STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255145	A. BUILDING _____ B. WING _____	C 08/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD REHABILITATION AND HEALTHCARE	501 SOUTH LOCUST STREET MCCOMB, MS 39648

(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 COVID-19 Focused Infection Control survey and Complaint Investigation (CI), MS #19278, MS #18827, and MS #18788 at the facility from 8/8/22 through 8/9/22. The facility was found to be in compliance with infection control regulations and the Centers for Medicare and Medicaid (CMS) and the Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19 and there were no deficiencies cited related to infection control. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The SA substantiated MS #19278 for facility not clean and cited F584. The SA substantiated MS #18827 for misappropriation of resident property and cited F602. The SA substantiated MS #18788 for resident not groomed adequately and cited F677. The facility held a license for 145 beds, with a census of 110.	F 000		
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can	F 584		9/22/22

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

Electronically Signed | 09/01/2022

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F 584	Continued From page 1 receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and interviews the facility failed to provide a clean environment for eight (8) of 17 resident room observations. Findings Include: Room 106 On 8/08/22 at 11:00 AM, observation for Room	F 584	1. Root Cause Analysis was conducted by the Interdisciplinary Team (IDT) and based on findings Room 106 brown area on walls and room 402 Resident #3□s wall next to bed were cleaned by Housekeeping on August 10, 2022. The privacy curtain was replaced in room 402 by Housekeeping on August 10, 2022. The peeling on the wall in room 208 was repaired and painted on August 15, 2022.	

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F 584	Continued From page 2 106 had brown 1/4-inch streaks and pea-sized areas on the wall from the bathroom to the headboard of the bed by the door. Both overbed tables had a discolored, abrasive brown/rust substance on the bases. The base board was pulled away from the wall approximately 1/8 to 1/16-inch alternately in a wavy pattern from the corner of the room to the bathroom door frame and on the opposite side of the bathroom door to the corner. There were two (2) three-inch-long and one (1) four-inch-long brown discolored streaks and one (1) four-inch-long yellow streak on the wall behind the head of the bed on the "A" side of the room. There was an open metal electrical outlet box with a white plastic-coated wire and plastic wire connector visible and within reach on the inside of the box behind the call light cord insertion plate on the wall (where the call light cord plugs into the wall). The opening into the open metal electrical outlet box measured 3 X 1 3/8-inches. On 8/09/22 at 4:15 PM, during an observation and interview in Room 106 with the Administrator and the Director of Nursing (DON), the Administrator confirmed both air conditioner filters were missing and the overbed tables had rust on the metal bases. The Administrator and the DON confirmed the walls and floor appeared "dirty". The Administrator stated he was unable to find a policy related to the cleanliness, cleaning, or maintenance of the building. Room 108 On 8/08/22 at 11:29 AM, observation in Room 108 revealed all four (4) corners of the floor had dark, black discolored areas which wiped off with a water-moistened tissue. There was an	F 584	The peeling paint in the shared bathroom between room 204 and 206 was repaired on August 15, 2022 by the Maintenance Assistant. Room 106, room 108, room 203, room 208 A, room 209, room 407 over bed tables were removed and replaced with rust free tables on August 15, 2022 by Maintenance Assistant. Room 106 baseboard was repaired and reattached to the wall on August, 18, 2022 by Maintenance Assistant. Room 106 A wall behind the bed was cleaned and painted by Maintenance Assistant on August 24, 2022. Room 106 open metal electrical box was capped off to prevent exposure of wires on August 9, 2022 by Maintenance Assistant. Room 106 and room 108 walls and floors were cleaned on August 11, 2022 by Housekeeping. Room 106□s air conditioner filters were replaced and room 108 and room 402 air conditioner filters were cleaned by Maintenance Assistant on August 10, 2022. Room 402□s privacy curtain was removed and replaced with clean privacy curtain on August 12, 2022. Room 203 tube feeding poles were cleaned by Maintenance Assistant on August 15, 2022. Bathroom between Room 204 and 206 discolored bed spread under sink on floor was removed and discarded, sink was emptied of standing water, base of faucet and faucet handles were cleaned and floor was mopped by Housekeeping on August 9, 2022. The Maintenance Assistant was notified by Executive Director on August 10, 2022 and leaking sink was repaired by Maintenance Assistant on August 10, 2022.	

