STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255273	A. BUILDING _____ B. WING _____	09/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKWAY HEALTH & REHAB LLC	230 RIVER OAKS DRIVE CANTON, MS 39046

(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 an annual re-certification survey at the facility from 9-26-22 to 9-29-22. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements of participation. The SA cited deficiencies at F576, F656, F677, F688, and F695. The census at the time of the survey was 45 and the facility is licensed for 67 beds.	F 000		
F 576 SS=D	Right to Forms of Communication w/ Privacy CFR(s): 483.10(g)(6)-(9) §483.10(g)(6) The resident has the right to have reasonable access to the use of a telephone, including TTY and TDD services, and a place in the facility where calls can be made without being overheard. This includes the right to retain and use a cellular phone at the resident's own expense. §483.10(g)(7) The facility must protect and facilitate that resident's right to communicate with individuals and entities within and external to the facility, including reasonable access to: (i) A telephone, including TTY and TDD services; (ii) The internet, to the extent available to the facility; and (iii) Stationery, postage, writing implements and the ability to send mail. §483.10(g)(8) The resident has the right to send and receive mail, and to receive letters, packages and other materials delivered to the facility for the resident through a means other than a postal service, including the right to: (i) Privacy of such communications consistent	F 576		11/11/22

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

Electronically Signed | 10/21/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	255273	A. BUILDING _____ B. WING _____	09/29/2022

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F 576	Continued From page 1 with this section; and (ii) Access to stationery, postage, and writing implements at the resident's own expense. §483.10(g)(9) The resident has the right to have reasonable access to and privacy in their use of electronic communications such as email and video communications and for internet research. (i) If the access is available to the facility (ii) At the resident's expense, if any additional expense is incurred by the facility to provide such access to the resident. (iii) Such use must comply with State and Federal law. This REQUIREMENT is not met as evidenced by: Based on resident and staff interview and facility policy review, the facility failed to provide mail delivery on Saturdays for two (2) of nine (9) residents who attended the resident council meeting. Findings include: Review of the facility policy titled, "Mail and Electronic Communication", with a revision date of May 2017, revealed residents are allowed to communicate privately with individuals of their choice and may receive personal mail, email, and other electronic forms of communication confidentially. The policy interpretation and implementation revealed, under #4, that mail and packages will be delivered to the resident within twenty-four (24) hours of delivery on premises or to the facility's post office box (including Saturday deliveries). On 09/27/22 at 02:00 PM, during the Resident Council Meeting Resident #5 and Resident #8	F 576	F576 * Residents #5 and #8 have been informed by the activity director on 10/19/22, that the Registered Nurse supervisor on the weekends will check the mail box and ensure delivery of any residents' mail that's received. * All residents have the potential to be affected. *Weekend Registered Nurse supervisors will be assigned responsibility of checking for mail on 10/22/22 and ensuring delivery of resident mail as appropriate. An in-service was initiated with registered nurses on 10/21/22 by the administrator. A binder has been created for weekend nursing staff to sign verifying that the mailbox has been checked and resident mail has been distributed as appropriate.	

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	255273	A. BUILDING _____ B. WING _____	09/29/2022

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PARKWAY HEALTH & REHAB LLC	230 RIVER OAKS DRIVE CANTON, MS 39046

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F 576	Continued From page 2 stated that they do not get mail on the weekend. An interview, on 09/28/22 at 08:30 AM, with the Activity Director revealed that during the week, the receptionist or the business office person brings her the mail and she delivers it to the residents. She stated that she was responsible for making sure the residents get their mail and takes care of outgoing mail. An interview, on 09/28/22 at 10:36 AM, with the Business Office Director revealed that when she gets to work, she checks the mailbox and checks with the receptionist for resident mail. She stated that she, the social worker, or the activity director delivers the mail. She stated that she is not sure whether anybody works on the weekends to check for resident mail. An interview, on 09/28/22 at 10:58 AM, with the Administrator (ADM) revealed that no one in the building is assigned to get the mail and deliver it to the residents on the weekend. The ADM confirmed that residents are not getting mail on the weekend and stated that they need to establish a process for that.	F 576	* The activity director will begin monitoring resident mail delivery on 10/22/22 and report to Quality Assurance committee weekly for 2 weeks, then monthly for 2 months, and quarterly for 2 quarters starting 10/28/22 to ensure compliance is maintained.	
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive	F 656		11/11/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255273	A. BUILDING _____ B. WING _____	09/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 656	Continued From page 3 assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, resident interview, record review and facility policy review the facility failed to implement a comprehensive care plan for three (3) of thirteen (13) resident care plans reviewed. Residents #31, #29 and #17.	F 656	F656 * Resident #31, 17 and 29 had their care plans reviewed on 9/28/22 by the Director of Nursing. Director of Nursing reviewed the Certified Nursing Assistant Care plan	

