STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255172	A. BUILDING _____ B. WING _____	10/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STARKVILLE MANOR HEALTH CARE AND REHABILITATION CE	1001 HOSPITAL ROAD STARKVILLE, MS 39759

(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 recertification along with complaint investigations (CI MS #19575) and a facility reported incident (CI MS #19636) from 10/16/22 through 10/19/22. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid. The SA substantiated CI MS #19575 for Quality of Care related to resident being left soiled, not groomed, environment, and for facility staffing and cited F584, F656, F677, F686, F725, F835, and F868. The SA did not substantiate CI MS #19636 for verbal abuse and cited no deficiencies. The SA also cited F761 and F812 during the survey. The facility is licensed for 119 beds and had a census of 109 at the time of the survey.	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 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	F 584		11/18/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		11/12/2022

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F 584	Continued From page 1 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 observation, staff and resident interviews, and facility policy review, the facility failed to maintain a clean, comfortable environment as evidenced by broken window blinds, dirty bed rails, walls, call light cord, trash receptacle and feeding pumps for two (2) of four (4) hallways. Findings Include: A review of the policy, with a revision date of August 2013, titled "Cleaning and Disinfecting Residents' Rooms", revealed, "Purpose The purpose of this procedure is to provide guidelines for cleaning and disinfecting residents' rooms.	F 584	1. On 10/19/22 the trash can in Room 30-A was emptied by Housekeeping. On 10/18/22 Room 8 was cleaned, the privacy curtains were replaced and the wall was cleaned by Housekeeping. On 10/18/22 the broken blinds in Room 8 were fixed by Maintenance Supervisor. On 10/18/22 the privacy curtain was replaced and the bed assist rails were cleaned by Housekeeping in A 19. On 10/19/22 the wall in Room 4 and bed assist rails were cleaned by Housekeeping. On 10/18/22 the feeding pump, feeding pump pole, floor, and call light cord in Room B 12 was cleaned by	

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F 584	Continued From page 2 General guidelines: 1. Housekeeping surfaces (e.g., floors, tabletops) will be cleaned on a regular basis, when spills occur, and when these surfaces are visibly soiled... 4. Walls, blinds, and window curtains in resident areas will be cleaned when these surfaces are visibly contaminated or soiled... 9. Clean medical waste containers intended for reuse (e.g., bins, pails, cans, etc.) daily or when such receptacles become visibly contaminated with blood, body fluid or other potentially infectious materials... Steps in the Procedure, Resident Room Cleaning:...7. Clean personal use items (e.g., lights, phones, call bells, bedrails, etc.) with disinfectant solution at least twice weekly..." On 10/19/22 at 11:00 AM, in Room A 30-A, an observation revealed a trash can located on the floor to the left of resident's bed with approximately 6 inches of yellow to green emesis noted inside. On 10/19/22 at 11:05 AM, an interview with the Director of Nursing (DON), confirmed that the trash can contained the greenish/yellow emesis. She revealed that Housekeeping usually keeps the rooms clean but it is the responsibility of anyone who sees something like this to take care of it. She stated that she would get this taken care of. An observation on 10/16/22 at 5:00 PM, of A Hall Room #8 revealed a brown substance on the wall behind the bed directly under the overbed light and a brown substance near the ceiling. Three (3) window blind slats were missing. The privacy curtain had 13 hooks that were off the track and the privacy curtain was torn and dangling down.	F 584	Housekeeping. 2. All residents have the potential to be affected. 3. Quality review rounds was conducted by Executive Director, Maintenance Supervisor, and Housekeeping Supervisor on 10/18/22 and any negative findings were addressed. In-service of housekeeping staff was conducted on 10/21/22 by the District manager on routine cleaning schedules and practices. All new hires will be educated on cleaning schedule and address areas of concerns as needed. 4. The Executive Director and Director of Clinical Services will conduct rounds of resident rooms and common areas three times per week for four weeks beginning 10/21/22, then once a week thereafter to determine compliance with housekeeping practices. Results of the review will be reported to the Quality Assurance Performance Improvement Committee monthly times three months beginning 11/17/22.	

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F 584	Continued From page 3 An observation on 10/17/22 at 10:35 AM, revealed A Hall Room #8 was in disrepair and unkept as the previous day observation was observed and that the room had not been cleaned. An observation on 10/17/22 at 11:10 AM, of A Hall Room #9 revealed the privacy curtain was wrinkled and a brown substance was noted on the privacy curtain. The bed assist rails were observed with a brown sticky substance noted to both bilateral rails. An observation on 10/17/22 at 11:49 AM, of A Hall Room #4 revealed, the wall directly beside the bed with specks of orange and brown substance covering that area of the wall. The bilateral bed assist rails were noted with a thick brown substance coated on the rails. An interview and observation on 10/18/22 at 2:10 PM, with the Administrator and the Regional Maintenance Director, during a walk-around tour of the A Hall, confirmed in Room #8 the slats were missing from the window blinds, and the privacy curtain was off the hooks and dangling down. In Room #9 the privacy curtain was wrinkled and noted with a brown substance on it and the upper bed rails for the front bed had a brown substance on them. In room #4 the wall beside the front bed with specks of orange and brown substance on it and the upper bed rails with a brown substance. The Administrator revealed the rooms are not supposed to be like this and he was going to get with housekeeping to get these things taken care of. The Maintenance Director revealed he was going to get the blinds taken care of immediately.	F 584		

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An interview on 10/18/22 at 4:15 PM, the Administrator confirmed all department heads are assigned certain rooms each morning to observe, they are looking for anything broken or dirty that needs to be taken care of and that it is then discussed at the 8:30 AM meeting every morning and that these things were not brought to anyone's attention.

An interview on 10/18/22 at 4:40 PM, with the Housekeeping Supervisor confirmed they have a morning meeting and discuss any issues that are found with the walk around and revealed she was aware that a lot of the rooms needed attention, but her department was short-staffed, and things have fallen through the cracks. She revealed they are continually trying to hire new employees.

An observation, of room B 12-B on 10/17/22 and 10/18/22, revealed a dried, light brown substance on the front and top of the tube feeding pump, on the feeding pump pole, on the call light cord, and on the floor. Four (4) blue plastic caps and one (1) clear cap were observed on the floor near the bed.

On 10/17/22 at 10:20 AM, a housekeeper was observed exiting room B 12 with a mop. A wet floor sign was observed on the floor. The dried, light brown substance remained on the front and top of the tube feeding pump, on the feeding pump pole, on the call light cord and on the floor. Five (5) blue plastic caps and two (2) clear caps remained on the floor near the bed and tube feeding pump.