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F 584	Continued From page 3 oval-shaped dried discolored substance on the floor beside the resident's bed between the bed and the window that measured 6 X 3 inches next to seven (7) pea-sized spots of the same color and consistency. The room air conditioner had two (2) filters which were completely covered with 3/16-inch thick, gray discolored substance. On 8/09/22 at 4:30 PM, during an observation and interview in Room 108 with the Administrator and the DON, the Administrator confirmed that both air conditioner filters in the room were dirty and "need to be cleaned". The Administrator stated that air conditioner filters were to be cleaned monthly by the Maintenance Supervisor, but the facility did not have a Maintenance Supervisor at the time. He stated that it did not appear the filters had been cleaned "for a while". Observation revealed the filters were dirty and coated in gray substance with accumulated areas of the substance 1/2 to 1-inch attached to the filters. The Administrator stated there was rust on the overbed table and it needed to be replaced. Room 203 On 8/08/22 at 11:45 AM, observation of Room 203 revealed two (2) metal poles with tube feeding pumps that had multiple pea-size to dime-size dried tan discolored substance on the bases. The metal base of the overbed table for the "B" side of the room was discolored with rust and had several 1/8-1/4-inch-wide streaks of the dried tan discolored substance. Room 206 On 8/08/22 at 11:47 AM, an observation the shared bathroom between Rooms 204 and 206	F 584	2. Quality observation environmental rounds were conducted of resident rooms on August 24, 2022 by the Executive Director with emphasis on over bed tables, walls, floors, baseboards, tube feeding equipment, privacy curtains , air conditioner filters , bathroom fixtures , bathroom sinks and floors. Residents have the potential to be affected by this deficient practice. 3. Education with the newly hired Maintenance Director was conducted on August 29, 2022 by the Executive Director on this regulation with emphasis on maintaining a safe, clean, comfortable homelike environment. Education with all staff will be conducted by Maintenance Director or the Maintenance Assistant on this regulation with emphasis on maintaining a safe, clean, comfortable homelike environment by September 22, 2022. Risk Management and Quality Improvement for environmental competency will be conducted with all staff upon hire and at least annually by the Maintenance Director or Maintenance Assistant to ensure all staff are environmentally competent to provide a safe, clean, comfortable and homelike environment. Risk Management and Quality Improvement monitoring will be conducted 3 times a week beginning August 23, 2022.	

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F 584	Continued From page 4 revealed there was water leaking into the wall-mounted sink basin with a 2.5-gallon trash can below the sink bowl. The sink bowl was half full of water and there were occasional drips into the trash can. There was a white bedspread with a yellow and brown discoloration, folded and on the floor around the trash can under the sink to absorb the water. The 8-inch metal base of the sink faucet was completely covered with an abrasive, rust colored substance, which was also visible on the faucet handles in diverse areas. The faucet handles were in the off position. The paint on the wall behind the sink was peeling from the wall. On 8/09/22 at 6:00 PM, in an observation and interview with the Administrator in the shared resident bathroom between Room 204 and Room 206, the Administrator stated he was not aware of the leaking water faucet, the bedspread under the sink or the 2-foot by 1-foot (2' X 1') puddle of standing water in front of the sink. He stated, "We need to get a professional to come and fix it". He confirmed the paint was peeling off the wall and said he believed it was due to humidity. The Administrator immediately turned off the water supply underneath the sink, put a wet floor sign in the bathroom, and assigned staff to dry the floor and remove the bedspread. Room 208 On 8/08/22 at 12:00 PM, observation revealed the base of the overbed table in Room 208 on the "A" side of the room had a brown/rust discoloration. On 8/09/22 at 6:15 PM, in an interview with the Administrator while in the Room 208, he confirmed the overbed table was discolored and	F 584	4. Maintenance Director or Maintenance Assistant will monitor resident rooms and common areas 3 times weekly for 1 month and then monthly for 2 months beginning August 23, 2022 to ensure a safe, clean , comfortable home like environment is maintained according to the plan of correction. Findings will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee monthly for 3 months starting September 1, 2022. Monitoring schedule will be revised based on findings.	

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F 584	Continued From page 5	F 584		

stated, "We need to take inventory of the over-the-bed tables and order some new ones."

Room 209

On 8/08/22 at 12:02 PM, observation revealed the base of the over the bed table in Room 209 on the "A" side of the room was covered in a brown/rust colored substance.

