STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255253	A. BUILDING _____ B. WING _____	C 06/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICKSBURG CONVALESCENT CENTER	1708 CHERRY STREET VICKSBURG, MS 39180

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted a complaint survey, MS 00018815, at the facility on 6/22/22. During the survey, the SA determined that the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The SA substantiated the complaint for Grievances and sited F585, and substantiated the complaint for Activities of Daily Living (ADL). Care Provided for Dependent Residents and cited F677. The facility is licensed for 100 beds and at the time of survey the census was 78.	F 000		
F 585 SS=D	Grievances CFR(s): 483.10(j)(1)-(4) §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph. §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident. §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution	F 585		7/14/22

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

Electronically Signed | 07/13/2022

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F 585	Continued From page 1	F 585		

of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include:
(i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system;
(ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations;
(iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated;
(iv) Consistent with §483.12(c)(1), immediately

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F 585	Continued From page 2 reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law; (v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued; (vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and (vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision. This REQUIREMENT is not met as evidenced by: Based on facility policy review, staff interviews and record review the facility failed to resolve grievances for a resident, as evidenced by there being no grievance forms completed for investigation/resolution of reported grievances for 1 of 3 residents assessed for unresolved grievances. Resident #1	F 585	On 06/22/22, the Assistant Director of Nursing (ADON) was made aware of the unresolved grievance from Resident #1's Responsible Party (RP), by the Social Service Director (SSD) for uncleaned dentures, dentures not stored properly, missing refrigerator, and concerns with bathing. The Grievance Concerns Comment Report was initiated by the	

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F 585	Continued From page 3 Findings include: Review of the facility policy titled, "Grievance/Concern/Comments," revealed, Standard ... Residents and their family members may voice grievances to the facility or other agency/entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. The facility will make prompt efforts to resolve grievances ... 3. A resident or family member may voice grievances with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and other residents, and other concerns regarding their LTC facility stay ... g. In accordance with the resident's right to obtain a written decision regarding his or her grievance, the Grievance Official issues a written decision on the grievance to the resident or representative at the conclusion of the investigation, which should conclude within 14 days." A telephone interview on 6/22/22 at 10:11 AM, with Resident #1's Responsible Party (RP) daughter, revealed she still had the concerns about resident's unclean dentures, about the dentures not being stored properly in the denture cup, about the refrigerator not being returned to resident or replaced, and still had concerns about resident not getting a bath. The RP revealed she had submitted this information, via text, as a complaint, to the Social Worker, on Sunday, January 30, 2022, and had sent another message on March 12, 2022, asking for an update from the first text. The RP noted she could only visit the nursing facility on Saturdays and Sundays, and sent a text to the Social Worker, because there	F 585	ADON to ensure proper follow up. SSD was immediately educated by ADON on the facility standard titled "Grievance Concerns Comments" and on the appropriate form/log to complete. ADON assessed Resident #1's dentures and determined that dentures were in good condition. ADON, also at this time, assessed bilateral feet/toenails, bilateral hands/fingernails, and overall cleanliness of body to ensure proper hygiene had been provided. Resident #1 was found to be clean with good overall hygiene. The ADON replaced the denture cup due to staining of container. The ADON found the dentures to be in good condition and then placed the dentures in a new denture cup with appropriate denture cleansing tablet. A facility refrigerator was placed in Resident #1's room by Maintenance Supervisor. On 06/22/22, ADON resolved all the reported resident grievances. On 06/22/22, the SSD, witnessed by the ADON, contacted resident #1's RP, to report all concerns were resolved. Resident #1's RP verbalized understanding and had no further grievances to report. All residents and responsible parties that have grievances or concerns have the potential to be affected. On 06/22/22, the Administrator, Director of Nursing (DON), Staff Development Nurse, ADON and SSD reviewed the Grievance Concern Comment Standard/Form and no revisions were indicated. An in-service/education was conducted by	

