oily.	F 677	F677 * 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 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 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. 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 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 * All residents have the potential to be affected. All residents were assessed for nail care, by Registered Nurse on May 2, 2022 with nails trimmed for residents identified. All residents were observed for ADL care, to include facial hair and greasy hair, on	

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F 677	Continued From page 2 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 was 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,	F 677	May 2, 2022 by Director of Nursing with shower/bath, shave, and hair washed for residents identified. * All nursing staff in-serviced on bathing, showering, and nail care, by Registered Nurse Educator, beginning on May 2, 2022. 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. Assistant Director of Nursing updated Point Click Care order set for all diabetic residents to receive nail care weekly, beginning on May 5, 2022. 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. 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. 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	

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F 677	Continued From page 3 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 #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	F 677	visit, Unit Manager will consult with Medical Director/Nurse Practitioner regarding referrals to Podiatrist and write orders as indicated. *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. The Unit Managers will audit bath lists daily to ensure completion, beginning May 25, 2022. 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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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 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.

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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 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

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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 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.

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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 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.

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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.

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

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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 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.

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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.

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

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F 677	Continued From page 11 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 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.	F 677		
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that-	F 686		6/10/22

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F 686	Continued From page 12 (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: F686 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. Findings include: 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 pressure injury. Process: ... monitor residents' response to treatment and modify treatment as indicated ..." 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	F 686	F686 * Resident #49 and #63 were assessed for signs and symptoms of infection by Director of Nursing on April 29, 2022, no adverse findings. 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. 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 May 10, 2022. * All residents with an active wound have the potential to be affected. 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. Registered Nurse Educator will observe two (2) wound care procedures weekly	

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F 686	Continued From page 13 Procedure: Cleanse wound as ordered, dispose of gauze ..." Resident #49 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. 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. 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 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.	F 686	times four (4) weeks, then monthly times three (3) months, beginning May 3, 2022. * All nurses were in-serviced on proper wound care procedure by Registered Nurse Educator, beginning on May 3, 2022. All nurses completed skill check off on proper wound care procedure by Registered Nurse Educator, beginning on May 3, 2022. * 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. 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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F 686	Continued From page 14	F 686		

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 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

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F 686	Continued From page 15 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	F 686		
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and facility policy review the facility failed to prevent a significant medication error when a	F 760	F760 * On April 26, 2022, Resident #234,	6/10/22

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F 760	Continued From page 16 resident did not receive sliding scale insulin per physician's orders for one (1) of two (2) residents reviewed. Resident #234. Findings include: A record review of the facility's "Policies and Procedures" with a "Subject" of "Blood Glucose Monitoring and Disinfecting" with a revision date of 3/1/2021, revealed "Procedure: Verify Physician order ..." A record review of the facility's policy "Administering Medications" with a revised date of April 2019 revealed, "Policy Medications are administered in a safe and timely manner, and as prescribed ..." A record review of Resident #234's "Admission Record" revealed the facility admitted Resident #234 on 4/19/2022 with diagnoses including Pneumonia and Type 2 Diabetes Mellitus with Hyperglycemia. A record review of Resident #234's "Order Summary Report" revealed an order dated 4/20/22 for "Blood glucose before meals and at bedtime (ACHS) and an order dated 4/20/22 for Novolog solution 100 units/milliliter (ml) inject as per sliding scale: if 0-59 = 0 units follow hypoglycemic protocol; 60 - 150 = 0 units; 151 - 250 = 3 units; 251 - 350 = 5 units; 351 + = 8 units Call provider, encourage oral fluids unless contraindicated, subcutaneously as needed for Diabetes." A record review of Resident #234's Electronic Medication Administration Record (EMAR) revealed an order for "Blood Glucose ACHS	F 760	Novolog Insulin Sliding Scale order was clarified to before meals and at bedtime. On April 28, 2022, Assistant Director of Nursing completed a Medication Discrepancy Report. On April 26, 2022 Resident #234 was assessed for potential negative effects by Assistant Director of Nursing, with no adverse findings noted. Assistant Director of Nursing in-serviced Licensed Practical Nurse #4 on Point Click Care data entry of medication orders, following Physician orders and medication error, on April 28, 2022. Resident #234 discharged home on April 27, 2022 with no further action required. * All residents receiving Insulin per sliding scale have the potential to be affected. On May 3, 2022, Assistant Director of Nursing reviewed all orders for residents receiving insulin per sliding scale, no issues identified. * All residents receiving Insulin per sliding scale have the potential to be affected. On May 3, 2022, Assistant Director of Nursing reviewed all orders for residents receiving insulin per sliding scale, no issues identified. Assistant Director of Nursing in-serviced all nurses on Point Click Care data entry of medication orders, following physician's orders, and medication errors, beginning May 3, 2022. *Assistant Director of Nursing will audit all sliding scale insulin orders and electronic health records weekly times four (4) weeks, then monthly times three (3)	

