STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255251	A. BUILDING _____ B. WING _____	C 11/08/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS CARE CENTER OF DEKALB	220 WILLOW AVENUE DE KALB, MS 39328

(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 Complaint #CI MS #14847 The State Agency (SA) conducted an abbreviated complaint survey on 11/6/17 through 11/8/17. The SA substantiated complaint MS #14847 and cited deficiencies at F 226. The census was 58 at the time of survey and the facility held a license for 60 beds.	F 000		
F 226 SS=D	DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES CFR(s): 483.12(b)(1)-(3), 483.95(c)(1)-(3) 483.12 (b) The facility must develop and implement written policies and procedures that: (1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, (2) Establish policies and procedures to investigate any such allegations, and (3) Include training as required at paragraph §483.95, 483.95 (c) Abuse, neglect, and exploitation. In addition to the freedom from abuse, neglect, and exploitation requirements in § 483.12, facilities must also provide training to their staff that at a minimum educates staff on- (c)(1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property as set forth at § 483.12.	F 226		12/12/17

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

Electronically Signed | 12/08/2017

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 226	Continued From page 1 (c)(2) Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property (c)(3) Dementia management and resident abuse prevention. This REQUIREMENT is not met as evidenced by: Based on interview, policy review and facility record review the facility failed to report an unexplained femur fracture for one (1) of six (6) residents reviewed, Resident #6. Findings include: Review of facility policy entitled "Abuse, Neglect and Exploitation", with a revision date of 1/29/13, section V revealed: The facility will consider factors indicating possible abuse, neglect, and/or exploitation of residents, including, but not limited to, the following possible indicators: Physical injury of a resident, of unknown source. Section VII noted that anyone in the facility can report suspected abuse to the abuse agency hotline. When abuse, neglect or exploitation is suspected the staff should contact the State Agency to report and document actions taken in the medical record. The Administrator should follow up with government agencies to confirm report was received and to report the results of the investigation when final, as required by state agencies. Review of the facility investigation of an incident, involving Resident #6, revealed on 10/09/17 around 8:45 PM, a nurse was called to Resident #6's room. Two (2) Certified Nurse Assistants (CNA's) reported to the nurse that while preparing	F 226	1) Immediate Action taken for Resident #6: Facility began an immediate investigation by the Administrator on October 10, 2017. Facility will report injuries of unknown origin as required. 2) Identification of other residents having the potential to be affected was accomplished by: Facility understands that any resident sustaining an unknown injury or injury resulting in a break or fracture would be at risk and should be reported timely. 3) Actions taken/systems put into place to reduce the risk of future occurrences include: Administrator in-service 10/11-12/17 with DON/ADON and Charge nurses x 3 shifts of the importance of reporting an unknown injury and any reportable event. QA Interdisciplinary Team, including Administrator, Charge Nurse, ADON, DON, MDS Coordinator, Infection Control Nurse, Medical Records, Office staff, Employee Development, Dietary Manager, Environmental Manager, Activities and Social Services Director, and Medical Director met on 11/9/2017 and Administrator reviewed with all present the facility policy and procedures	

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F 226	Continued From page 2 the resident for bed, the resident was striking out at staff and hit the bar on the total lift with her right forearm causing it to swing around and hit the resident on the right side of her head. The resident sustained a small skin tear to the arm and a small hematoma on her head. The following day, 10/10/17, while bathing the resident, the CNA noted the resident's knee was swollen and painful to touch. Nurses evaluated the knee, called the physician and an order was given to X-ray the knee. The X-ray showed a femoral fracture. The physician ordered repeat X-rays from hip to knee. No further fractures were found. The facility investigated the incident and was unable to determine the exact cause of the fracture. Review of Resident #6's X-ray reports, dated 10/10/17, revealed a prior right total knee replacement with Osteopenia and an acute displaced fracture of the distal right femur with posterior and medial displacement of the distal fracture fragment. Interview with Registered Nurse (RN) #2 on 11/07/17 at 4:30 PM, revealed the facility investigated the incident with Resident #6's skin tear and bump to the head. RN #2 stated the fracture was found the next day. RN #2 stated they notified the Corporate Nurse and were advised that since they were unable to determine the cause of the fracture and the resident had Osteoporosis, there was no need to report. Interview with the Director of Nurses (DON) on 11/8/17 at 9:45 AM, revealed Resident #6 did not complain of pain until the next day, after the incident on 10/9/17, and X-rays were obtained which revealed the fracture. The DON stated that	F 226	for reporting and Investigation Form, and included a review of the material presented by State Agency, "What Should be Reported to Licensure and Certification?". Further, the QA Team reviewed the policy entitled "Abuse, Neglect and Exploitation. Employee Development Coordinator and ADON, in-serviced nursing staff 11/14/2017 regarding "Duty to Report" requiring specific individuals to report and a reminder of the State Complaint Hotline Phone Numbers as posted strategically throughout the facility and to follow policy and procedure to begin thorough investigation of the incident The complaint and the resolution was added to the agenda and discussed with Resident Council 11/30/2017. 4) How the Corrective Action will be monitored to ensure practice will not reoccur: Employee Development Coordinator will include the requirements of reporting and investigation in training quarterly. Administrator and DON will review incident and accident reports weekly to ensure all injuries of unknown origin are investigated as required. Reports will be reported quarterly to QA for discussion.	

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F 226	Continued From page 3 the resident had Osteoporosis and both knees had been replaced. She stated that the fracture was adjacent to the artificial knee, which also showed Osteopenia on X-ray. The fracture could have happened at any time. The DON confirmed the facility investigated, but could not find out the exact cause of the fracture. Interview with the Administrator on 11/08/17 at 10:05 AM, revealed they interviewed staff and tried to figure out what happened with Resident #6 to cause the fracture, but was unable to find the cause. The Administrator stated they should have reported the fracture. Review of Resident #6's face sheet revealed the facility admitted the resident on 11/26/11. The resident's diagnoses included Primary Hypertension, Gastro-esophageal Reflux Disease, Acute Congestive Heart Failure, Dementia, Arthropathy, and Bone Density and Structure Disorder. Review of the residents most recent full Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/01/17, revealed staff assessed Resident #6 with moderate cognitive impairment.	F 226		