STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255148	A. BUILDING _____ B. WING _____	07/14/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Survey Agency (SSA) conducted a Recertification Survey and Complaint Investigation (CI), CI MS #19383 and CI MS #19385 at the facility from 07/11/2022 through 07/14/2022. During the survey, the facility was found to not be in compliance with the requirements for participation in Medicare and Medicaid. The SSA did not substantiate CI MS # 19383 for verbal abuse and did not substantiate CI MS #19385 for physical abuse. The SA cited F609, F610, F641, F658, and F812 during the annual survey. The census at the time of the survey entrance was 132, and the facility was licensed for 145 beds.	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review, staff interviews, and facility policy review, the facility failed to accurately code the discharge Minimum Data Set (MDS) assessment for one (1) of three (3) sampled closed records. Resident #127. Findings Include: A record review of the facility's "MDS Coding Policy" with a reviewed date of March 25, 2022, and "(Proper Name of Corporation) affiliated facilities utilize the most up to date Resident Assessment Instrument (RAI) manual for	F 641	1. Resident #127 was discharged from the facility on 4/12/2022. The discharge Minimum Data Set (MDS) assessment was modified and submitted on 7/13/2022 by the MDS Registered Nurse (RN) to reflect Resident #127 discharging home and not the hospital. 2.Each of the 132 residents in the facility on July 15, 2022, had the potential to be affected.	8/15/22

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

Electronically Signed | 07/26/2022

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F 641	Continued From page 1 determination of coding each section of the Resident Assessment, timely and accurately ..." A record review of Resident #127's "Admission Record" revealed the facility admitted Resident #127 on 03/23/2022 with diagnoses including Aftercare Following Joint Replacement Surgery and End Stage Renal disease. The "Date of Discharge" was listed as 04/12/2022 and discharged to a private home. A record review of the Section A of Resident #127's Discharge MDS with an Assessment Reference Date (ARD) of 04/12/2022 revealed, " ... F. Entry/discharge reporting" was coded as "10. Discharge-return not anticipated ... A 2100 Discharge Status" was coded as "03. Acute Hospital ..." A record review of Resident #127's "Progress Notes" revealed a nurse's note dated 04/12/2022 at 06:12 PM that noted "Resident discharged home with family ..." During an interview with the MDS Nurse/Licensed Practical Nurse (LPN) #3 on 07/13/22 at 03:50 PM, revealed Resident #127 went home and she coded her as a discharge to the hospital in error. An interview was conducted with the Director of Nursing (DON) on 07/14/2022 at 7:55 PM. The DON explained Resident #127's discharge status for the discharge MDS dated 04/12/2022 should have been coded as returning to the community. The DON stated she expected that the MDS should be coded accurately.	F 641	3. On 7/26/2022 an in-service was conducted by the Regional Case Mix Registered Nurse via Teams with MDS Nurses on requirements to accurately code A2100: OBRA Discharge Status per the Resident Assessment Instrument (RAI) Manual. On 7/14/2022 an audit was conducted by the Registered Nurse MDS Coordinator. The audit reviewed 21 patients that were discharged from 7/1/2022 - 7/14/2022. This audit had a 0% error rate. 4. Beginning on 7/18/2022, an audit will be conducted weekly for four (4) weeks by Regional Case Mix Registered Nurse that will be submitted to the Administrator, Director of Nursing and MDS Registered Nurse Coordinator, then monthly for three (3) a review of 10% of all discharges for the month by facility MDS Registered Nurse to review accuracy of coding A2100: OBRA Discharge Status. A report of audit findings will be submitted by MDS coordinator to the Quality Assurance Performance Improvement committee on 8/8/2022, then monthly for three (3) months for further review and recommendations. The Administrator is responsible for monitoring and compliance	
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)	F 658		8/15/22