On 8/09/22 at 6:25 PM, in an interview with the Administrator, he stated overbed table in Room 209 "needs to be replaced".

On 8/09/22 at 6:30 PM, an interview with LPN #1 revealed that if equipment was broken, not working, or not in good repair the staff were "supposed to put a note in the Maintenance Log; if there's a leak, put out a wet floor sign, and if it's mechanical put a 'lock-out' sign on it".

Room 402

On 8/08/22 at 12:12 PM, an observation and interview in Room 402 with Resident #3 revealed the resident gestured to the wall next to his bed (the bed was against the wall) where there were several diverse brown spots and streaks. Resident #3 said it bothered him and he didn't like it. He said it looked dirty and he did not cause the spots and streaks because it was in the room when he was admitted. There were brown spots on the privacy curtain at the end of the bed and he confirmed the spots were present on the curtain when he was admitted to the room. The air conditioner filters were both observed to have an approximately 1/16-to-1/8-inch layer of gray, dust colored substance covering the surface of the filters with several 1/4 to 1/2- inch areas of a

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F 584	Continued From page 6	F 584		

gray dust-colored substance. Resident #3 stated he had not reported or complained about the wall or curtain to staff but agreed that it was readily visible to any staff who entered the room.

Record review of Resident #3's "Admission Record" revealed the facility admitted him on 7/6/22 with diagnoses including Post-Traumatic Stress Disorder and Major Depressive Disorder.

Record review of Resident #3's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/13/22 revealed he had a Brief Interview of Mental Status (MDS) score of 15, which indicated he was cognitively intact.

On 8/09/22 at 5:35 PM, in an interview and observation of Room 402 with the Administrator, he confirmed the wall to the right of the resident's bed "looks bad, looks dirty" and stated, "It can be cleaned, we can clean that or paint it if we need to". The Administrator confirmed both air conditioner filters were dirty. He verified that the privacy curtain had spots and stains on it and needed to be replaced.

Room 407

On 8/10/22 at 12:30 PM, during an interview and observation in Room 407, Resident #5 revealed his overbed table metal base was completely covered with an abrasive, brown/rust colored substance. .

Record review of Resident #5's "Admission Record" revealed he was admitted to the facility on 11/22/17, with diagnoses including Neurogenic Bladder, Multiple Sclerosis, Chronic Kidney

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F 584	Continued From page 7 Disease and Vision Loss. Record review of the Quarterly MDS with an ARD of 5/06/22, revealed that Resident #5 had a BIMS score of 9, which indicated that the resident had moderate cognitive impairment. On 8/09/22 at 6:40 PM, an interview with LPN #2 revealed that if equipment was broken, not working, or not in good repair the staff were "supposed to put a note in the Maintenance Log; if there's a leak put out a wet floor sign, and if it's mechanical put a 'lock-out' sign on it".	F 584		
F 602 SS=D	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to protect the resident from misappropriation of funds for one (1) of seven (7) sampled residents residing at the facility. Resident #1 Findings Included: Record review of the facility's "Policies and Procedures" with the "Subject: Abuse, Neglect, Exploitation & Misappropriation", and a revision date of 11/28/17, revealed "It is inherent in the	F 602	1. Root Cause Analysis was conducted by the Interdisciplinary Team (IDT) and based on findings Resident #1□s account was reimbursed for the amount of the misappropriated funds in the amount of $1634.00 on May 12, 2022 by Courtyard Rehabilitation and Healthcare. A receipt was provided to the responsible party (RP) on May 12, 2022 by the Business Office Manager.	9/22/22

