STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255159	A. BUILDING _____ B. WING _____	C 11/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERRY COUNTY NURSING CENTER	202 BAY AVENUE WEST RICHTON, MS 39476

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted a Complaint Investigation (CI), MS #19759 at the facility on 11/08/22. During the survey, the SA substantiated MS #19759 related to catheter care and determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The SA cited F690. The facility had a license for 60 beds, with a census of 56.	F 000		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to	F 690		12/2/22

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

Electronically Signed | 11/28/2022

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F 690	Continued From page 1 prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to change a resident's suprapubic catheter as needed for leakage for one (1) of two (2) residents reviewed with indwelling catheters. Resident #1. Findings Include: Record review of the facility policy, "Indwelling Catheterization", revised 11/17, revealed, " ...Catheters should only be inserted by licensed, adequately trained personnel. Supra-pubic catheters may be changed by a physician or a qualified professional nurse ..." Record review of the "Face Sheet" revealed the facility admitted Resident #1 on 5/19/22 with a diagnosis of Paraplegia. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) on 8/22/22 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated he was cognitively intact. A review of Section H revealed Resident #1 had an indwelling catheter.	F 690	* Resident #1 was assessed on 11/3/2022 by Director of Nursing (DON) and catheter changed at that time per physician order. * All residents with Catheters have the potential to be affected. * Residents with catheters (2) were assessed by DON on 11/3/2022. Both residents catheters were changed per physician orders. Nursing department was inserviced by the Staff Development Coordinator on 11/4/2022 regarding Perineal care and Urinary Catheter. The facility medical director reviewed the policy Perineal Care and Urinary Catheter with no recommended changes to the policy on 11/28/2022. * Beginning 11/8/2022, The DON will observe catheter care 2 times weekly for four weeks and then 2 times monthly for two months to ensure ongoing compliance with F tag 690 and report compliance to the Quality Assessment and Assurance Committee monthly for 3 months. The first	

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F 690	Continued From page 2 Record review of "Physician Orders" for the month of November 2022 revealed, Resident #1 had a Physician's Order with an order date of 10/3/22 to "Insert new 18 FR (French) 30 cc (centimeter) indwelling suprapubic catheter every month or as needed for leakage or dislodgment". Record review of "Departmental Notes" for Resident #1 revealed documentation by the Director of Nursing (DON) on 11/4/2022 at 4:21 PM, for "Late entry: 11/3/2022 Resident suprapubic catheter changed by myself ..." On 11/8/22 at 10:45 AM, during an interview with Resident #1, he stated that his supra pubic catheter had been leaking for a few days and he reported it to Registered Nurse (RN) #1 who is the wound care nurse. RN #1 told him that she was not comfortable changing the suprapubic catheter and would notify the DON that the catheter was leaking and needed to be changed. However, the DON did not change the catheter until the next day when the Ombudsman came into the facility to visit him. He said it made him uncomfortable to have to lay on sheets that were wet with urine and it caused his room to smell bad. On 11/8/22 at 11:04 AM, during an interview with RN #1, she confirmed that Resident #1's supra pubic catheter was leaking on 11/2/22. She informed the DON on 11/2/22, but she (RN #1) did not follow up the same day to ensure that the leaking catheter had been changed. The DON did not change the catheter until 11/03/22. On 11/8/22 at 1:30 PM, during an interview with the Ombudsman, she confirmed that on 11/3/22, she visited Resident #1 and observed that his	F 690	Quality Assessment and Assurance Committee meeting will be held on 12/1/2022.	

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F 690	Continued From page 3 linens were wet up to his mid back area and there was a strong urine odor in his room. She immediately reported it to the DON and she changed his leaking suprapubic catheter that day (11/3/22). On 11/8/22 at 2:15 PM, during an interview with the DON, she confirmed that on 11/2/22, RN #1 reported that Resident #1's supra-pubic catheter was leaking and needed to be changed. She said the catheter wasn't changed on 11/2/22 due to "miscommunication". The DON did not change the leaking catheter until 11/3/22. The DON commented that it is her expectation that the staff immediately change any catheters noted to be leaking.	F 690		