During an interview, with the DON on 10/18/22 at

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F 584	Continued From page 5 3:53 PM, she verified that the tube feeding pump, feeding pump pole, floor and call light cord were dirty and needed to be cleaned. She stated that it was nasty and was obviously tube feeding that had leaked onto the floor. She stated that the blue and clear plastic caps were from tube feedings and should not be in the floor and stated that the nurses should have picked up the plastic caps and disposed of them in the garbage. She stated it was housekeeping's responsibility to clean the floor and the nursing staff's responsibility to clean the equipment.	F 584		
F 656 SS=G	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	F 656		11/18/22

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F 656	Continued From page 6 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 staff interview, record review, and facility policy review, the facility failed to implement a care plan related to Activities of Daily Living (ADL) and incontinent care for two (2) of 27 residents. Resident #34 and #105. Findings include: Review of the facility policy titled, "Plans of Care", with a revision date of 9/25/2017, revealed it the policy that an individualized person-centered care plan will be established by the interdisciplinary team (IDT) with the resident and/or resident representative(s) to the extent practicable and updated in accordance with state and federal regulatory requirements. The procedure includes the individualized person centered care plan may include but is not limited to the following: Resident strengths and needs and services to attain or maintain the resident's	F 656	1. Activities of Daily Living care was completed on Resident 34 on 10/19/22 by Certified Nursing Assistant. Incontinent care was completed on Resident 105 on 10/18/22 by Certified Nursing Assistant. Resident 34 and Resident 105 care plan was verified on 10/19/22 by Minimum Data Set Nurse to reflect Activity of Daily Living and incontinent care. 2. All residents have the potential to be affected. 3. In-service on following care plans was initiated with Certified Nursing Assistants and Nurses by Director of Clinical Services and Assistant Director of Nursing on 10/18/22. 4. Review of five comprehensive care	

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F 656	Continued From page 7 highest practicable physical, mental, and psychosocial well-being as required by state and federal regulatory requirements. Resident #105 Record review of Resident 105's care plan for Mixed Bladder Incontinence related to (r/t) Impaired Mobility, date initiated 11/18/2020 revealed the goal; the resident will remain free from skin breakdown due to incontinence and brief use. The Interventions/Tasks revealed under BRIEF USE: the resident uses disposable briefs. Change Q (every) 2 and prn (as needed). INCONTINENT: check Q 2 hours and as required for incontinence. An interview on 10/17/22 at 2:40 PM, with Resident #105 revealed that she was wet and had a brief on and the call light was turned on by Resident #105 while the State Agency (SA) was in the resident's room. An observation and interview on 10/17/22 at 3:00 PM, revealed a staff member came into the room and asked Resident #105 what she needed. The resident responded that she needed to be changed. The staff member came into the room and turned the call light off and told the resident that you (Resident #105) know it is 3:00 o'clock, she would have to see what they can do. The SA remained in the resident's room and at 3:15 PM Resident #105 stated that they don't want to help her. She stated that they never come to help when she calls. At 3:25 PM, Resident #105 turned her call light on at the request of the surveyor. At 3:30 PM this surveyor left the resident's room and walked to the nurses station where 4-5 staff members were standing and at	F 656	plans to be conducted by Minimum Data Set Nurse, Medical Records Nurse, Director of Clinical Services, or Unit Managers weekly by four weeks and 3 care plans weekly thereafter to ensure person centered care plans are met. Findings will be reported monthly for three months to the Quality Assurance Performance Improvement Committee beginning 11/17/22.	

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that time one of the staff member's paged that Resident #105's call light was on.

An interview on 10/18/22 at 10:30 AM, with Resident #105 revealed that she was wet and had a bowel movement earlier this morning. She stated that she told Certified Nursing Assistant (CNA) #1 that she needed to be changed and was told she would have to wait.

An observation and interview on 10/18/22 at 10:35 AM, revealed CNA #1 entered Resident #105's room, then exited the room and obtained pads and a brief and re-entered the room. She placed the pads and briefs in the room and left the room. An interview with CNA #1 revealed that she just found out the resident needed changing because her light was on. CNA #1 then walked across the hall to another room. An interview with CNA #1 revealed that she was going to another room to get someone up.

An interview, on 10/19/22 at 10:00 AM with Registered Nurse (RN) #2 stated that the areas on Resident #105's buttocks was caused by moisture and confirmed that not being changed timely when she is incontinent could cause this and stated that the resident tells them when she is wet and that she is cognitive.

An interview, with the Director of Nursing (DON) on 10/19/22 at 3:20 PM confirmed that Resident #105 had skin breakdown and the care plan for bladder incontinence and actual impairment to skin was not being followed.

Review of the Admission Record page revealed Resident #105 was admitted to the facility on 11/9/22020 with diagnoses which included:

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Cellulitis of Right Lower Limb, Peripheral Vascular Disease, Morbid (Severe) Obesity due to Excess Calories, Muscle Weakness, and Need For Assistance With Personal Care.

Review of the Minimum Data Set (MDS) with an Assessment Reference Date of 9/21/22 revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated Resident #105 was cognitively intact.

Resident #34

Record review of Resident #34's Care Plan Focus ...The resident has an Activities of Daily Living (ADL) self-care performance deficit related to the Disease process, Limited Mobility. Interventions ... Bathing/showering. Check nail length and trim and clean on bath day and as necessary. Report any changes to the nurse...Provide a sponge bath when a full bath or shower cannot be tolerated... The resident requires extensive assistance from 1 staff with showering 3x (times) weekly and as necessary.

Observation and interview on 10/16/22 at 5:00 PM, revealed Resident #34 had approximately 1/2-inch facial hair growth on his chin and on his cheeks. Resident #34 revealed he hasn't had a shower or bed bath since last week.

An observation on 10/17/22 at 10:45 AM, revealed Resident #34 was unshaved and was observed with the same shirt on as the day

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before.

Observation and interview, on 10/17/22 at 4:17 PM, revealed Resident #34 was not shaved and in the same clothes as earlier in the day. The resident revealed I haven't been shaved or had a bath today and have not had my clothes changed since last week.

An interview and observation on 10/18/22 at 8:10 AM, revealed Resident #34 in the bed with the same clothes on that he was first seen in on 10/16/22 at 5:00 PM and with approximately 1/2-inch facial stubble, and a strong urine odor was noted. Resident #34 revealed I still haven't had a bath, nor had my clothes changed.

During observation and interview on 10/18/22 at 9:25 AM, the DON confirmed that Resident #34 needed to be bathed, shaved, and his haircut. The DON assured Resident #34 that he would get a bath today. The DON revealed the aides have a shower/bath schedule they go by and on the days, they don't get a shower each resident is to get a bed bath.

An interview on 10/19/22 at 2:48 PM, with RN #3 confirmed according to the ADL- Bathing documentation that Resident #34 did not receive a shower on October 1-18. She confirmed his ADL bath care plan reflects, Resident #34 is to receive a shower 3x weekly and on the other days, he is supposed to receive a bed bath. She confirmed according to the bathing documentation that there are days he didn't get a bed bath either. She confirmed that on Monday 10/17/22 Resident #34 did not receive a bed bath or shower and it was not documented that he refused.