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	255273	A. BUILDING _____ B. WING _____	09/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 656	Continued From page 4 Findings Include: Record review of the policy titled, "Comprehensive Assessments and the Care Delivery Process", revised December 2016, revealed its "Policy Statement" Comprehensive Assessments and the Care Delivery Process. The "Policy Interpretation and Implementation" under number one (1) Comprehensive assessments, care planning and the care delivery process involve collecting and analyzing information, choosing, and initiating interventions, and then monitoring results and adjusting interventions. Resident # 31 Record review of Resident #31's Care Plan with an onset date of 3/7/20 revealed Resident #31 requires physical assist with ADL's related to decrease mobility and function, generalized muscle weakness, dementia, and degenerative disease of nervous system with approaches that included provide foot and nail care and shave resident as needed (PRN). An interview on 9/26/22 at 3:11 PM, with Resident #31 revealed the resident was able to answer simple yes or no questions. When asked if the resident would like to be shaved, he answered yes and if he wanted his nails cut shorter, he answered yes. An interview on 9/27/22 at 2:09 PM, with the DON confirmed that Resident #31's nails were too long and dirty and they needed to be trimmed and cleaned and his face needed to be shaved. She revealed that every resident has a Certified	F 656	book to ensure current care was listed for each resident. * All residents had the potential to be affected by this practice. * 100% of nursing staff will be in-serviced by the minimum data nurse beginning 10/24/22 on following the care plans as written and when and how to notify the minimum data nurse for any changes needed. The certified nursing aide binder is placed at the nurses station with most current care guides present. All nursing staff will be in-serviced by the minimum data nurse by 10/28/22 on location and usage. Agency staff will have an orientation binder to sign for acknowledgement prior to 1st shift of working at the facility beginning 10/24/22. * The Director of Nursing will perform 4 audits per week for 8 weeks beginning 10/24/22 to ensure care plans are being followed weekly. Audits will be presented to the Quality Assurance Committee weekly x 2 weeks, starting 10/28/22, then monthly x 2 months.	

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	255273	A. BUILDING _____ B. WING _____	09/29/2022

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F 656	Continued From page 5	F 656		

Nursing Assistant (CNA) care plan in a binder at the nurse's station and the CNAs are supposed to look at that daily. She revealed these care plans will tell the CNA's what care each resident needs.

During an interview on 09/28/22 at 3:00 PM, with Licensed Practical Nurse (LPN) #3 she revealed Resident #31's care plan indicated nail care by the nurses and the CNA care plan indicated nail care and shaving. She confirmed that Resident # 31's care plans regarding shaving and nail care were not being followed and since the move to the new facility it must have just fallen through the cracks.

An interview on 09/28/22 at 3:10 PM, with Registered Nurse (RN) - Minimum Data Set (MDS) #1 confirmed that if the resident was getting nail care as directed on his care plan, then his nails should not be long and dirty.

An interview on 9/28/22 at 4:05 PM, with the DON confirmed that Resident #31 had a care plan for nail care to be performed by the nurse. She confirmed that the resident's care plan was not being implemented.

Record review of Resident #31's Face Sheet revealed the resident was admitted to the facility on 3/7/20 with medical diagnoses that included Unspecified Dementia without behavioral disturbance, Cognitive communication deficit, and Hemiplegia following subarachnoid hemorrhage affecting left nondominant side.

Resident #29

Record review of Resident #29's Care Plan with a problem onset date of 8/24/22 revealed,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255273	A. BUILDING _____ B. WING _____	09/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKWAY HEALTH & REHAB LLC	230 RIVER OAKS DRIVE CANTON, MS 39046

(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 656	Continued From page 6	F 656		

"Problem/Need... Resident requires physical assistance with ADLs (Activities of Daily Living) related to frequent incontinence of bowel and bladder, left-hand contracture, lumbar spinal cord injury, and muscle weakness." The goal for this care plan was, "Resident will be well groomed and needs met and show improvement with ADLS by the next review date... Approaches... Provide foot and nail care prn (as needed). Shave resident prn."

An observation on 09/26/22 at 11:30 AM, of Resident #29 revealed he had approximately 1-inch hair growth on his chin and above his lip with hair stubble on his cheeks. This observation revealed the resident had a brown substance under all of his long, jagged fingernails.