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F 602	Continued From page 8 nature and dignity of each resident ...to be free from ...misappropriation of property ...." A record review of the Facility Reported Incident (FRI) revealed the Interim Administrator began an investigation on 5/10/22, when the Responsible Representative (RP) of Resident #1 requested receipts for the two (2) money orders totaling $817.00 (eight hundred seventeen dollars) that he had given to the Receptionist on 5/6/22, as payment toward the resident's monthly liability. Unable to provide the receipts for the money orders, the Receptionist reported the money orders missing to the Business Office Manager (BOM), and an investigation began. The investigation revealed that two additional money orders submitted to the facility by the RP for Resident #1's April payment were missing. The amount missing from Resident #1's account for payment of monthly liabilities for April and May totaled $1634.00 (one thousand six hundred thirty-four dollars). On 8/8/22 at 12:44 PM, an interview with the Administrator confirmed that the investigation had been conducted by the Interim Administrator of the facility at the time of the incident. The Administrator stated that once the investigation had been completed, the Receptionist was terminated from the facility and that the local police department had been involved. The facility provided the telephone number of the Interim Administrator that had been working at the facility during the time of the incident. On 8/8/22 at 2:52 PM, a telephone interview with the Interim Administrator, confirmed that he had been made aware of missing money orders on 5/10/22 and had begun a formal investigation. As	F 602	2. All Residents have the potential to be affected by this deficient practice. 3. Education was conducted with the Business Office Manager (BOM) and the Executive Director (ED) on May 16, 2022 by the Regional Revenue Cycle Manager on proper procedure for receiving and reconciling payments. Education initiated by Regional Revenue Cycle Manager on May 16, 2022 with current staff on Abuse and Neglect regulation with emphasis on misappropriation of funds. Education will be completed by the Regional Revenue Cycle Manager by August 16, 2022. The Business Officer Manager began counting receipt books on May 16, 2022. This appropriate practice will count down the receipt books daily and compare to what funding has been posted to ensure all receipts were posted in the system. All receipt books are to be kept in the Business Office and logged out to the receptionist. New hires will be educated in orientation upon hire. 4. The Executive Director or Business Office Manager will audit two times weekly for one month, then weekly for two months starting May 16, 2022 to ensure cash received payments, money order	

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F 602	Continued From page 9 the Receptionist admitted to receiving the money orders and was unable to locate them, she as suspended pending investigation. He stated that the investigation revealed the Receptionist had taken a total of four (4) money orders from the RP of Resident #1 as payment for the resident's care. Instead of submitting the money orders to the Business Office, she had cashed them and kept the money. The Interim Administrator stated that the misappropriation was reported to the required parties including the resident's RP, the resident's Physician, the Mississippi State Department of Health (MSDH), the Attorney General's Office (AGO), and the local police department on 8/12/22. He confirmed the Corporate Business Office Manager had arrived at the facility on 8/9/22 and performed a complete audit of all resident accounts and verified no other funds were misappropriated. He stated that Resident #1's account was credited for the total of the misappropriated funds. On 8/8/22 at 3:00 PM, a telephone interview with the RP for Resident #1 confirmed that he had delivered two (2) money orders to the Receptionist in April that totaled $817 for his mother's care and had received two receipts. He stated that he was given excuses by the Receptionist about why she could not give him receipts for the two (2) other money orders delivered to her on 5/06/22 for May. He stated that on 5/10/22 he asked her again for the receipts and after a few minutes, the Receptionist had given him a receipt. He stated he was made aware of the investigation by the Interim Administrator and was asked to provide receipts from April and copies of the money orders to the facility. He said that he was notified that his mother's account was credited for $1,634.00, the	F 602	payments and personal check payments were reconciled in the receipt book and a receipt was provided to the Resident Representative. Findings will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee monthly for four months starting May 16, 2022 until September 22, 2022. Monitoring schedule will be revised based on findings.	

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F 602	Continued From page 10	F 602		

total amount of the four (4) money orders he had delivered to the facility in April and May 2022. In the past, he stated that it had been his habit to leave the "Pay to The Order Of" blank on the money orders and the facility BOM would "stamp it". He said he was satisfied with the results of the investigation.

On 8/08/22 at 3:45 PM, an interview with the BOM revealed that on 5/10/22 the Receptionist came to her and stated that she could not find two (2) money orders she had received from Resident #1's RP on 5/06/22. The BOM stated she had helped search the office for the money orders, but the money orders were not found. The missing money orders were reported to the Interim Administrator, and an investigation had begun. She stated to protect the residents, the Interim Administrator had suspended the Receptionist pending investigation. However, once the investigation was completed, the Receptionist was terminated, and the local law enforcement were involved. She confirmed the Corporate Business Office Manager had arrived on 5/11/22 and performed a complete audit of all resident accounts to verify no other funds were misappropriated. She stated Resident #1's RP had a habit of leaving the "Pay to The Order Of" line blank on the money orders he used to make payments for the resident's care. The money orders for April and May should have been stamped and deposited and credited to Resident #1's account.