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F 658	Continued From page 2 §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, record review, staff interview and facility policy review the facility failed to follow standards of practice for applying Zinc Oxide Barrier Cream for one (1) of (2) incontinent care observations. Resident #42. Findings include: A review of the Mosby's Pocket Guide to Nursing Skills and Procedures, eighth Edition, under the topic "Topical Skin Applications" revealed, "Delegation Skills Considerations The skill of administering topical medications cannot be delegated to nursing assistive personnel ..." A review of the Mississippi Board of Nursing rules and regulations in chapter 3 section 1.3 "medication administration may only be delegated to another registered nurse or licensed practical nurse and not to an unlicensed person. This would include medicated ointments, lotions, and protective barriers, regardless of skin integrity." Review of the facility's policy, "Conformity with Laws and Professional Standards" dated April 2007, revealed "Policy Statement Our facility operates and provides services in compliance with current federal, state, and local laws, regulations, codes, and professional standards of practice that apply to our facility and type services provided ..."	F 658	1.On 7/14/2022 Resident #42 was assessed by the Registered Nurse Supervisor for any adverse reactions due to failure to follow facilities policy and procedure for Administering Topical Skin Application containing zinc oxide. No adverse reactions were found. On 7/14/2022 an In-service was completed with Certified Nursing Assistant (CNA) #1 and Registered Nurse (RN) #3 by the Director of Nurses on Delegation Skills Considerations- the skill of administering topical medications containing zinc oxide cannot be delegated to nursing assistant personnel. 2. Each of the 132 residents in the facility on July 12, 2022, had the potential to be affected. 3. Beginning 7/12/2022, all licensed nursing staff and certified nursing assistants were in serviced by Staff Development Coordinator and Certified Nursing Assistant Leader on proper policy and procedures for Administering Topical Skin Applications containing zinc oxide. 4. Effective 7/18/2022, Staff Development Coordinator and Certified Nursing Assistant Leader will conduct	

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F 658	Continued From page 3 During an observation and interview on 07/12/22 at 02:16 PM,with Certified Nursing Assistance (CNA) #1 revealed Resident #42 received a bed bath and perineal care. After the bed bath, CNA #1 applied Z Guard paste with zinc oxide to the resident's buttocks and underneath the resident's abdominal fold. CNA #1 confirmed she applied Z guard paste with zinc oxide cream to the resident's buttocks and under her abdominal fold. CNA #1 said she received the cream from the wound care nurse and was told to use it on Resident #42's buttocks and underneath the abdominal folds. On 07/14/22 at 03:08 PM, during an interview with CNA # 2, who was responsible for medical supplies, revealed she orders an unmedicated barrier cream for the CNAs to use on residents. She confirmed that CNAs should not use Z Guard cream because of the zinc oxide in the cream. During an interview on 07/14/22 at 03:49 PM, with Registered Nurse (RN) #3 (Supervisor) confirmed the CNAs were told to apply zinc oxide to Resident #42's buttocks and under her abdominal fold. RN #3 said she did not know the CNAs could not apply zinc oxide. During an interview on 07/14/22 at 04:19 PM with the Director of Nursing (DON), she confirmed the CNAs should not be applying cream with zinc oxide to residents because it is considered a medication. The DON said the staff should use the unmedicated cream. Record review the "Admission Record" revealed the facility admitted Resident #42 on 11/14/2020, with diagnoses that included Obesity (CAD),	F 658	audits/interviews on three (3) nurses and (3) certified nursing assistants three (3) times weekly for four (4) weeks, then (1) nurse and (1) certified nursing assistant weekly for three (3) months to ensure compliance according to the Mississippi Board of Nursing rules and regulations regarding applying topical ointment by a licensed nurse only is completed. The report of audit findings will be reviewed by the Administrator and brought to the Quality Assurance/Performance Improvement Committee for review and recommendations on 8/8/2022, and then monthly for four (4) months. The Director of Nursing will be responsible for monitoring and compliance.	