An interview on 09/26/22 at 11:31 AM with Resident #29 revealed that he likes to be shaved and would like his nails cut.

An interview on 09/28/22 at 3:00 PM, with LPN #3, revealed Resident #29's ADL care plan was not being followed, and since the move to the new facility, it must have just fallen through the cracks.

An interview on 09/28/22 at 04:09 PM, with the DON, revealed the aides and nurses know what is expected of them. She confirmed the care plan for Resident #29 was not being followed regarding shaving, cleaning, and cutting his nails.

Record review of Resident #29's Face sheet revealed he was admitted to the facility on 8/24/2022 with diagnoses that included Type II Diabetes mellitus with diabetic neuropathy, Muscle weakness, Unspecified injury to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255273	A. BUILDING _____ B. WING _____	09/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKWAY HEALTH & REHAB LLC	230 RIVER OAKS DRIVE CANTON, MS 39046

(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 656	Continued From page 7	F 656		

unspecified level of the lumbar spinal cord, Osteoarthritis, Chronic Obstructive Pulmonary Disease, and Peripheral Vascular Disease.

Record review of Resident #29's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/31/2022 revealed a Brief Interview for Mental Status of 15 indicating full cognitive ability.

Record review of Resident #17's comprehensive care plan revealed the nursing diagnosis of "Physical Mobility, Impaired" developed 3/13/17 and revised on 9/3/22, with a problem of contractures related to limited mobility and an approach for the resident to wear R (right) hand splint 5 hours/day being checked every 2 (two) hours. Then report to OT(Occupational Therapist) with any complications. Remove the resting hand splint as indicated.

An observation on 09/26/22 at 10:30 AM and 03:48 PM, revealed right-hand contracture with no splint in place.

An observation on 09/27/22 at 08:30 AM and 02:40 PM, revealed right-hand splint and knee extension bolster not in place.

An interview, on 09/27/2022 at 02:45 PM with Certified Nursing Assistant (CNA) #1 revealed she had never seen a splint or bolster on Resident #17's hand or legs. CNA #1 verified that the splint and bolster were on Resident #17's Smart Chart care plan and verified she uses the smart chart care plan to document the care

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	255273	A. BUILDING _____ B. WING _____	09/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKWAY HEALTH & REHAB LLC	230 RIVER OAKS DRIVE CANTON, MS 39046

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F 656	Continued From page 8 performed. She confirmed the splints and bolster should be put on the resident. An interview, on 09/27/2022 at 3:10 PM with the Director of Nursing (DON) confirmed that applying splints for Resident #17 was on the Smart Chart Care plan for the CNA's. An interview, on 09/28/2022 at 2:00 PM, with the DON confirmed the nursing staff did not follow the comprehensive care plan on applying splints. Record review of Resident #17's Face Sheet revealed he was admitted on 03/13/2022 with diagnoses of Hemiplegia following Cerebral Infarction affecting right dominant side.	F 656		
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: Based on observation, staff and resident interview, record review and facility policy review the facility failed to provide nail care and facial shaving for two (2) of 13 resident's reviewed for Activities of Daily Living (ADL). Resident # 29 and # 31. Findings include: A review of the facility policy, titled, "Care of Fingernails/Toenails" with a revision date of October 2010. This policy revealed under"Purpose...The purpose of this procedure	F 677	F677 * Residents #29 and #31 were shaved along with nails trimmed and cleaned on 9/28/22 by assigned certified nurse aide. * All residents have the potential to be affected so a 100% audit was completed on 10/4/22 by the Director of Nursing. * Shaving and nail care days have been added to the electronic smart charting on 9/29/22 for Certified nursing assistant's to	11/11/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255273	A. BUILDING _____ B. WING _____	09/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 677	Continued From page 9 are to clean the nail bed, to keep nails trimmed, and to prevent infections. This policy revealed under "General Guidelines... 1. Nail care includes daily cleaning and regular trimming". A review of the facility policy, titled, "Shaving the Resident" with a revision date of October 2010, revealed under "Purpose...The purpose of this procedure is to promote cleanliness and to provide skin care". Resident #29 An observation and interview on 09/26/22 at 11:30 AM, of Resident #29 revealed he had approximately 1-inch hair growth on his chin and above his lip with hair stubble on his cheeks. This observation revealed the resident had a brown substance under all of his long, jagged fingernails. Resident #29 revealed that he likes to be shaved and would like his nails cut. An observation on 09/26/22 at 4:02 PM, revealed that Resident #29 was unshaven, and his fingernails were long and jagged with a brown substance under all his fingernails. An observation on 09/27/22 at 8:30 AM, revealed that Resident #29 was unshaven, and his fingernails were long and jagged with a brown substance under all his fingernails. An interview on 09/27/22 at 01:50 PM with Certified Nursing Assistant (CNA) #1 revealed that when giving the resident either a bed bath or a shower it is the CNA's responsibility for shaving the resident, cleaning and cutting their nails. She revealed it is the nurses responsibility to cut the diabetic nails, but the aides can clean them.	F 677	see and document the exact days. Certified nursing assistant in-service began on 9/29/22 will be completed by October 28, 2022 by the Staffing Development Coordinator, regarding completing and documenting the tasks. Nurses will be in-serviced on auditing to ensure tasks are completed according to the care plan by the Staff Development Coordinator by October 28, 2022. Agency staff will have an orientation binder, beginning 10/24/22, to sign for acknowledgement prior to 1st shift of working at the facility. * Infection control preventionist will monitor nail care 3 times weekly for 4 weeks, then monthly and follow up accordingly beginning 10/22/22. Audits will be presented to the Quality Assurance committee weekly beginning 10/28/22 for 2 weeks, then monthly for 2 months, and quarterly for 2 quarters to ensure compliance is maintained.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255273	A. BUILDING _____ B. WING _____	09/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 677	Continued From page 10	F 677		