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F 760	Continued From page 17 before meals and at bedtime". There was no sliding scale coverage indicated for this order on the EMAR. There is an order on the EMAR for "Novolog solution 100 units/ml (Insulin Aspart) inject as per sliding scale: if 0-59 = 0 units follow hypoglycemic protocol; 60-150 = 0 units; 151-250 = 3 units; 251-350 = 5 units; 351 + = 8 units Call provider, encourage oral fluids unless contraindicated, subcutaneously prn (as needed) for Diabetes." This order was prn only and did have sliding scale insulin coverage based on the prn accucheck result. Review of the EMAR for April 2022 revealed the following accucheck results for Resident #234: 4/21/22 at 11:30 AM accucheck result was 224; 4/21/22 at 9:00 PM accucheck result was 335; 4/22/22 at 11:30 AM accucheck reults was 170; 4/22/22 at 4:30 PM accucheck result was 293; 4/22/22 at 9:00 PM accucheck result was 259; 4/24/22 at 9:00 PM accucheck result was 314; 4/25/22 at 9:00 PM accucheck result was 218; 4/26/22 at 11:30 PM accucheck result was 210; 4/26/22 at 4:30 PM accucheck result was 394; 4/26/22 at 9:00 PM accucheck result was 235. There are no sliding scale insulin units recorded as being given to reduce Resident #234's blood glucose level on the EMAR for these entries. On 4/26/2022 3:50 PM, State Agency (SA) observed Licensed Practical Nurse (LPN) #4 obtain Resident #234's blood glucose prior to administrating medications. Resident's blood glucose results was 394, LPN #4 administered 8 units of Novolog and called the physician. Resident #234 reported she knew her blood sugar was high because she felt shaky. On 4/26/22 at 2:00 PM, during an interview with	F 760	months, beginning May 3, 2022. Any errors identified will be corrected immediately. Findings were brought to the Quality Assurance Performance Improvement Committee Meeting by Assistant 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 #234, she reported she is a diabetic and the facility has been checking her blood sugars four times a day and sometimes give her insulin and sometimes they do not.

On 4/27/22 at 9:00 AM, during an interview with the Nurse Consultant, she explained she had reviewed the resident's physican orders for the accucheck ACHS. She discovered that on 4/20/22, LPN #4 had entered an order for accuchecks ACHS into the computer, but she did not input the corresponding Novolog sliding scale per the physician's telephone order. The Nurse Consultant verified this was a medication error.

On 4/27/22 at 5:15 PM, during an interview with Registered Nurse (RN) #3, he explained he is the evening supervisor and on 4/20/22, LPN #4 came to him reporting Resident #234's blood sugar was elevated. He advised her to call the physician and get orders for accuchecks ACHS with sliding scale insulin. The order was not entered into the computer correctly because the sliding scale perameters were not entered with the accuchecks.

On 4/28/22 at 4:00 PM, during an interview with the Advanced Registered Nurse Practitioner (ARNP), she explained she expects accucheck orders to have sliding scale insulin coverage and to be given as ordered.

On 04/28/22 at 5:00 PM, during an interview with the Director of Nursing (DON), she explained she expects all nurses to follow physician orders when administering medications.

On 04/28/22 at 5:55 PM, during an interview with LPN #4, she explained she had not received

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F 760	Continued From page 19 training on how to place the physician orders in the computer. She reported she did call the physician when the resident complained her blood sugar needed to be checked because she thought her blood sugar was high. She received an order over the phone from the physician to obtain accuchecks ACHS with sliding scale insulin and she entered the order in the computer the "best she could" and had no assistance.	F 760		