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F 585	Continued From page 4 was no office staff available to talk with on the weekends. The RP revealed she had not gotten a text or verbal response from the Social Worker regarding any of her complaints. An observation and interview on 6/22/22 at 12:00 PM, with the Social Worker, confirmed she had text messages from the RP dated 1/30/22 and 3/12/22. The message from 1/30/22 read, "Hey I just went to see mom, her refrigerator isn't in her room, and no one can find it. Also, her teeth hasn't been brushed and looks like she hasn't had a bath. Her top denture is sitting in water and looks awful. Has a film in it." The observation also revealed that the text message sent to the Social Work, from the RP, on 3/12/22 read, "I know you won't get this until Monday, but Mom's dentures still haven't been cleaned her skin is still very dry and her refrigerator is still not in her room." The Social Worker revealed she did write a grievance for Resident #1's missing refrigerator, when she returned to work on the Monday, 2/1/22, but did not resolve that grievance. The Social Worker revealed she did not write a grievance for the RP's complaints about the dentures and about Resident #1 looking like she had not had a bath. The Social Worker confirmed she did not resolve any of the grievances, for Resident #1, that were mentioned in the RP's text messages from 1/30/22 and 3/12/22. An observation and interview on 6/22/22 at 12:15 PM, with the Assistant Director of Nursing (ADON), confirmed a text message was sent to the Social Worker, by the RP, on 1/30/22, that read, "Hey I just went to see mom, her refrigerator isn't in her room, and no one can find it. Also, her teeth hasn't been brushed and looks like she hasn't had a bath. Her top denture is	F 585	the Staff Development Nurse on 06/22/22, 06/23/22, and 06/24/22 to ensure the Registered Nurses, Licensed Practical Nurses, Certified Nurses Aides, Activities, Maintenance, Housekeeping, and Dietary were educated on the protocol of reporting grievances, including nights and weekends, to the Administrator/Leadership on call team. On 06/30/22, Resident Council meeting was conducted by the Activities Director to educate the resident's on the grievance process. Beginning on 06/23/22 for the next 6 weeks, the Staff Development Nurse will conduct and document satisfaction interviews with 3 nonverbal resident RP□s to monitor satisfaction and identify any potential grievances or concerns. Beginning on 06/23/22 for the next 6 weeks, the Staff Development Nurse during focused rounds will interview 5 employees to validate competency with the protocol of reporting grievances and concerns. Effective 06/30/22 and for the next 3 months during the Resident Council meeting, the Activity Director will educate the residents on the process for reporting grievances and concerns. Any concerns identified during the Resident Council meeting will be reported immediately to the Administrator for further action as needed. Beginning on 06/23/22 and for the next 6 weeks, all grievances will be discussed during the daily stand up meeting consisting of the	

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F 585	Continued From page 5 sitting in water and looks awful. Has a film in it." The ADON also confirm the Social Worker received a text from the RP on 3/12/22 that read, "I know you won't get this until Monday, but Mom's dentures still haven't been cleaned her skin is still very dry and her refrigerator is still not in her room." The ADON confirmed that there was only a grievance form done for resident's missing refrigerator, that was unresolved. She also confirmed there was not a grievance form completed for the RP's complaints regarding resident's denture care and for Resident #1 looking like she had not had a bath. The ADON confirmed there should have been a grievance form completed for all of the complaints from the RP on Monday, 2/1/22, and confirmed that all of the grievances were unresolved. Record review of a signed letter, date 6/22/22, from the Social Worker of the nursing facility's letterhead, disclosing the information from the text messages that the Social Worker received from the RP on 1/30/22 and 3/12/22, revealed, "I received a text message from (Family member's name removed) Responsible Party on January 30, 2022 A 1:23pm ... Hey I just went to see mom, her refrigerator isn't in her room and no one can find it. Also her teeth hasn't been brushed and looks like she hasn't had a bath. Her top denture is sitting in the water and looks awful. Has a film in it ... 3/12/22 @ 1:48pm (I never read this message) ... I know you won't get this until Monday but Mom's dentures still haven't been cleaned her skin is still very dry and her refrigerator is still not in her room." Record review of the Grievance Log revealed a grievance form titled, "Grievance/Concern/Comment Report," dated	F 585	Administrator, DON, ADON, Minimum Data Set Coordinator, Rehabilitation Director, SSD, Activities Director, Charge Nurse, Wound Care Nurse, Dietary Manager, and Leadership on call team. The Staff development Nurse will review the Grievance/Concerns/Comments forms/log once a week effective 06/23/22 for the next 6 weeks during the High Risk Interdisciplinary Team Meeting consisting of the Administrator, DON, ADON, Minimum Data Set Coordinator, Rehabilitation Director, SSD, Activities Director, and Dietary Manager. Beginning on 06/23/22 for the next 6 weeks, the DON will review the Grievance/Concerns/Comments forms/log to ensure concerns are thoroughly documented and resolved timely. Beginning 7/13/22 and for the next 3 months- a summary of the Grievance/Concerns/Comments forms/logs, Responsible Party satisfaction interviews, employee competency validation and resident council meeting will be presented by the Staff Development Nurse at the Quality Assurance Performance Improvement meeting to identify any trends or patterns for appropriate actions as indicated and ensure compliance.	