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F 658	Continued From page 4 Chronic Obstructive Pulmonary Disease with acute Exacerbation, Diabetes Mellitus, and High Blood Pressure. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/16/2022 revealed Resident #42 had a Brief Interview for Mental Status (BIMS) score of 15 that indicated Resident #42 is cognitively intact.	F 658		
F 812 SS=D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and facility policy review, the facility failed to discard expired food items, date, and label opened items in the dry storage room and freezer for one (1) of	F 812	1.On 7/11/22, Dietary Staff/Manager immediately discarded all the unlabeled, expired, and not dated items in the kitchen that included; the nine (9) expired	8/15/22

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F 812	Continued From page 5 two (2) kitchen observations. Findings Include: A review of the facility's policy "Labeling and Dating Inservice" (undated) revealed, "...Importance of labeling and dating: Proper labeling and dating ensures that all foods are stored, rotated, and utilized in a First in First Out (FIFO) manner. This will minimize waste and ensure that items that are passed their due date are discarded..." On 07/11/22 at 10:08 AM, the State Agency (SA) conducted an initial tour of the kitchen with the Dietary Manager (DM). There were several items identified that were not labeled or expired found on the initial tour. 1. In the dry storage room, there were nine (9) 12 ounce (oz) cans of Velvet Evaporated Milk with an expiration date of 05/22/22. 2. In the dry storage room, there were three (3) bags of croutons, with an expiration date of 11/30/21. 3. In the dry storage room, there was a 16 oz. box of Cornstarch Argo 100% Pure opened and not dated an open or used by date. 4. In the freezer, there were a box of frozen cookies opened and was not dated with an open or used by date. 5. In the freezer, there was one-half of a 40 oz. bag of frozen corn wrapped in plastic wrap, but not labeled with an open or used by date.	F 812	12 ounce(oz) cans of velvet evaporated milk, three (3) expired bags of croutons, undated 16 oz. box of cornstarch argo 100%, unlabeled box of frozen cookies, one-half of a 40 oz. bag of frozen green beans unlabeled, one-half of a 40oz. bag of frozen corn unlabeled, and a one-half of a 40 oz. bag of frozen lima beans not labeled. 2. Each of the 132 residents in the facility on July 11, 2022, had the potential to be affected. 3. Beginning 7/12/2022, the Dietary Manager and Administrator in-serviced all dietary staff on proper procedure for labeling, dating and storage of foods and juices. 4. Effective 7/18/2022, Dietary Manager and Infection Preventionist will conduct audits on kitchen sanitation, labeling and storage three (3) times a week for four (4) weeks, then once (1) a week for four (4) weeks, then monthly thereafter for three (3) months. The report of the audits will be reviewed by the Administrator and brought to the Quality Assurance Performance Improvement Committee for review and recommendations on 8/8/2022 then monthly for four (4) months.	

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F 812	Continued From page 6	F 812		

6. In the freezer, there was one- half of a 40 oz. bag of frozen Green Beans wrapped in plastic wrap, but not labeled with an open or used by date.

7. In the freezer, there was one- half of a 40 oz. bag of frozen Lima Beans wrapped in plastic wrap, but not labeled with an open or used by date.

On 07/11/22 at 10:20 AM, the SA conducted an interview with the DM, who confirmed that after opening most items, they are considered good for up to 7 days.

On 07/12/22 at 11:36 AM, the SA conducted an interview with the DM, who confirmed that he and the Assistant Dietary Manager (ADM), are responsible for making sure things are discarded when expired. He stated that sometimes they receive help from the staff but most times they do not. The DM stated that the resident could be exposed to food born illnesses. He stated that physical contaminants would be something he would be concerned about.

On 07/12/22 at 11:41 PM, the SA conducted an interview with the ADM, who stated that expired food can cause food poisonings, stomach bugs, be bad for the resident if they are consumed. He stated that he is responsible for discarding expired items as well as the DM.

On 07/12/22 at 02:30 PM, the SA conducted an interview with the Administrator who stated, that expired food can make the resident sick with stomach issues. She stated that all things opened should be labeled and dated.

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F 812	Continued From page 7 A review of documentation revealed the dietary staff received electronic in-service training on 06/04/22, and upon hire, in reference to labeling and dating.	F 812		