An interview on 09/27/22 at 02:23 PM with Resident #29 revealed he got a bed bath today but didn't get shaved or his nails cut.

An observation and interview on 09/27/22 at 2:50 PM, with Licensed Practical Nurse (LPN) #2 revealed she is his nurse today and it is the LPN or Registered Nurses's (RN) responsibility to do his weekly body audit and nail care since he is diabetic. She revealed his last body audit and nail care was 9/13/22. She confirmed his nails are long and dirty and he doesn't look like he has been shaved in a while. She revealed the dirty nails could cause an infection or bacteria.

An observation and interview on 09/27/22 at 03:10 PM, with the Director of Nursing (DON) confirmed that Resident #29 was unshaven and had dirty, long uneven nails. She revealed the nurses are responsible for doing a weekly body audit and for Resident #29 that includes cutting his nails since he is diabetic.

An observation on 09/28/22 at 8:45 AM, revealed that Resident #29 was unshaven, and his fingernails were long and jagged with a brown substance under all his fingernails.

Record review of Resident #29's Face Sheet revealed he was admitted to the facility on 8/24/2022 with diagnoses that included Type II Diabetes mellitus with diabetic neuropathy, Muscle weakness, Unspecified injury to unspecified level of the lumbar spinal cord, Osteoarthritis, Chronic Obstructive Pulmonary Disease, and Peripheral Vascular Disease.

Record review of Resident #29's Minimum Data

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255273	A. BUILDING _____ B. WING _____	09/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 677	Continued From page 11	F 677		

Set (MDS) with an Assessment Reference Date (ARD) of 8/31/2022 revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating Resident #29 is cognitively intact.

Resident #31

An observation on 9/26/22 at 10:55 AM, revealed Resident #31 had hair stubble on his cheeks, chin and neck and his fingernails were long.

An observation and interview on 9/26/22 at 3:10 PM, revealed Resident #31 had hair stubble on his cheeks, chin and neck and his fingernails were long with a brown substance under three nails. The resident was able to answer simple yes or no questions. When asked if the resident would like to be shaved, he answered yes and if he wanted his nails cut shorter, he answered yes.

An observation on 9/27/22 at 1:30 PM, revealed Resident #31's nails were long and three nails had a brown substance under them. This observation also revealed that the resident had hair stubble on his cheeks, chin, and neck.

An interview on 9/27/22 at 1:35 PM with CNA #2 revealed she is Resident #31's CNA. She revealed the resident is on the bath schedule to receive his baths from 3 PM to 11 PM on Tuesday, Thursday, and Saturday. She revealed that nail care is part of a resident's bath along with shaving if they need it.

An observation on 9/27/22 at 1:40 PM, with Certified Nurse Assistant (CNA) #2 confirmed that Resident #31 had hair stubble on his face and his fingernails were too long with an unknown brown substance under the nails. CNA #2 confirmed that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255273	A. BUILDING _____ B. WING _____	09/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKWAY HEALTH & REHAB LLC	230 RIVER OAKS DRIVE CANTON, MS 39046

(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 677	Continued From page 12	F 677		

Resident #31 needed to be shaved and his nails needed to be cleaned and trimmed. She revealed the resident having long dirty nails could cause him to accidentally scratch himself.