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F 585	Continued From page 6 2/1/22, for Resident's missing refrigerator. The grievance form revealed, " ... Grievance/Concern/Comment ... Missing Frig ... Resident's Name: (Resident's name removed) ... Person Reporting: (Family member's name removed) ... Relationship: Daughter ... Investigation findings: Spoke w/(maintenance worker name removed) no one has seen a frig ... actions taken to resolve and respond to concern: voiced this to (Family member's name removed)." The record review did not reveal grievance forms for the RRs complaints regarding Resident #1's denture care and her looking like she had not had a bath. Resident #1's Face Sheet revealed the resident was admitted to the facility on 2/13/19 with diagnoses that include Contractures, Dementia with Behavior and Aphasia. Record review of the Quarterly Minimum Data Set (MDS) for Resident #1 with an Assessment Reference Date of 5/10/22 revealed a Brief Interview for Mental Status score of 7 which indicates severe mental impairment.	F 585		
F 676 SS=D	Activities Daily Living (ADLs)/Mntn Abilities CFR(s): 483.24(a)(1)(b)(1)-(5)(i)-(iii) §483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that:	F 676		7/14/22

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F 676	Continued From page 7 §483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ... §483.24(b) Activities of daily living. The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living: §483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care, §483.24(b)(2) Mobility-transfer and ambulation, including walking, §483.24(b)(3) Elimination-toileting, §483.24(b)(4) Dining-eating, including meals and snacks, §483.24(b)(5) Communication, including (i) Speech, (ii) Language, (iii) Other functional communication systems. This REQUIREMENT is not met as evidenced by: Based on facility policy review, resident interview, staff interviews, and record reviews, the facility failed to provide adequate Activities of Daily Living (ADL) personal care, to a resident, as evidenced by dentures not being properly stored for 1 of 5 residents for Activities of Daily Living (ADL) personal. Resident #1 Findings include:	F 676	On 06/22/22, the Assistant Director of Nursing (ADON) was made aware of the unresolved grievance from Resident #1's Responsible Party (RP), by the Social Service Director (SSD) for uncleaned denture and dentures not stored properly. The Grievance Concerns Comment Report was initiated by the ADON to ensure proper follow up. SSD was immediately educated by the ADON on	

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F 676	Continued From page 8 Review of facility policy titled, "Resident Hygiene ... Denture Care," dated 08/2021, revealed, "Denture Care ... Standard ... It is the standard of this facility that every resident who has dentures will receive denture care at least twice daily and as needed or requested. Each resident will be encouraged to complete his or her own denture care, as he or she is able." A telephone interview on 6/22/22 at 10:11 AM, with the Resident #1's Resident Representative (RR), revealed she still had the concerns about Resident #1's unclean dentures, and about the dentures not being stored properly in the denture cup. The RR revealed Resident #1's top denture plate could be removed from her mouth, but her bottom denture plate was a calculus bridge, and could not be removed, but could be brushed while her mouth. The RR revealed she had submitted information, to the Social Worker, via text message, on Sunday, January 30, 2022, and sent another text message, on March 12, 2022, and asked for an update from the first text. The RR noted she could only visit the nursing facility on Saturdays and Sundays and sent a text message, to the Social Worker, because there was no office staff available to talk with on the weekends. The RR revealed she had not gotten a return text or verbal response from the Social Worker. An observation and interview with Resident #1, on 6/22/22 at 10:25 AM, along with the Certified Nurse Aide (CNA) #1, revealed Resident #1's top denture plate was stored in a dry denture cup, that was in the top drawer of Resident #1's chest, next to her bed. The denture cup was observed to have a ring of black residue around the top, inside area, and black residue in the bottom of the denture cup, underneath where the top	F 676	the facility standard titled "Grievance Concerns Comments" and on the appropriate form/log to complete. ADON thoroughly assessed Resident #1's dentures and determined that the dentures were in good condition. Resident #1 was found to be clean with good overall oral hygiene. The ADON immediately replaced the denture cup due to staining of container. The ADON found the dentures to be in good condition and, to ensure proper storage, were placed in a new denture cup with appropriate denture cleansing tablet. On 06/22/22, ADON resolved all the reported resident grievances. On 06/22/22, the SSD, witnessed by the ADON, contacted resident #1's RP to report all concerns were resolved. Resident #1's RP verbalized understanding and had no further grievances to report. All residents that have dentures have the potential to be affected. On 06/22/22, the Administrator, Director of Nursing (DON), Staff Development Nurse, and ADON reviewed the Oral Care Standard. The Oral Care Standard required no revisions. An in-service/education was conducted by the Staff Development Nurse on 06/22/22, 06/23/22, and 06/24/22 to ensure the Registered Nurses, Licensed Practical Nurses, and Certified Nurses Aides were educated on the Oral Care Standard. On 06/27/22, the Administrator, DON, ADON,	