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F 656	Continued From page 11 An interview on 10/19/22 at 3:30 PM with the Assistant Director of Nurses (ADON) confirmed Resident #34 had no showers listed on the ADL documentation guide for the month of October. She revealed and confirmed according to his ADL care plan he is to have a shower 3x weekly and on the other days he is to have a bed bath and she confirmed that the care plan has not been followed. A record review of the Admission Record for Resident #43 revealed he was admitted to the facility on 1/28/22 with diagnoses of Spondylosis without myelopathy or radiculopathy, cervical, Hemiplegia, and Hemiparesis following Cerebral Infarction affecting the right dominant side, and Adult Failure to Thrive. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/3/2022 revealed Resident #34's Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident is cognitively intact.	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 interviews, record review, and facility policy review, the facility failed to provide Activities of Daily Living (ADL) Care and Incontinent Care for residents who were dependent on staff for care	F 677	1. Activities of Daily Living care was completed 10/18/22 for Resident 34 and 10/19/22 for Resident 43 by Certified Nursing Assistants.	11/18/22

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F 677	Continued From page 12 for two (2) of five (5) residents reviewed. Residents #34 and #43. Findings include: Record review of facility Policies and Procedures, Subject: Activities of Daily Living with no revision date revealed, "Policy:... ADLs includes bathing, dressing, grooming, hygiene, toileting, and eating...Procedure:...4. CNA (Certified Nursing Assistant) will document care provided in the medical record." Record review of facility Policies and Procedures Grooming Activities with a revision date of 3/19/19 revealed, grooming activities are provided to assist the residents in meeting their physical needs as well as self-esteem needs. 1. Grooming Activities should be offered daily. 2. Grooming Activities should include but are not limited to Shaving...Nail Care. Record review on facility letterhead, signed by the Administrator and dated 10/19/22, revealed "The facility does not have a policy on frequency of incontinent care." Resident #43 On 10/17/22 at 9:00 AM, during an observation and interview, State Agency (SA) observed Resident #43 lying in her bed with long unmanicured fingernails and poor dental hygiene with yellow colored build up near the gum line and white particles between her upper and lower front teeth. She revealed that her nails have not been cut in several weeks but the Certified Nursing Assistants (CNAs) would cut them if they weren't too busy. She also revealed that the CNAs were	F 677	2. All residents have the potential to be affected. 3. Education was initiated 10/18/22 with current Certified Nursing Assistants and Nurses by Director of Clinical Services and Assistant Director of Nursing on following care plans to ensure residents are provided Activities of Daily Living. 4. On 10/24/22 the Director of Clinical Services initiated weekly rounding on dependent residents to ensure Activities of Daily Living are being completed. Rounding will include 5 residents per week for 4 weeks, then 3 residents per week thereafter and will be completed by the Director of Clinical Services, Assistant Director of Nursing, or Unit Managers. Findings will be reported at the monthly Quality Assurance Committee meeting for 3 months beginning 11/17/22.	

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not setting up her toothbrush with toothpaste for her to be able to brush her teeth every day. She also said she has asked several times for mouthwash and she still has not received any. Resident #43 also revealed that she is unable to get up by herself and depends on others to help her. She stated that there was no particular bath or shower schedule; that she normally had to ask to get a bath. She also revealed that they give her a bed bath most of the time but she doesn't feel like this keeps her as clean as a shower would.

An interview on 10/17/22 at 4:00 PM, with Registered Nurse (RN) #1, revealed that the aides have a shower schedule they go by. The aides document in the electronic system if the resident received the care and also they can document if they refused a shower or bed bath. She revealed that the aide will usually let the nurse know if they are refusing and the nurse can assess the situation. She revealed the CNA's are responsible to do their own showers or baths.

An interview on 10/18/22 at 9:10 AM with the DON revealed that the aides have a shower and bath schedule that they go by which is is kept at the nurses station. She revealed on the days they don't get a shower then they are to get a bed bath.

On 10/18/22 at 11:15 AM, an observation and interview with Resident #43 revealed that her fingernails were still long and unmanicured and her teeth appeared to have yellow buildup near the gum line. Resident #43 revealed that the CNAs had just given her a bed bath and changed her clothes. Resident stated that she still had no mouthwash and that the CNAs did not assist her

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with brushing her teeth this mourning.

On 10/18/22 at 3:50 PM, an interview with RN #1, clarified that if a resident refuses their shower or bath, the Certified Nursing Assistant should report to the Nurse and then the nurse would determine the cause of the refusal such as pain, behavioral issues, etc. She also revealed that the reason should be documented in a progress note.

On 10/19/22 at 8:35 AM, during an interview and observation Resident #43 revealed that her fingernails were trimmed last night but she still was not given any assistance for her dental hygiene and denied having mouthwash or being able to brush her teeth this morning.

Record review of A Side Bath Schedule revealed that Resident #43's showers were scheduled on Monday, Wednesday and Friday.

On 10/19/22 at 10:00 AM, an interview with Licensed Practical Nurse (LPN) #2, revealed that the CNAs are suppose to do mouth care and check fingernails while they are with the resident giving their bath/shower and that they check for needed supplies at this time. She also revealed that the facility supplies the toothbrushes, toothpaste, mouthwash, and other personal hygiene items and that there should be no reason why a resident is without needed hygiene supplies.

On 10/19/22 at 10:15 AM, an interview with CNA #2, revealed that they try to do resident's mouth care after they eat, before they are assisted to get up. She revealed that they set up two cups on the bedside table, one to rinse mouth out and the other to place toothbrush in afterwards. She also

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stated that residents should have supplies in the drawer beside their bed. She also revealed that a resident not getting regular mouth care could lead to bad breath, cavities and pain.

On 10/19/22 at 11:40 AM, an interview with RN #1, Unit Manager, confirmed that residents not receiving mouth care could result in significant dental issues including cavities and pain. She also revealed that it is the Nurses responsibility to oversee the CNAs to make sure that they are taking care of these residents and that their tasks are being completed.

On 10/19/22 at 2:30 PM, an interview with CNA #3, revealed that long, jagged fingernails on a resident could cause them to scratch themselves, could cause their fingers to get sore, and that the residents also could use their hands to feed themselves which could cause them to get sick.

On 10/19/22 at 10:10 AM, a tour of the supply closet with LPN #3, revealed that mouthwash, toothpaste, deodorant and nail care supplies were well stocked on the shelves. This CNA also revealed that they try to do resident mouth care after they eat and before they are assisted to get up. She revealed that they set up two cups on bedside table, one to rinse mouth out and the other to place toothbrush in afterwards.