An observation on 9/27/22 at 1:48 PM, with Licensed Practical Nurse (LPN) #1 revealed she is Resident #31's nurse. She confirmed that Resident #31's nails were long and dirty, and his face had hair stubble that needed to be shaved. LPN #1 confirmed that Resident #31's nails needed to be cleaned, trimmed and he needed to be shaved. She revealed that the resident feeds himself and if he put his fingers in his mouth with that brown substance under them then it could have caused an infection. It is the CNA's responsibility to do the resident's baths according to their schedule. She revealed that nail care and shaving is a part of the baths.

An interview on 9/27/22 at 2:00 PM, with the DON revealed the residents are on a schedule to get a bath and the CNAs are responsible for completing those baths. She confirmed that nail care and shaving is part of the bath and the CNAs are aware of what's expected of them. The DON confirmed that Resident # 31's nails were dirty and long, and the resident needed to be shaved. She revealed that every resident gets a skin audit weekly by a nurse and that includes nails. She revealed his nails did not get that way in a weeks' time and it should have been caught and took care of. She revealed there is no excuse for his nails and face looking like it does. She confirmed that the resident's nails being long with an unknown brown substance under them could cause an infection or bacteria.

Record review of Resident #31's Face Sheet

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255273	A. BUILDING _____ B. WING _____	09/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKWAY HEALTH & REHAB LLC	230 RIVER OAKS DRIVE CANTON, MS 39046

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F 677	Continued From page 13 revealed the resident was admitted to the facility on 3/7/20 with medical diagnoses that included Unspecified Dementia without behavioral disturbance, Cognitive communication deficit, Hemiplegia following Subarachnoid hemorrhage affecting left nondominant side. Record review of Resident #31's Minimum Data Set with an Assessment Reference Date of 8/24/22 revealed in Section C a Brief Interview for Mental Status (BIMS) score of 10 which indicates the resident is moderately cognitively impaired and in Section G it revealed that the resident requires extensive assistance with personal hygiene.	F 677		
F 688 SS=D	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by:	F 688		11/11/22

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	255273	A. BUILDING _____ B. WING _____	09/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 688	Continued From page 14 Based on observation, staff interview, record review and facility policy review the facility failed to prevent a decline in the resident's range of motion (ROM) as evidenced by failing to apply the correct hand splint and knee bolster for one (1) of three (3) residents for positioning and mobility. (Resident # 17). Findings include: Record review of the facility policy titled, "Resident Mobility and Range of Motion", revised July 2017, revealed "Policy Statement 1. Residents will not experience an avoidable reduction in range of motion (ROM) 2. Residents with limited range of motion will receive appropriate services, equipment and assistance to maintain or improve mobility unless reduction in mobility is unavoidable 3. Resident with limited mobility will receive appropriate services, equipment and assistance to maintain or improve mobility unless reduction in mobility is unavoidable ..." An observation on 09/26/22 at 10:30 AM and 03:48 PM, revealed right-hand contracture with no splint in place. An observation, on 09/27/22 at 08:30 AM and 02:40 PM, revealed right-hand splint and knee extension bolster not in place. An interview on 09/27/2022 at 02:45 PM, with Certified Nursing Assistant (CNA) #1 revealed she had never seen a splint or bolster on Resident #17's hand or legs. CNA # 1 located the leg bolster in the resident's closet and four hand splints were in the drawer. CNA #1 verified that the splint and bolster were on Resident # 17's	F 688	F688 * Resident #17 was assessed by Occupational Therapy (OT) on 9/28/22 and splint was placed on resident after hand roll. Occupational Therapy picked resident up on caseload for splint usage on 9/28/22. * 1 out of 45 residents had the potential to be affected by this practice. * Occupational Therapy will do an in-service with demonstration once resident #17 is discharged from their caseload. Until resident #17 is discharge from caseload, only Occupational therapy will be applying the splint. The in-service will include how, and when to place the splint to right hand. An in-service was started on 10/23/22 by the Director of nursing on range of motion specifically applying assistive devices including splints, knee bolsters and documentation. Agency staff will have an orientation binder to sign for acknowledgement prior to 1st shift of working at the facility beginning 10/24/22. Bolster has been discontinued. Specific button has been added to the electronic record on 9/28/22 for staff to document when the splint has been applied and an order will be acquired to state the exact time to place splint on and specific time of when to remove splint. * The Director of nursing will monitor splint placement beginning 10/25/22 3 times per week. Documentation will be	