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F 676	Continued From page 9 denture plate sat. CNA #1 confirmed the top denture plate was stored in a dry denture cup that had a ring of black residue around the top, inside area, and had black residue in the bottom of the denture cup, underneath where the top denture plate sat. CNA #1 revealed the top denture plate should have been placed in a clean, covered, denture cup, with water and a denture cleansing tablet, to soak until Resident #1 was ready for them to be put back in her mouth. CNA #1 revealed that the CNAs are responsible for the ADL's task of denture care and had been in-serviced on denture care. An observation and interview on 6/22/22 at 10:50 AM, with the Staff Development Nurse, confirmed Resident #1's top denture plate was in a dry denture cup, with no water or a cleansing tablet, that the denture cup had a ring of black residue around the inside at the top, and the top denture plate rested on the bottom of the denture cup that was covered in the black residue. The Staff Development Nurse revealed the CNAs had been in-serviced on denture care and the CNAs should not have placed the top denture plate in a dirty denture cup. She also revealed the top denture plate was supposed to have been in a clean, covered in the denture covered with water and a cleansing tablet. The Staff Development Nurse revealed that Resident #1 did not receive adequate ADL care for the top denture plate. An observation and interview on 6/22/22 at 11:00 AM with the Assistant Director of Nursing (ADON), confirmed that Resident #1's top denture plate was in a dry denture cup, with no water or a cleansing tablet, that the denture cup had a ring of black residue around the inside at	F 676	and the Staff Development Nurse reviewed and updated the Denture Care Standard to include "When not in use, dentures shall be placed in a cup of water with the denture cleansing tablet". On 06/27/22, an in-service was conducted by the Staff Development Nurse with the Registered Nurses, Licensed Practical Nurses, and Certified Nurses Aides regarding the updated Denture Care Standard. On 06/30/22, Resident Council meeting was conducted by the Activities Director to educate the resident's on the grievance process including how to report concerns related to personal care. On 06/22/22, the Staff Development Nurse compiled a list of residents who utilize dentures. A focused round conducted by the ADON of 5 residents was completed on 06/22/22 to validate appropriate oral care was provided and proper storage of dentures. No issues or concerns were identified during this assessment. On 06/27/22, the Minimum Data Set Coordinator reviewed the Plan of Care for residents with dentures to ensure oral/denture care was addressed appropriately and no issues were identified. Beginning on 06/23/22 for the next 6 weeks, the Staff Development Nurse will conduct and document satisfaction interviews with 3 nonverbal resident RPs to monitor satisfaction and identify any potential grievances or concerns. Beginning on 06/23/22 for the next 6 weeks, the Staff Development Nurse	