Record review of Electronic Medical Record (EMR) revealed the following diagnoses to include: Rheumatoid Arthritis, Muscle Weakness, Cognitive Communication Deficit, Dysphagia, Functional Quadriplegic, and Need for Assistance with Personal Care.

Record review of Resident's EMR revealed no

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progress notes that indicated resident had refused showers three times a week.

Record review of ADL Documentation Report for October 1 - 18, 2022, revealed that Resident #43 received Bed Baths on 14 days out of 18 days and received partial bed baths on 4 days. No showers documented during this time.

Record review of Resident #43's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/11/22 revealed in Section G that for personal hygiene, the resident requires extensive assistance with 2+ person assistance; for bathing, the resident is totally dependent with 2+ person physical assist. Section C revealed BIMS Score of 09, which indicates the resident has moderately impaired cognition. Section E revealed the resident did not exhibit the behavior of rejection of care.

Resident #34

Observation and interview on 10/16/22 at 5:00 PM, revealed Resident #34 had approximately 1/2-inch facial hair growth on his chin and on his cheeks. Resident #34 revealed he hasn't had a shower or bed bath since last week.

An observation on 10/17/22 at 10:45 AM, revealed Resident #34 was not shaved and was observed with the same shirt on as the day before.

An interview on 10/17/22 at 4:00 PM, with RN #1 revealed Resident #34 is on the shower list for Tuesday, Thursday, and Saturday, and on the

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days, he doesn't get a shower he is supposed to get a bed bath. RN #1 revealed it is the CNA's responsibility to make sure the baths and showers are being done this includes shaving and nail care.

Observation and interview, on 10/17/22 at 4:17 PM, revealed Resident #34 was not shaved and in the same clothes as earlier in the day. The resident stated, "I haven't been shaved or had a bath today and hadn't had my clothes changed since last week."

An interview and observation on 10/18/22 at 8:10 AM, revealed Resident #34 in the bed with the same clothes on as the prior days, and with approximately 1/2-inch facial stubble, a urine odor was noted. Resident #34 revealed I still haven't had a bath, or had my clothes changed.

During observation and interview on 10/18/22 at 9:25 AM, the DON confirmed that Resident #34 needed to be bathed, shaved, and his haircut. The DON assured Resident #34 that he would get a bath today. The DON revealed the aides have a shower/bath schedule they go by and on the days they don't get a shower each resident is to get a bed bath.

An interview on 10/19/22 at 10:00 AM, with CNA #2 revealed she had Resident #34 (7-3 shift) this past weekend and gave him a bed bath on Saturday 10/15/22 and changed his clothes but on Sunday she only washed his bottom when she changed his brief. She confirmed that he was in the same clothes that she placed on him on 10/15/22 and confirmed that a bed bath consists of washing the resident's whole body and shaving them.

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F 677	Continued From page 18 An interview on 10/19/22 at 10:35 AM, with CNA #10 revealed she had the resident on her assignment for Monday 10/17/22 and she didn't give Resident #34 a bed bath nor shave or change his clothes. An interview on 10/19/22 at 2:48 PM, with RN #3 confirmed according to the ADL- Bathing documentation that Resident #34 did not receive a shower on October 1-18. She confirmed his ADL bath care plan reflects, Resident #34 is to receive a shower three times weekly and on the other days, he is supposed to receive a bed bath. She confirmed according to the bathing documentation that there are days he didn't get a bed bath either. She confirmed that on Monday 10/17/22 Resident #34 did not receive a bed bath or shower and it was not documented that he refused. A record review of the Admission Record for Resident #43 revealed he was admitted to the facility on 1/28/22 with diagnoses of Spondylosis without myelopathy or radiculopathy, cervical, and Hemiplegia, and Hemiparesis following Cerebral Infarction affecting the right dominant side. Record review of the MDS with an ARD of 8/3/2022 revealed Resident #34 with a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident is cognitively intact.	F 677		
F 686 SS=G	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a	F 686		11/18/22

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F 686	Continued From page 19 resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observations, staff and resident interviews, record review and facility policy review, the facility failed to provide incontinent care timely to heal skin breakdown for reoccurring Stage II pressure ulcers for one (1) of five (5) residents reviewed with skin concerns. Resident #105. Findings include: Review of the facility policy titled, "Skin and Wound", with a revision date of 1/24/2022 revealed the policy is to provide a system for identifying risk, and implementing resident centered interventions to promote skin health, prevention, and healing of pressure injuries. An observation and interview, on 10/17/22 at 2:40 PM with Resident #105 revealed that she had an incontinent episode and had a wet brief and while the State Agency (SA) surveyor was in her room, she pressed her call light for assistance. An observation, at 3:00 PM on 10/17/22, while the SA was still in the resident's room, revealed a facility staff member came into the room and	F 686	1. Resident 105 treatment was completed per physician orders on 10/17/22. 2. All residents have the potential to be affected. 3. Rounds were completed on current residents with pressure ulcers by Director of Clinical Services and Treatment Nurse on 10/19/22 to ensure treatment and services are provided to prevent the development or worsening of pressure ulcers and to promote healing. No negative findings were noted. Resident 105 was assessed on 10/17/22 by Director of Clinical Services and Treatment Nurse to ensure staff provide treatments and services to prevent skin breakdown and the development of new pressure ulcers unless the resident's clinical condition demonstrated that they were unavoidable. Director of Clinical Services and Treatment Nurse initiated in-services to nursing staff 10/18/22 with emphasis on providing necessary treatment for	

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F 686	Continued From page 20 asked Resident #105 what she needed. The resident then responded that she needed to be changed. The staff member turned the call light off and told the resident that "You (Resident #105) know it is 3:00 o'clock, I will have to see what they can do." An interview, with Resident #105 at 3:15 PM, revealed that the facility staff don't want to help her and stated that they never come to help when she calls. An observation, on 10/17/22 at 3:25 PM, revealed Resident #105 again turned her call light on at the request of the SA because nobody had come to the room since the facility staff member turned the light off at 3:00 PM. No staff had answered by 3:30 PM, so the SA left the resident's room and walked to the nurse's station where four (4) to five (5) staff were standing. At that time, one of the staff members at the nurse's desk paged overhead that Resident #105's light was on. At 3:35 PM, (2) two Certified Nursing Assistants (CNA) entered the room to provide incontinent care for the resident. An interview on 10/18/22 at 10:30 AM, with Resident #105 revealed that she had another incontinent episode this morning and was currently sitting in urine and bowel movement. She stated that she told CNA #1 and was told she would have to wait, and the resident stated it had been around an hour ago that she called to be changed. An observation and interview, on 10/18/22 at 10:35 AM, revealed CNA #1 entered Resident #105's room, then exited the room and obtained pads and brief and re-entered the room. She	F 686	prevention and healing of pressure ulcers, including documentation. 4. Director of Clinical Services or Treatment Nurse to round on three residents with pressure ulcers weekly for four weeks then two residents weekly thereafter. Findings will be reported to the Quality Assurance Performance Improvement Committee monthly times 3 months beginning 11/17/2022.	