Record review of Resident #1's "Admission Record", revealed that she was admitted to the facility of 10/25/21, with diagnoses including Anemia and Peripheral Vascular Disease.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 602	Continued From page 11 Record review of the Quarterly Minimum Data Set (MDS) for Resident #1 with reference date 7/19/22, revealed she had a Brief Interview for Mental Status (BIMS) score of 5 out of 15, which indicated significant cognitive impairment.	F 602		
F 677 SS=E	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: Based on observations, interviews, record review, and facility policy review, the facility failed to provide adequate and appropriate Activities of Daily Living (ADL) care for three (3) of seven (7) sampled dependent residents. Residents #5, #6, and #7 Findings Include: Review of the facility's policy "Policies and Procedures" with the "Subject: Perineal Care", and revision date of 9/5/2017, revealed "...Wash, rinse and dry the skin, being certain to expose all skin surfaces which are soiled..." Review of the facility's policy "Policies and Procedures" with the "Subject: Care of Nails", and a revision date of 9/1/17, the steps for performing nail care were listed. The Director of Nursing (DON) reported that there were no other fingernail policies available. Resident #5 Record review of Resident #5's "Admission	F 677	1. Root Cause Analysis was conducted by the Interdisciplinary Team (IDT) and based on findings Perineal Care was demonstrated with return demonstration with Certified Nursing Assistant (CNA) #1 using the Perineal Care Competency Checklist on August 11, 2022 by Director of Nursing (DON). Resident #1 was assessed by the Assistant Director of Nursing (ADON) on August 11, 2022. Resident #5, #7 and #6□s fingernails were cut and trimmed on August 11, 2022 by DON. 2. Residents who need assistance with nail care and incontinent have the potential to be affected by this deficient practice. 3. Education with demonstration and returned demonstration using the Perineal	9/22/22

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	255145	A. BUILDING _____ B. WING _____	C 08/09/2022

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F 677	Continued From page 12 Record" revealed he was admitted to the facility on 11/22/17, with diagnoses including Neurogenic Bladder, Multiple Sclerosis, Chronic Kidney Disease and Vision Loss. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/06/22, revealed that Resident #5 had a Brief Interview for Mental Status (BIMS) score of 9, which indicated that the resident is moderately cognitively impaired. Further review of Resident #5's MDS revealed he is not ambulatory and requires one-person extensive assistance for bed mobility, dressing and personal hygiene. On 8/9/22 at 2:40 PM, observation of Resident #5's fingernails revealed fingernails approximately ¼ of an inch past the tips of his fingers with black, dried material located underneath his nails. Resident #5 stated that he did not like his fingernails being so long, but that he needed help because of his decreased vision. The resident stated that they were long "because nobody cuts them". On 8/9/22 at 2:58 PM, Certified Nurse Aide (CNA) #1 was observed providing incontinent care for Resident #5. The CNA was observed using disposable cleaning cloths to wipe the resident from front to back in both the right and left groin prior to turning the resident on his side and cleaning his rectal area and buttocks. CNA #1 did not clean Resident' #5's penis or scrotum. When the CNA secured a clean incontinent brief, she stated that the resident was clean. On 8/09/22 at 3:05 PM, in an interview with RN #1 regarding the incontinent care of Resident #5,	F 677	Care Competency Checklist with current CNA□s was initiated by the Assistant Director of Nursing (ADON) on August 11, 2022 and will be completed by September 22, 2022 by the Director of Nursing or ADON. Education with demonstration and returned demonstration regarding nail care with current Nurses and CNA□s was initiated on August 11, 2022 by DON and will be completed by September 22, 2022 by the Director of Nursing or ADON. Perineal care competency will be conducted with CNAS upon hire and at least annually by the DON or ADON to ensure CNA is competent to provide perineal care in the appropriate manner. Resident nails will be checked and cleaned during routine Activities of Daily Living (ADL) care and trimmed as needed. New hires will be educated upon hire. 4. The monitoring for perineal and nail care began on August 12, 2022. DON or ADON will monitor perineal care with a random sample of 5 3 x weekly for 1 month , then a sample of 5 monthly for 2 months to ensure Certified Nursing Assistant (CNA) shows competency in providing perineal care. Findings will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee monthly starting September 1, 2022 for 3 months. Monitoring schedule will be revised based on findings. DON or	

