STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A188	A. BUILDING _____ B. WING _____	10/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOLIVAR MEDICAL CENTER LTC	901 E SUNFLOWER RD CLEVELAND, MS 38732

(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 10/10/22 to 10/12/22. During the survey, the SA determined that the facility was not in compliance with Medicare and Medicaid regulations for participation with deficiencies cited at F656 and F677. The facility is licensed for 35 beds and at the time of the survey the census was 22.	F 000		
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 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	F 656		11/10/22

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

Electronically Signed | 10/26/2022

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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F 656	Continued From page 1 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 staff interview, resident interview, record review, and facility policy review, the facility failed to implement a comprehensive care plan for Activities of Daily Living (ADL)s for a dependent resident, as evidence of long, rough fingernails, for 1 (one) of 22 residents reviewed for ADL care. Resident #18 Findings include: A review of the facility policy, with an effective date of 03/2021, titled, "Nursing Assessment and Interdisciplinary Care Plan" under purpose; The purpose is to ensure resident's assessments will be performed by Registered Nurse and that all State and Federal regulations are implemented for MDS+. Under Long Term Care Facility; Revision of the Care plan states an evaluation of the problems, the goals and the interventions will be reviewed at the Interdisciplinary Team	F 656	1. Corrective Action: Resident #18 received nail care by the Director of Nursing (DON), on 10/11/22. Resident refused beard trimming on 10/11/22 and this was noted by DON. Care plan for resident #18 was reviewed with resident by DON regarding his Activities of Daily Living (ADL) which includes nailcare and beard trimming preferences on 10/11/22. Resident stated that he would like to have beard trimmed and hair trimmed by the beautician. 2. Other residents having the potential to be affected by the same deficient practice: All other twenty-one (21) residents in the facility have the potential to be affected by the deficient practice. 3. Systematic Changes made to ensure that the deficient practice will not recur:	

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F 656	Continued From page 2 Conference and revised , including: Responsiveness to the interventions, Effectiveness of the interventions in resolving the resident's problem. A record review of the comprehensive care plan, with an onset date of 5/5/2017, and a revision date of 2/2/2018; reveals a problem of (Resident #18) has an ADL Self Care Performance Deficit r/t (related to) Old CVA(Cerebralvascular Accident) with Rt (right) sided Hemiplegia; with a goal of (Resident #18) will maintain current level of function in Bed Mobility, Transfers, Eating, and Toilet Use through the review date. Interventions include: BATHING: Check nail length and trim and clean on bath day and as necessary. Report any changes to the nurse. PERSONAL HYGIENE/ORAL CARE: (Resident #18) requires extensive assist with personal hygiene. [CNA,LPN] On 10/10/22 at 11:03 AM an interview with Resident # 18 revealed that the resident had long, jagged fingernails on both hands. The observation revealed the resident had long, jagged fingernails on both hands with a brown substance under the nails on the right hand. An observation of Resident # 18 on 10/11/22 at 9:25 AM revealed the resident had long, rough fingernails on both hands and with a brown substance under the nails on his right hand. During an interview and observation on 10/11/22 at 3:40 PM Certified Nursing Assistant (CNA) #1 confirmed that Resident # 18's nails needed to be trimmed, but that CNAs did not trim nails. CNA # 1 revealed that she was responsible for reporting to the nurse that his nails needed to be trimmed	F 656	a. On 10/12/22, onetime audit and assessment of Care Plans for all residents in the facility, was performed by the Director of Nursing (DON). Care plans were reviewed, and all Residents were assessed by DON. This audit revealed that no other residents were affected by the deficient practice noted by the surveyor on Resident #18. b. On 10/13/22, daily briefing was held by DON with nurses and Certified Nursing Assistants (CNA) in which all staff was educated that each individual care plan for each resident must be followed and completed each shift. All Activities of Daily Living (ADL) must be performed and documented, any resident refusing ADL care should be reported immediately to the Nurse or DON. This briefing will be communicated to all shifts during shift start brief. c. Staff Education: In-Service provided to all nursing department staff on 10/24/22. All staff educated on Resident Care Plans and the implementation of the care plan. DON educated staff on proper ADL care. Staff also educated to document refusal of any ADL as well as report to the charge nurse. Nursing staff was educated on notifying Minimum Data Set (MDS) Coordinator of any ADL changes. Education for all un-licensed personnel to report any ADL changes or needs to licensed personnel. 4. Plans to monitor facility performance to make sure that solutions are sustained: a) 10/12/22: Care Plan Implementation Audit performed by DON. This Audit will	