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placed the pads and briefs in the room and left the room. CNA #1 revealed that she just found out the resident needed changed because her light was on. CNA #1 then walked across the hall to another resident's room. CNA #1 stated that she was going to another room to get someone else up.

An observation 15 minutes later, on 10/18/22 at 10:50 AM, revealed incontinent care was provided by CNA #1 and an assistant. The observation revealed the resident had several superficial open areas over both buttocks and areas of pink discoloration on both buttocks and right upper posterior thigh.

An observation and interview on 10/18/22 at 11:05 AM, revealed Registered Nurse (RN) #2 performed wound care to Resident #105's buttocks. She stated that the resident has had a problem with skin damage in the past.

An interview, on 10/19/22 at 10:00 AM with RN #2, the wound care nurse, stated that the areas on Resident #105's buttocks were worsened by moisture from incontinence and confirmed that not being changed timely when she is incontinent would cause this red, boggy skin around the wound areas and could also cause an infection and that it was not helping to improve the areas of wounds. She stated that the resident has had these types of areas in the past and that the wounds would heal but come right back when incontinent care was not provided timely. RN #2 confirmed that Resident #105 tells staff when she is wet.

An observation of wound care with RN #2 on 10/19/22 at 11:50 AM, revealed open areas on

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left buttock #1 V-shaped measures 2.5 centimeters (cm) x 1.1 cm and round area on the right buttock that measured 0.8 cm x 1.1 cm. An area on the right buttock measures 1.2 cm x 0.5 cm.

An interview, on 10/19/22 at 3:05 PM with the Director of Nursing (DON) confirmed that Resident #105 has breakdown on her buttocks. The DON stated that no one should have to wait an hour to get changed, all staff should help to answer the call lights and provide care to the residents. The DON confirmed that the resident can call and tell the nurses when she needs to be changed. An interview with the Administrator (ADM) at the same time revealed that he wanted to look more into this event and that the staff should handle these matters better.

Record review of the physician's active orders as of 10/19/22 revealed barrier cream to the buttocks every (q) shift to prevent skin breakdown dated 1/21/21 and clean stage 2 left buttock with normal saline (NS), pat dry, cover w/ alginate foam, cover w/foam bordered 3x/week and prn, as needed, dated 10/14/22.

Record review of the Pressure Ulcer Rounds-CHC for Resident #105 revealed the pressure areas failed to heal as evidenced by the wounds would decrease in size then increase in size over the past month. The resident's wound on the left buttock dated 10/17/22 revealed a Stage II pressure ulcer to the left buttock that measured 7.1 cm (centimeters) by 2.7 cm. The wound bed was red, epithelial tissue with firm edges. There was a moderate amount of sero-sanguineous drainage, pink/red in color. The peri wound area was described as intact with

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redness and a mushy/boggy appearance. Notes revealed "multiple separate smaller openings within the measurements". Record review of the record for the week prior dated 10/10/22 revealed measurements revealed 11.8 cm by 3.8 cm with redness and mushy boggy wound area with multiple separate openings. Record review of documentation dated 10/03/22 measurements revealed 2.9 cm by 1.1 cm with redness, mushy boggy skin with multiple pinpoint areas with measurements. Record review of 09/26/22 wound measurements revealed 2.1 cm by 2.7 cm with redness, mushy boggy with previous area of moisture associated skin disease (MASD) scar tissue. Record review of the measurements for 9/26/22 revealed the left buttock Stage II pressure ulcer measured 2.1 cm by 2.7 cm and the peri wound skin had a mushy/boggy appearance.

Record review of the Pressure Ulcer Rounds-CHC for Resident #105 dated 10/10/22 for the right buttock Stage II pressure ulcer revealed an increase in the wound with measurement 11.2 cm by 2.8 cm from measurement on 09/26/22 that measured 1.0 cm by 1.2 cm. The wound bed was red epithelial tissue with redness of the wound edges. Drainage was moderate sero-sanguineous pink/red in color. The peri wound area exhibited redness and a mushy/boggy appearance. Notes revealed "multiple openings".

Review of the Admission Record page revealed Resident #105 was admitted to the facility on 11/9/22020 with diagnoses which included Morbid (Severe) Obesity due to Excess Calories, Muscle Weakness, and Need for Assistance With Personal Care.

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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 686	Continued From page 24 Review of the Minimum Data Set (MDS) with an Assessment Reference Date of 9/21/22 revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated Resident #105 was cognitively intact.	F 686		
F 725 SS=F	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by:	F 725		11/18/22

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F 725	Continued From page 25 Based on observation, staff and resident interviews, record review, and facility policy review, the facility failed to ensure that there were sufficient nursing staff in the facility to provide adequate care and assistance for residents for 23 of 28 days reviewed. Findings Include: Record review of a typed statement, undated, and signed by the Administrator revealed the facility does not have a policy regarding sufficient staffing. An observation upon entry into the facility on 10/16/22 at 4:10 PM, revealed one Registered Nurse (RN), three Licensed Practical Nurses (LPN) and two Certified Nurse Assistants (CNA) were on duty with a census of 108 residents. An interview on 10/16/22 at 4:15 PM, with Licensed Practical Nurse (LPN) #4 revealed there was approximately 50 something residents on the A side and she had one Certified Nurse Assistant (CNA) and one LPN working with her to take care of those residents. When asked if she felt like that was enough staff for all of those resident's she stated, "That is a question for the managers". An interview on 10/16/22 at 4:30 PM, with Registered Nurse (RN) #3 revealed she is the Minimum Data Set (MDS) nurse but was working this weekend to help out. She revealed she was working a medication cart on the B side with one LPN and one CNA for approximately 50 residents. She revealed she could not find the CNA schedule to show what CNAs were scheduled for this shift.	F 725	1. To meet staffing requirements on 10/16/22, the Director of Clinical Services, department heads, and other licensed staff were called in to meet the staffing needs. Human Resources, the Director of Clinical Services, and the staffing coordinator made the calls. 2. All residents have the potential to be affected. 3. Regional Vice President of Operations in-serviced Executive Director on 10/19/22 to ensure staffing is adequate to provide adequate care and assistance for residents. Director of Clinical Services, Assistant Director of Nursing, and Human resources Coordinator were in-serviced 10/19/22 on ensuring staffing is adequate to provide care to the residents. 4. Beginning 10/18/22 staffing will be monitored daily for compliance by Executive Director and Director of Clinical Services. In the event of staffing shortages, the Executive Director and Director of Clinical Services will be notified by staff. The staffing coordinator, Human Resource Director, Executive Director, and Director of Clinical Services will be responsible for calling staff to come in or arrange staff to stay over to cover the next shift. Monitoring staff will be ongoing and reports will be made monthly to the Quality Assurance Performance Improvement Committee beginning 11/18/22.	