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	255273	A. BUILDING _____ B. WING _____	09/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 688	Continued From page 15 Smart Chart care plan and verified she uses the smart chart care plan to document the care performed. She stated that she did not see the instructions for the splints and bolster. She confirmed the splints and bolster should be put on the resident. An observation and interview on 09/27/2022 at 03:10 PM, with the Director of Nursing (DON) confirmed Resident #17 did not have a splint on her right hand or a bolster to her legs. She confirmed there were four hand splints in Resident # 17's drawer and a bolster in the closet. The DON stated that a possible complication of not applying the splints is worsening of the contracture. The DON revealed she believed the application of the splint was on the Medication Administration Record (MAR). The DON stated the nurses or CNA's can apply the splints, but the nurse should check behind the CNA to ensure it was applied. The DON confirmed if the CNA's apply splints, it will be on the Smart Chart Care plan. The DON confirmed she was responsible for reviewing orders to ensure they are completed correctly and include the time scheduled. The DON confirmed there was no time code listed on the physician's orders or the MAR and the nurse should have obtained a clarification order. An observation and interview, on 09/27/2022 at 3:30 PM, with Licensed Practical Nurse (LPN) #1 revealed she did not remember seeing splints on the MAR. Record review of the MAR with LPN# 1 confirmed there was no time scheduled for applying the splints or nurse signature that they had been applied. She confirmed a clarification order should have been obtained and if there was no signature on the MAR it was not done.	F 688	audited by the minimum data department nurses and Director of Nursing, weekly for documentation of splint application. Rounds will be made by the director of nursing 3 times per week for 2 weeks, then 2 times per week for 4 weeks to ensure splint is applied as ordered. Audits will be presented to the Quality Assurance Committee weekly x2 weeks beginning 10/28/22, then monthly x 2 months and then quarterly x2.	

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	255273	A. BUILDING _____ B. WING _____	09/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 688	Continued From page 16	F 688		

An observation and interview on 09/28/2022 at 11:35 AM, with the Occupational Therapist (OT) revealed the splint and the brace were not in place. The OT attempted to apply the splint to Resident #17's right hand. The OT stated she was unable to apply the splint to Resident #17's hand because it was too big. The OT confirmed the contracture to the right hand may have worsened since she could not get the splint on. During the observation no skin concerns to the right hand were noted. The OT evaluated and measured the contractures.

An interview, on 09/29/2022 at 09:25 AM, with OT revealed she was able to place a bath cloth roll in Resident # 17's right-hand and after eight (8) hours she was able to apply the hand splint that the resident had in her room.

An interview on 09/29/2022 at 09:35 AM, with the DON confirmed after reviewing the OT notes that Resident # 17 did have a decline in ROM to the right hand.

Record review of Physician's Order dated 11/13/2020 revealed Resident to wear right splint and knee extension bolster 6 hours a day, check every 2 hours. Report to Occupational Therapy if any problems.

Record review of the CNA's "Assigned Tasks List" for Resident #17 revealed "Wear right grip splint and knee extension bolster 6 hours a day, check every 2 hours while in place, remove after 6 hours and report to nurse any concerns."

Record review of Resident # 17's Medication Administration Record (MAR) for September