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F 677	Continued From page 13 she stated that correct incontinent care for a male resident would include "cleaning the penis from the urethra, wiping away from the urethra and cleaning the scrotum, wiping front to back from the scrotum to the anus". She stated that when CNA #1 provided perineal care to Resident #5, without cleaning his genitals, the "Perineal care was not done completely right". On 8/09/22 at 3:30 PM, an interview with the DON, she confirmed CNA #1 had been checked off on the correct steps for perineal care on 7/29/22 to ensure she knew the appropriate steps. She stated she expected CNA #1 to perform all steps of perineal care following an episode of incontinence. Record review of the facility-provided "Perineal Care Skills Competency Checklist" revealed that checklist was to be completed for each new CNA upon hire/annually and as indicated. The "Competency Criteria Perineal Care steps included ...Male Resident ...Wash penis with peri-wash ...moving in a circular motion from the tip of the penis ...Using a fresh wash cloth clean and rinse the scrotal area ..." Record review of the "New Hire Orientation: All Staff Mandatory Education" revealed that both the Staff Orientation Coordinator and CNA #1 documented that CNA #1 was competent in performing perineal care on 7/29/22. On 8/09/22 at 5:45 PM, in Resident #5's room, the DON confirmed the resident's fingernails were "long" and described the brown/black substance under the resident's fingernails as "dirt" and that they had the potential to cause "abrasions or scratches" to the resident's skin. She confirmed it was the responsibility of the CNAs and nurses to	F 677	ADON will monitor residents nail care with a random sample of 10 residents 3 x weekly for 1 month, then a sample of 10 residents monthly for 2 months to ensure resident□s nails are clean and trimmed. Findings will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee monthly starting September 1, 2022 for 3 months. Monitoring schedule will be revised based on findings.	

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F 677	Continued From page 14	F 677		

observe resident fingernails and provide fingernail care.

Resident #6
Record review of the Resident #6's "Admission Record" revealed she was admitted by the facility on 3/23/13, with diagnoses Cerebrovascular Accident (Stroke), and Hemiplegia.

Record review of the Quarterly MDS, with an ARD of 5/09/22 revealed Resident #6 has a BIMS score listed as 99, which indicated the resident was unable to participate in the interview. Further record review of the MDS for Resident #6 revealed she is not ambulatory and requires extensive one-person assistance for bed mobility, dressing, toilet use and personal hygiene.

On 8/09/22 at 4:45 PM, observation of Resident #6 and the DON in the facility beauty shop, revealed that Resident #6 was telling the DON she did not like her fingernails to be so long. The DON confirmed Resident #6's fingernails were "too long." The DON told Resident #6 "the aide or the nurse will trim them."

Resident #7
Record review of the "Admission Record" for Resident #7 revealed he was admitted to the facility on 4/22/15, with diagnoses including Diabetes, Traumatic Brain Injury, and Contractures of the Right Hand, Left Hand, Right Elbow, Left and Right hips.

Record review of the Quarterly MDS with an ARD of 5/12/22, revealed Resident #7 has a BIMS score listed as 99, which indicated the resident was not able to participate in the interview. Further review of the MDS revealed Resident #7

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is not ambulatory and is dependent on two-person assistance for bed mobility, dressing, and personal hygiene; he was dependent on one-person assistance for eating and toilet use.

On 8/08/22 at 11:29 AM, observation of Resident #7 revealed the resident had long, jagged fingernails which extended past the end of his fingers approximately ¼ of an inch. The fingernails of his right hand were pressed into his right palm and created two (2) crescent shaped indentions in his right palm.

On 8/09/22 at 2:33 PM, an interview with CNA #2 revealed that unless a resident is a diabetic or on a blood thinner, it is the responsibility of the CNA to provide fingernail care.

On 8/09/22 at 4:30 PM, in an interview with the DON, she stated Resident #7's fingernails were "too long" and jagged and because of the resident's contractures, they could potentially cut into the resident's palms. The DON confirmed there was a brown/black colored substance under the resident's fingernails and said they "look dirty." She stated it was the responsibility of the CNAs to perform fingernail care or report to the nurse if a resident needed fingernail care and it was contraindicated for the CNA to perform the care.

On 8/09/22 at 6:30 PM, an interview with LPN #1 revealed she stated the CNAs were responsible for fingernail care and said if a resident was prescribed blood thinners or was diabetic, the CNA should report if a resident needed fingernails trimmed.

On 8/09/22 at 6:40 PM, an interview with LPN #2

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F 677	Continued From page 16 confirmed CNAs were responsible for fingernail care, unless the residents were prescribed blood thinners or were diabetic.	F 677		