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An observation and interview on 10/16/22 at 5:00 PM, with the Assistant Director of Nurses (ADON) revealed she was removing the posted schedule and was replacing it with a schedule for 10/16/22. She revealed the schedule she has posted today revealed the facility had a total of eight (8) CNA's scheduled for 3 PM-11 PM shift and this was based on the census. She revealed she does not know how many CNAs are actually on duty, she does not do the CNA schedule and she does not know where a copy of the schedule is located.

An interview on 10/16/22 at 5:30 PM, with the Director of Nurses (DON) revealed she does not make the CNA schedule and could not find a copy of it. She revealed she did not know how many CNAs were on duty for this 3 PM- 11 PM shift. When she was made aware that there were only two CNA's she revealed that is not enough and stated, "That can't happen," and confirmed that she was not aware that the facility had only two CNAs working on that shift.

An interview on 10/16/22 at 5:50 PM, with CNA #9 confirmed she is the only CNA on the A side with approximately 50 resident's and there was one CNA on the B side with the same number of residents. She confirmed they were the only two working as a CNA in the building tonight. She revealed they have to work short staffed a lot and it is too much for two CNAs to do alone. She revealed we just do the best we can and make sure the residents are fed.

An interview on 10/17/22 at 8:15 AM, with CNA #4 revealed she works in medical records but is a certified nurse assistant and was working as a CNA today just to help out. She revealed she has to do this a lot because the facility is shorthanded.

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An interview on 10/17/22 at 8:30 AM, with CNA #5 revealed she has to work at least 10 hours overtime per week. She revealed that they work shorthanded a lot and the facility does not have enough staff. She revealed that most of the resident's on her hall have to have incontinent care and need to be checked every two hours. She revealed even though she knows they need to be checked every two hours they do not have enough staff to do that most of the time and she has no idea how often they actually get checked. She revealed they just do the best they can, check on them as often as they can and try to answer call lights as best they can. She confirmed that two CNAs on any shift would not be enough to provide care to as many residents as they have in the facility.

An interview on 10/17/22 at 8:45 AM, with CNA Supervisor revealed that she makes the CNA schedule out weekly and tries to keep a copy at the nurse's desk but for some reason just did not this weekend. She revealed she anticipated the facility to be shorthanded this weekend and waited on the phone call but did not receive one until 4:00 PM from RN #3. She confirmed she only had two CNAs scheduled for Sunday 10/16/22. She revealed she had text another CNA to come in and work 3 PM- 11 PM on Sunday 10/16/22, but she never got a response. She confirmed since she did not get a response, she assumed she was not coming, but did not replace her. She confirmed that the census for Sunday was 108 and two CNAs were not enough to provide proper care for that many residents. She confirmed this has happened before, where they have to work shorthanded.

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An interview on 10/17/22 at 10:00 AM, with the DON, the Administrator and the Corporate Nurse the State Agency (SA) requested a staffing grid to be completed for the past two weeks and the DON stated, "It's going to be short". The DON and the Administrator revealed they are short staffed at times. The DON revealed the posted schedule reflected the number of staff that were scheduled. The DON confirmed that eight CNAs were on the posted schedule for the 10/16/22 3 PM-11 PM shift. She confirmed that she could not find a CNA working schedule yesterday and therefore neither could the nurses on duty. After review of the CNA working schedule prepared by the CNA supervisor, the DON confirmed there were only two CNAs scheduled for the 3 PM to 11 PM shift on 10/16/22. The DON stated, "The CNA supervisor knows that's not enough". The Administrator revealed staffing is a challenge especially on the weekends. The DON confirmed that two CNAs were not enough to care for a census of 108, residents would not be able to be turned and changed every two hours and call lights would not be able to be answered timely. She confirmed that as the DON she is ultimately responsible for making sure she is aware of how many staff she has on duty and that there is enough to provide care and that she was not made aware that they would only have two CNAs working the 3-11 shift.

An interview on 10/18/22 at 7:30 AM, with CNA #6 confirmed the facility is short staffed on CNA's and that she has to work short staffed a lot.

An interview on 10/18/22 at 7:45 AM, with CNA #1 revealed she comes in on her day off a lot. She confirmed that they work short staffed all of the time. She revealed everyone does not get a

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bath on their bath day. She revealed the residents may get one or two baths a week and some residents have complained about staffing and not having enough staff to take care of them.

An interview on 10/18/22 at 7:55 AM, with CNA #8 revealed she doesn't always come in on her days off, but she works over a lot because the facility is so short staffed. She confirmed that there is no way every resident could get a bath or the care they really need because we do not have enough staff.

An interview on 10/18/22 at 8:00 AM, with LPN #3 confirmed the facility is short staffed a lot. She confirmed that two CNAs in the facility with 108 residents is not enough. She revealed that with only two CNAs in the building with that many residents that they could not be watched like they should so they could fall, get out the door when visitors leave and many other things.

An interview on 10/18/22 at 9:34 AM, with the DON, Administrator and the Corporate Nurse confirmed that according to the past 14-day reflection on the staffing grid the facility has been short a lot. The Administrator confirmed staffing had been a challenge and after he reviewed the facility assessment that indicated the facilities needed staff, he revealed he was not sure if the needed staff was based on census or acuity. He stated, "A lot of these residents are ambulatory and take care of themselves". The Administrator went on to say that the facility had a time when they weren't admitting new residents because they didn't have the staff to take care of them, but they are back to admitting new residents now because they felt they had the staff to provide the care for the residents.

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An interview on 10/19/22 at 8:30 AM, with RN #3 confirmed that she was the charge nurse on Sunday 10/16/22. She revealed that she texted the CNA supervisor to ask who was scheduled and did not receive a response back from her. She revealed that it is very common for staff to come in late after they get off work from their second job, so she does not really worry about who is on duty until about 5:00 PM or 5:30 PM. She confirmed that short staffing has happened before, and we are all working overtime. She revealed she has had to work every weekend for the past two months. She confirmed that with two CNAs in the facility with 108 residents then almost nothing could be get done, like turning, changing, feeding, or bathing. She confirmed there is just not enough of us, and management is aware of the staffing issues.

An interview on 10/19/22 at 2:50 PM, with the DON confirmed there was a discrepancy between the schedule that was posted and the staff that were actually scheduled after she reviewed the individual time sheets for the dates of 9/17/22 through 10/16/22. She confirmed there is the potential for harm to the resident's when the facility does not have enough staff on duty to provide care.

Record review of the Resident Census and Condition of Residents (Form CMS- 672) revealed the facility had 74 occasionally or frequently incontinent of bladder, 51 occasionally or frequently incontinent of bowel and 21 bedfast all or most of the time.

Record review of the posted schedule for 10/16/22 revealed 8 CNAs for the 3 PM-11 PM

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shift on 10/16/22.