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255273	A. BUILDING _____ B. WING _____	09/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 688	Continued From page 17 2022 revealed, "Resident to wear right splint and knee extension bolster 6 hours a day, check every 2 hours. Report to Occupational Therapy if any problems." This was not initialed as completed for the entire month of September 2022. Record review of Resident # 17's Occupational Therapy Plan of Care (POC) dated 10/06/2020, revealed right upper extremity (UE) completes up to 50% of normal in Range of Motion (ROM) and the POC dated 09/28/2022 revealed the right UE completes 25% of normal ROM. Record review of Resident #17's Face Sheet revealed she was admitted on 03/13/2017 with diagnoses of Hemiplegia following Cerebral Infarction affecting right dominant side. Record review of the quarterly Minimum Data Set (MDS) Section C with an Assessment Reference Date (ARD) of 08/09/2022 revealed Resident #17 had a Brief Interview for Mental Status (BIMS) of rarely/never understood indicating, Resident #17 was severely cognitively impaired.	F 688		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced	F 695		11/11/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255273	A. BUILDING _____ B. WING _____	09/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 695	Continued From page 18 by: Based on observation, staff and resident interview, record review, and facility policy review, the facility failed to provide Oxygen (O2) in use signage on resident doorways and failed to label, store and date respiratory supplies for two (2) of five (5) resident's reviewed for respiratory care. Resident # 136 and #337. Findings include: A record review of the facility's policy titled "Oxygen Administration", revised October 2010, revealed Purpose: The purpose of this procedure is to provide guidelines for safe oxygen administration...Equipment and Supplies ...4. "No Smoking/Oxygen in Use" signs; ... Steps in the Procedure: # 2. Place an "Oxygen in Use" sign on the outside of the room entrance door. Close the door ..." Resident # 136 An observation on 9/26/22 at 10:40 AM, revealed that Resident #136 was receiving Oxygen (O2) via nasal cannula at 2 Liters Per Minute (LPM) with no label or date on the O2 tubing and no O2 sign on the resident's room door. Record review of Resident #136's Physician's Orders revealed an order dated 9/22/22 "O2 at 2 Liters per Minute (LPM) via NBP (nasal bi-prong) continuously (COPD)" and an order dated 9/25/22 "Change O2 ear cushion, O2 tubing and water humidifier every week on Sunday 11 PM-7 AM shift and As Needed (PRN)." An observation on 9/26/22 at 3:40 PM, revealed that Resident #136 was receiving O2 via nasal	F 695	F695 * Oxygen signage was added to the doors, Oxygen humidification bottles, and Oxygen tubing were replace, labeled, and dated for residents #136 and #337 on 9/29/22 by staff development licensed practical nurse.. The Oxygen cannula and nebulizer mask were labeled and stored appropriately for resident #337 on 9/29/22 by the staff registered nurse. A 100% audit was done on 9/29/22 by the staff registered nurse and the staff development licensed practical nurse and oxygen door signage was put into place and all oxygen tubing, water bottles, cannulas and nebulizer masks were labeled/stored appropriately. * All residents with respiratory orders have the potential to be affected. * The oxygen policy was revised on 10/20/22 and put into place to include adding oxygen door signage when oxygen is ordered, when/who/how to change water and tubing, and how to properly store tubing and masks. Nurses will be in-serviced on the policy by the Director of Nurses by October 28, 2022. Agency staff will have an orientation binder, beginning 10/24/22, to sign for acknowledgement prior to 1st shift of working at the facility. * The Director of Nursing and the infection control preventionist will monitor compliance through weekly rounds for 8	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255273	A. BUILDING _____ B. WING _____	09/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKWAY HEALTH & REHAB LLC	230 RIVER OAKS DRIVE CANTON, MS 39046

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F 695	Continued From page 19 cannula at 2 LPM with no label or date on the O2 tubing and no O2 sign on the resident's room door. An observation on 9/27/22 at 8:40 AM, revealed that Resident #136 was wearing a nasal cannula and receiving O2 at 2 LPM. This observation revealed the resident's O2 tubing and O2 humidification bottle was not dated or labeled and there was no O2 signage on the resident's room door. An interview on 9/27/22 at 2:15 PM, with LPN # 2 revealed she was Resident #136's nurse. LPN #2 stated O2 tubing should be changed by the nurse every 24-48 hours, and labeled with date and time on both the tubing and the humidification bottle. LPN # 2 confirmed Resident #136's O2 tubing and humidification bottle were not labeled, dated, or timed and the O2 tubing needed to be changed. LPN #2 stated if the resident's O2 tubing and O2 bottle was not labeled, dated, and timed then they would not know when it needed to be changed. An interview on 9/27/22 at 2:30 PM, with the Director of Nurses (DON) confirmed that resident's O2 tubing needed to be labeled, dated, and timed when it is changed. The DON stated it was the policy of the facility that each resident's O2 tubing was to be changed weekly on Sunday nights. She confirmed that if the resident's O2 tubing was not changed it could lead to an infection. An interview on 9/29/22 at 9:15 AM, with the DON revealed residents that were using O2 needed to have O2 signage on their room doors. She revealed that the reason for the signage on the	F 695	weeks, then monthly. Audits began on 10/3/22 and will be presented to the quality assurance committee weekly beginning 10/28/22 for 2 weeks, then monthly for 2 months, and quarterly for 2 quarters to ensure compliance is maintained.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255273	A. BUILDING _____ B. WING _____	09/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKWAY HEALTH & REHAB LLC	230 RIVER OAKS DRIVE CANTON, MS 39046

(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 695	Continued From page 20	F 695		

door was to make others aware of oxygen in use. She revealed if someone happened to come in with a lighter or smoking then it could cause a fire in the building and be detrimental.

An interview on 9/29/22 at 9:30 AM, with the Administrator confirmed that O2 signage definitely needs to be on the resident room doors for the ones that are using O2. He confirmed that if a resident or visitor had a lighter near a room with O2 then it could cause a fire and that is why we need the O2 signage.