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F 656	Continued From page 3 and she had not notified any nurses. During an interview and observation on 10/11/22 at 3:47 PM the Director of Nursing (DON) confirmed that Resident #18's nails were long and she trimmed them after the Surveyor made her observation. During an interview on 10/12/22 at 9:00 AM the DON confirmed that the care plan was not being followed. Record review of Resident #18's Face Sheet revealed he was admitted to the facility on 6/18/2012 with diagnoses which included, Cerebral Infarction due to Thrombosis of Unspecified Cerebral Artery, Hemiplegia, Unspecified affecting Left Nondominant Side. Record review of Resident # 18's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/30/22 revealed a Brief Interview for Mental Status (BIMs) of 15, indicating Resident # 18 is cognitively intact.	F 656	be performed by Registered Nurse (RN) or DON one time weekly for four (4) weeks. After one month, audits will continue one (1) time monthly for twelve (12) months as a part of the facilitys Quality Assurance and Performance Improvement (QAPI). Initial findings will be reported to the facility QAPI Committee on November 9, 2022, and will continue to be reported to QAPI quarterly for one (1) year.	
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 observations, staff and resident interviews, and record review, the facility failed to provide nail care for one (1) of 22 residents reviewed for Activities of Daily Living (ADL) care. Resident #18	F 677	1. Corrective Action: Resident #18 received nail care by the Director of Nursing (DON), on 10/11/22. Resident refused beard trimming on 10/11/22 and this was noted by DON. Care plan for	11/10/22

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F 677	Continued From page 4 Findings include: The facility does not have a policy related to nail care. An observation and interview, on 10/10/22 at 11:03 AM of Resident # 18 revealed he had long and jaggad fingernails with a brown substance underneath them on his right hand. An observation of Resident # 18 on 10/11/22 at 9:25 AM revealed the resident had long jagged fingernails with a brown substance under them on his right hand. During an interview and observation on 10/11/22 at 3:40 PM Certified Nursing Assistant # 1(CNA) confirmed that Resident #18 had long jagged fingernails with a brown substance under them and needed to be trimmed. CNA #1 revealed that she does not trim fingernails, is responsible for reporting to the nurse when the nails need to be trimmed, and she had not reported to anyone that the resident needed his nails trimmed. During an interview and observation on 10/11/22 at 3:47 PM the Director of Nursing (DON) revealed Resident #18 nails were long before she trimmed them yesterday (after the Surveyor made her observation). Record review of Resident #18's Face Sheet revealed he was admitted to the facility on 6/18/2012 with diagnoses which included, Cerebral Infarction due to Thrombosis of Unspecified Cerebral Artery, Hemiplegia, Unspecified affecting Left Nondominant Side.	F 677	resident #18 was reviewed with resident by DON regarding his nailcare and beard trimming preferences. Resident stated that he would like to have beard trimmed and hair trimmed by the beautician. 2. Other residents having the potential to be affected by the same deficient practice: All other twenty-one (21) residents in the facility have the potential to be affected by the deficient practice. 3. Systematic Changes made to ensure that the deficient practice will not recur: a) On 10/12/22, Nail audit was conducted by DON. Every resident received an ADL assessment which included nail assessment in which nails were assessed for cleanliness, length, and smoothness. This audit revealed that no other resident was affected by the deficient practice noted by surveyor on Resident #18. b) On 10/13/22, daily briefing was held by DON with nurses and Certified Nursing Assistants (CNA) in which all staff was educated that each individual care plan for each resident must be followed and completed each shift. All Activities of Daily Living (ADL) must be performed and documented, any resident refusing ADL care should be reported immediately to the Nurse or DON. This briefing will be communicated to all shifts during shift start brief. c) On 10/19/22, DON issued memo to all licensed nursing staff to detail the new	

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F 677	Continued From page 5 Record review of Resident # 18's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/30/22 revealed in section G that Resident #18 required extensive assistance with Hygiene and section C revaled a Brief Interview for Mental Status (BIMs) of 15, indicating full cognitive ability.	F 677	process of weekly skin assessments. All residents are scheduled weekly for full body skin sweeps which will now include nailcare assessment. Nails will be assessed for cleanliness, length, and smoothness. Detailed progress notes will be completed by licensed personnel in weekly progress note This will be documented with a detailed progress note weekly starting on 10/24/22. d) Staff Education: In-Service provided to all nursing department staff on 10/24/22. All nursing staff educated on Resident Care Plan and the implementation of the care plan. All nursing staff also educated on the new process for assessing nails weekly during skin sweep and performing nail care weekly. Director of Nursing educated staff on proper nail care routine including how to clean the nails, trim, and file. Staff also educated to document refusal of any ADL as well as report to the charge nurse. Nursing staff has been educated on notifying Minimum Data Set (MDS) nurse of any ADL changes. Education for all un-licensed personnel to report any nailcare needs to licensed personnel. 4. Plans to monitor facility performance to make sure that solutions are sustained: a) 10/12/22: Nailcare Audit performed by DON. This Audit will be performed by Registered Nurse (RN) or DON one time weekly for the next four (4) weeks. After one month, audits will continue one (1) time monthly for 12 months as a part of the facilitys Quality Assurance and	

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F 677	Continued From page 6	F 677	Performance Improvement (QAPI). Initial findings will be reported to the facility QAPI Committee on November 9, 2022 and will continue to be reported to QAPI quarterly for 1 year.	