Record review of the CNA schedule confirmed there were two CNAs scheduled and working for the 3 PM-11 PM shift on 10/16/22.

Record review of the individual timecards, working schedule and posted schedule for the days of 9/17/22 through 10/16/22 revealed the facility was short staffed 23 of 28 days. The working schedule did not match the individual timecards and the working schedule nor the timecards matched the posted schedule.

Resident #105

During an interview on 10/17/22 at 2:40 PM, with Resident #105 revealed that she was wet, and the call light had been turned on by Resident #105. At 3:00 PM, a staff member came into the room and asked Resident #105 what she needed. The resident responded that she needed to be changed. The staff member came into the room and turned the call light off and told the resident that you (Resident #105) know it is 3:00 o'clock, she would have to see what they can do. Resident #105 revealed that they don't want to help her and that they never come to help when she calls. At 3:25 PM, the SA requested that Resident #105 turn her call light back on because nobody had come to the room since the facility staff member turned the light off at 3:00 PM. At 3:30 PM, the SA left the resident's room and walked to the nurses station where four (4) to five (5) staff were standing. At that time, one of the staff members at the nurse's desk paged that (room number of Resident #105) light was on. At 3:35 PM, (2) two Certified Nursing Assistants

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(CNA) entered the room to provide incontinent care for the resident.

An interview on 10/18/22 at 10:30 AM, with Resident #105 revealed that she was wet and had a bowel movement earlier this morning. She stated that she told CNA #1 and was told she would have to wait.

On 10/18/22 at 10:35 AM, an observation and interview by the SA, revealed CNA #1 entered Resident #105's room, then exited the room and obtained pads and brief and re-entered the room. She placed the pads and briefs in the room and left the room. CNA #1 revealed that she just found out the resident needed changing because her light was on. CNA #1 then walked across the hall to another room. CNA #1 revealed that she was going to another room to get someone up.

An observation on 10/18/22 at 10:50 AM, revealed incontinent care was provided by CNA #1 and an assistant. The observation revealed the resident had several superficial open areas over both buttocks and areas of pink discoloration on the buttocks and right upper posterior thigh.

An interview on 10/19/22 at 10:00 AM, with RN #2 stated that the areas on Resident #105's buttocks was caused by moisture and confirmed that not being changed timely when she is incontinent could cause this and that the resident has had these type of areas in the past that have healed, but they come back.

An interview on 10/19/22 at 3:05 PM, with the DON confirmed that Resident #105 does have breakdown on her buttocks. The DON stated that no one should have to wait an hour to get

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changed and all staff should help.

Resident #34

Observation and interview on 10/16/22 at 5:00 PM, revealed Resident #34 had approximately 1/2-inch facial hair growth on his chin and on his cheeks. Resident #34 revealed he hasn't had a shower or bed bath since last week.

An observation on 10/17/22 at 10:45 AM, revealed Resident #34 was not shaved and was observed with the same shirt on as the day before.

Observation and interview, on 10/17/22 at 4:17 PM, revealed Resident #34 was not shaved and in the same clothes as earlier in the day. The resident stated, "I haven't been shaved or had a bath today and hadn't had my clothes changed since last week."

An interview and observation on 10/18/22 at 8:10 AM, revealed Resident #34 in the bed with the same clothes on as the prior days, and with approximately 1/2-inch facial stubble, a urine odor was noted. Resident #34 revealed I still haven't had a bath, or had my clothes changed.

During observation and interview on 10/18/22 at 9:25 AM, the DON confirmed that Resident #34 needed to be bathed, shaved, and his haircut. The DON assured Resident #34 that he would get a bath today.

Resident #43

On 10/17/22 at 9:00 AM, during an observation and interview, State Agency (SA) observed

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Resident #43 lying in her bed with long unmanicured fingernails and poor dental hygiene with yellow colored build up near the gum line and white particles between her upper and lower front teeth. She revealed that her nails have not been cut in several weeks but the Certified Nursing Assistants (CNAs) would cut them if they weren't too busy. She also revealed that the CNAs were not setting up her toothbrush with toothpaste for her to be able to brush her teeth every day. She also said she has asked several times for mouthwash and she still has not received any. Resident #43 also revealed that she is unable to get up by herself and depends on others to help her. She stated that there was no particular bath or shower schedule; that she normally had to ask to get a bath. She also revealed that they give her a bed bath most of the time but she doesn't feel like this keeps her as clean as a shower would.

On 10/18/22 at 11:15 AM, an observation and interview with Resident #43 revealed that her fingernails were still long and unmanicured and her teeth appeared to have yellow buildup near the gum line. Resident #43 revealed that the CNAs had just given her a bed bath and changed her clothes. Resident stated that she still had no mouthwash and that the CNAs did not assist her with brushing her teeth this mourning.

Resident #47

An interview on 10/16/22 at 5:00 PM, with Resident #47's family member revealed there were times it took the staff longer than expected to provide incontinence care due to providing care to many other dependent residents. She revealed the resident's skin was intact and she

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F 725	Continued From page 35 wanted to prevent breakdown. An interview with Certified Nursing Assistant (CNA) #11 on 10/19/22 at 9:00 AM, revealed the resident was incontinent of bowel and bladder and required care every two (2) hours. She stated on the day shift, the resident was changed every two to three hours and as needed, but when shifts were short staffed, the resident did not get the care as frequently. An interview with the Assistant Director of Nursing (ADON) on 10/19/22 at 2:40 PM, revealed Resident #47 was incontinent of bowel and bladder and required every two hour incontinent care. She stated the dependent residents were to be checked every two hours and changed every two hours and as needed. The ADON revealed the facility had been short staffed and the administrative staff were scheduled to work short shifts to assist with resident care. She confirmed that with the shortage of staff at the facility, every two hour incontinent care did not occur consistently, due to the staffing issues. She confirmed the care plan and care kardex direct the staff of the residents' needed care and frequency of care and this resident was planned for incontinent care every two hours. She also confirmed the Documentation Survey Report Care Log of care for September and October 2022, revealed the care was not performed every two hours as needed and this increased the risk for skin redness and skin breakdown.	F 725		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be	F 761		11/18/22

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F 761	Continued From page 36 labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility policy review the facility failed to ensure a medication cart was locked and medications were secured for one (1) of four (4) days of survey. Findings Include: Record review of the facility policy titled, "LTC Facility's Pharmacy Services and Procedures Manual" with a revision date of 1/1/22 revealed... 3. 3.10 Facility staff should not leave medications or chemicals unattended... 7. Facility should ensure that medication carts are always locked when out of sight or unattended..."	F 761	1. Medication Carts were locked by Nurses on 10/16/22. 2. All residents have the potential to be affected. 3. Rounds were made by Director of Clinical Services and Executive Director on 10/16/21 to ensure that all medication carts are locked and secured. No negative findings were noted. In-services to nursing staff initiated on 10/16/22 by Director of Clinical Services and Assistant Director of Nursing to ensure that all medication carts	