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F 676	Continued From page 10 the top, and the top denture plate rested on the bottom of the denture cup that was covered in the black residue. The ADON confirmed that the CNAs were responsible for the ADL task of denture care, but nurses can assist the residents with denture care. The ADON revealed that Resident #1's top denture plate should have been placed in a clean denture cup, by the CNAs, with water, and a denture cleaning tablet, to soak and cleanse. The denture plate should remain in the denture cup until Resident #1 wanted it placed back in her mouth. The ADON confirmed that the resident did not receive proper ADL care for her top denture plate. An observation and interview on 6/22/22 at 12:00 PM, with the Social Worker, confirmed she had text messages from the Resident #1's RR, dated 1/30/22 and 3/12/22. The SA did visually observe the messages on the Social Worker's cell phone. The text message from 1/30/22 noted, "Also, her teeth hasn't been brushed ... Her top denture is sitting in water and looks awful. Has a film in it." The observation also revealed that the text message sent to the Social Work, from the RR, on 3/12/22 read, "I know you won't get this until Monday, but Mom's dentures still haven't been cleaned." The Social Worker revealed she had not followed up with Resident #1 to confirm that she was not receiving adequate ADL denture care. An interview on 6/22/22 at 04:04 PM with the Registered Nurse (RN) Charge Nurse, revealed the CNAs are primarily responsible for the ADL task of denture care, which included placing the cleaned dentures in a denture cup with water and a denture cleansing tablet.	F 676	during focused rounds will interview 5 employees to validate competency with the protocol of reporting grievances and concerns. Effective 6/30/22 and for the next 3 months during the Resident Council meeting, the Activity Director will educate the residents on the process for reporting grievances including personal care concerns. Any concerns identified during the Resident Council meeting will be reported immediately to the Administrator for further action as needed. Beginning on 06/23/22 and for the next 6 weeks, all grievances will be discussed during the daily stand up meeting consisting of the Administrator, DON, ADON, Minimum Data Set Coordinator, Rehabilitation Director, SSD, Activities Director, Charge Nurse, Wound Care Nurse, Dietary Manager, and Leadership on call team. The Staff development Nurse will review the Grievance/Concerns/Comments forms/log once a week beginning on 06/23/22 for the next 6 weeks during the High Risk Interdisciplinary Team Meeting consisting of the Administrator, DON, ADON, Minimum Data Set Coordinator, Rehabilitation Director, SSD, Activities Director, and Dietary Manager. Beginning on 06/23/22 for the next 6 weeks, the DON will review the Grievance/Concerns/Comments forms/log to ensure concerns are thoroughly documented and resolved timely. Beginning 7/13/22 and for the next 3 months- a summary of the Grievance/Concerns/Comments forms/logs, Responsible Party satisfaction	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255253	A. BUILDING _____ B. WING _____	C 06/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 676	Continued From page 11 An interview on 6/22/22 at 04:17 PM with CNA #2 revealed the CNAs are responsible for the ADL denture care task and have been in-serviced to put the dentures in a denture cup with water and a cleansing tablet to soak. An interview on 6/22/22 at 04:20 PM with CNA #3 revealed that CNAs are the ones to do the denture care and it was an ADL task and the dentures must be put in a denture cup with water and a cleaning tablet. An interview on 6/22/22 at 04:25 PM CNA # 4 revealed the CNAs are the ones to do ADL denture and mouth care. CNA #4 revealed dentures are to be put in a clean denture cup, with water and a cleaning tablet to soak. Record review of the Efferdent Denture Tablets directions revealed, " ... Can be used in a dental bath ... Dental appliance may be soaked safely in EFFERDENT Cleanser Solution overnight ... Recommended for use on full or partial dentures." Record review of a signed letter, date 6/22/22, from the Social Worker, on the nursing facility's letterhead, disclosing the information from the text message, that the Social Worker received from the RR on 1/30/22 revealed, "I received a text message from (Resident's Daughter's named removed) Responsible Party on January 30, 2022 at 1:23pm ... Also her teeth hasn't been brushed ... Her top denture is sitting in the water and looks awful. Has a film in it." Record review of the ADL Care Plan, for resident, revealed, "(Resident #1) has an ADL Self Care Performance Deficit r/t left side hemiplegia, bilateral hand contractures, weakness."	F 676	interviews, employee competency validation and resident council meeting will be presented by the Staff Development Nurse at the Quality Assurance Performance Improvement meeting to ensure compliance and identify any trends or patterns for appropriate actions as indicated.	

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F 676	Continued From page 12	F 676		

Record review of the in-service titled, "Importance of Daily Oral Care for the Elderly ... The Smile Proud Mississippi Project," dated 5/12/22, for CNAs and nurses, revealed, "Training Topics ... Performing daily resident oral health assessments ... Developing individual resident oral health care plans ... Using assistive oral care devices and improving direct-care staff perceptions of working with residents' mouths."

Record review of the in-service titled, "Oral Care, Denture Care, ADL Care and Documentation," dated 2/1/22, revealed, "Important Points Covered ... 1. Oral Care ... 2. Denture Care ... 3. ADL Care ...Procedure for oral care, proper cleaning and storing of dentures."

Record review of "Section G ... Functional Status," of the MDS Quarterly Assessment, dated 5/10/22, revealed, "J. Personal Hygiene - how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, and hands ... 1. Self-Performance ... 4 ... Total dependence - full staff performance every time during entire 7-day period."

Record review of "Section C ... Cognitive Patterns," of the Minimum Data Set (MDS) Quarterly Assessment, dated May 10, 2022, revealed resident has a BIMS Score of 7, indicating the resident has severely impaired cognition.