An interview on 9/29/22 at 10:00 AM, with LPN #3 and Registered Nurse (RN)-Minimum Data Set (MDS) #1 confirmed that Resident # 136 had an order to change the O2 tubing every Sunday. They revealed that dating and labeling the O2 tubing is a nursing standard that nurses should know needs to be completed. LPN #3 revealed that the reason the O2 tubing needed to be dated and labeled is to let the nurses know when it needs to be changed. LPN #3 confirmed that if it is not changed then it could lead to bacteria. RN-MDS #1 confirmed that if the O2 tubing is not changed then it could lead to infection.

An interview on 9/29/22 at 11:30 AM, with LPN # 4-Staff Development confirmed that Resident #136 did not have an O2 sign on his room door.

Record review of Resident #136's Face Sheet revealed he was admitted to the facility on 9/22/22 with medical diagnoses that included Dependence on supplemental oxygen and Chronic Obstructive Pulmonary Disease (COPD).

Resident #337

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255273	A. BUILDING _____ B. WING _____	09/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKWAY HEALTH & REHAB LLC	230 RIVER OAKS DRIVE CANTON, MS 39046

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F 695	Continued From page 21	F 695		

An observation on 9/26/22 at 10:50 AM, revealed no oxygen in use signage on Resident #337's door. The oxygen humidification bottle, oxygen cannula, and nebulizer mask were not dated. The oxygen cannula and nebulizer mask were not stored in a protective bag.

An observation, on 9/27/22 at 8:25 AM, revealed no oxygen in use signage on Resident #337's door. The oxygen cannula and nebulizer mask were not stored in a protective bag. The nebulizer mask was not dated.

An observation and interview with Resident #337, on 9/27/22 at 3:50 PM, revealed no oxygen in use signage on Resident #337's door. The oxygen cannula and nebulizer mask were not stored in a protective bag. The nebulizer mask was not dated. Resident #337 revealed that staff had not given her anything to store her oxygen tubing or nebulizer mask in. She stated she was not aware of the oxygen tubing or nebulizer being changed.

During an observation and interview with the Director of Nursing (DON), on 9/27/22 at 3:55 PM she revealed that staff dated the oxygen humidification and tubing today. She stated that she could not verify that the oxygen tubing had been replaced, but that it should have. She also stated that the oxygen tubing and nebulizer mask should be stored in a bag. She stated that oxygen tubing and nebulizer masks should be changed weekly on Sunday night and documented on the Electronic Medication Administration Record (EMAR)

During an interview, with the Director of Nursing on 9/29/22 at 9:29 AM, she verified that there was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255273	A. BUILDING _____ B. WING _____	09/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKWAY HEALTH & REHAB LLC	230 RIVER OAKS DRIVE CANTON, MS 39046

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F 695	Continued From page 22	F 695		

no documentation on the EMAR that the oxygen tubing and nebulizer mask was changed. She stated that due to the lack of documentation on the EMAR she could not verify that the oxygen tubing or nebulizer mask was changed.

During an interview, with the Director of Nursing, on 9/29/22 at 9:30 AM, she revealed that the facility did not have a written policy related to dating, labeling, storing, or changing tubing on oxygen or nebulizers.

During an interview, with the Staff Development Coordinator on 9/29/22 at 10:25 AM, she verified that no oxygen in use signage was in place on the door.

On 9/29/22 at 10:00 AM, in an interview the Administrator confirmed that the facility had no written policy related to changing and dating tubing or nebulizers.

Record review of a typed statement dated 9/29/22 and signed by the Administrator revealed "(Proper Name of Facility) does not have a specific written policy stating when to change and date tubing on oxygen or nebulizers."

Record review of September 2022 Physicians' Orders revealed an order dated 9/13/22 for DuoNeb every four (4) hours as needed (PRN) and an order dated 9/12/22 for Oxygen at two (2) liters per minute via nasal cannula as needed.

Record review of the EMAR for September 2022 revealed no documentation that the oxygen tubing, humidification or nebulizer mask was changed this month.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255273	A. BUILDING _____ B. WING _____	09/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKWAY HEALTH & REHAB LLC	230 RIVER OAKS DRIVE CANTON, MS 39046

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F 695	Continued From page 23 Record review of the Face Sheet revealed that Resident # 337 was admitted to the facility on 9/8/22 with diagnoses that included Obstructive sleep apnea. Record review of the Admission/Discharge MDS Section C with an ARD of 9/15/22, Staff assessment revealed short-term and long-term memory OK and Cognitive skills for daily decision making independent-decisions consistent/reasonable.	F 695		