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F 761	Continued From page 37 An observation on 10/16/22 at 4:15 PM, revealed the A wing medication cart sitting in front of the A Hall nurses' station unattended and unlocked. Sitting on the cart was a medication cup with three (3) pills and an insulin syringe with a liquid substance in the syringe. An observation on 10/16/22 at 4:20 PM, revealed Registered Nurse (RN) #3 walked up the hall and locked the medication cart as she walked past the cart. The remaining items of three pills in a medication cup and a filled insulin syringe were still sitting on the medication cart. An observation and interview on 10/16/22 at 4:30 PM, with RN #3 revealed, she was coming up the hall and noticed the medication cart unlocked and locked it, however, she didn't notice the medications sitting on top of the medication cart at that time. RN #3 confirmed the medication cup with the 3 medications and the filled insulin syringe were not to be left out unattended. She revealed the medication cart is to be locked when the nurse leaves the cart and there are to never be medications left unattended on the cart. An observation and interview on 10/16/22 at 4:35 PM, with Licensed Practical Nurse (LPN) #6 confirmed she left the cart unlocked and medications on top of the cart. She revealed a resident came up and needed assistance and she went to assist the resident with the need. She confirmed the pills in the medication cup were Valium, Neurontin, and Bactrim and the syringe had insulin already drawn up. An interview on 10/18/22 at 2:15 PM, with the Director of Nursing revealed she was unaware of	F 761	are locked and secured. 4. Medication carts will be checked to ensure they're locked by Director of Clinical Services, Assistant Director of Nursing, Executive Director or Unit Managers five times weekly for four weeks then three times weekly thereafter. Results of findings will be reported to the Quality Assurance Performance Improvement Committee for three months beginning 11/17/22.	

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F 761	Continued From page 38 the medications and the filled insulin syringe that was left unattended on the medication cart. She revealed the nurses know they are to always lock the medication cart and not leave medications unattended anywhere.	F 761		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review, and policy review, the facility failed to store, prepare and serve foods in a sanitary manner and provide a safe and clean environment as evidenced by a dirty oven and crumbling ceiling tiles over a preparation table for two (2) of 2 kitchen tours which had the potential to affect 101 of 109 residents.	F 812	1. Dirty oven was cleaned on 10/16/22 by Dietary Staff. Unlabeled items were disposed of by dietary staff 10/16/22. Ceiling over prep area was repaired by Maintenance Director 10/20/22. 2. All residents have the potential to be affected.	11/18/22

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F 812	Continued From page 39 Findings include: Record review of the policy titled, "Food Storage: Cold Foods", revised 4/2018, revealed "Policy Statement All Time/ Temperature Control for Safety (TCS) foods frozen and refrigerated, will be appropriately stored in accordance with guidelines of the FDA (Food and Drug Administration) Food Code. Procedures ... 5. All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination ..." Record review of the policy titled, "Environment", revised 9/ 2017 revealed "Policy Statement All food preparation areas, food service areas, and dining areas will be maintained in a clean and sanitary condition. Procedures 1. The Dining Service Director will ensure that the kitchen is maintained in a clean and sanitary manner, including floors, walls, ceilings, lighting, and ventilation... 4. The Dining Service Director will ensure that a routine cleaning schedules in place for all cooking equipment, food storage areas, and surfaces." Record review of the policy titled, "Food: Preparation", revised 9/2017 revealed "Policy Statement All foods are prepared in accordance with the FDA Food Code. Procedures ... 15. All staff will use serving utensils appropriately to prevent cross contamination." During the initial tour of the kitchen on 10/16/22 at 4:00 PM, the following was observed: 1) In the freezer, a small bag of what Dietary Staff (DS)#3 identified as dinner rolls, a bag of 11 English muffins, a small bag of what DS # 1	F 812	3. Rounding on appliances in dietary completed by Dietary Manager on 10/18/22 to ensure all items are cleaned and functioning properly. No negative findings were noted. Items in storage were checked 10/16/22 by dietary staff to ensure all were labeled correctly. No negative findings were noted. Dietary Manager in-serviced current dietary staff 10/18/22 regarding providing a safe and clean environment to ensure food is stored, prepared, and served in accordance with professional standards for food service safety. 4. Facility Dietary Manager or Executive Director to complete rounds in the kitchen to ensure cleanliness oven, storage of food, and ceiling to ensure they're maintained in accordance with professional standards. Beginning 10/24/22 the kitchen will be inspected three times per week for four weeks and one time weekly thereafter to ensure compliance. Findings will be reported at the monthly Quality Assurance Performance Improvement committee monthly for 3 months beginning 11/18/22.	

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identified as chicken were all open with no open and discard date.

2) In the refrigerator, four (4) slices of cheese and a bag of what the Dietary Manager (DM)#1 identified as a ham opened with no label and discard date. DS# 3 confirmed that all opened food items opened in the refrigerator should be labeled and dated with open and discard date.

3) Build up inside the oven with dark burned debris particles covering the bottom of the oven.

An interview on 10/16/22 at 4:15 PM, DS# 3 confirmed that all opened food items in the refrigerator should be labeled and dated with open and discard date and a potential problem from not having food dated could cause residents to get sick.

An interview on 10/16/22 at 4:40 PM, with the DM #1 confirmed that all opened food items should be labeled with the open date and the discard date and confirmed that sickness and gastro-intestinal issues are possible concern. The DM #1 confirmed there was build up in the oven and dark debris in the bottom of the oven.

During additional kitchen observation on 10/18/22 at 10:45 AM, the following was observed:

1) Observed DS # 4 pick-up cornbread with her gloved hand and placed the cornbread on three (3) resident plates prepared after picking up multiple ladles with gloved hands, touching lunch trays and assembling trays and after the gloves were visibly soiled with liquid food particles.

An interview on 10/18/22 at 11:05 AM, with DS# 4

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F 812	Continued From page 41 confirmed she is supposed to use tongs to pick up the cornbread, but she forgot. An interview on 10/18/22 at 11:10 AM, with the DM# 1 confirmed staff should have used tongs to pick up the cornbread and confirmed a possible problem of this is cross contamination. 2) Observed approximate three (3) feet by three (3) feet large area on the ceiling over the prep table with discolored crumbling plaster. The white particles were visible on the prep table, the floor and the surrounding area of the damaged ceiling area. An interview and observation on 10/18/22 3:40 PM, with the DM# 1 and the District Dietary Manager DM #2 confirmed cleaning schedule forms should be completed daily, but no schedule was posted. DM #1 was unable to produce any of the completed cleaning forms for October 2022. The DM#1 and the DM#2 both confirmed that they have placed work orders in the past for the ceiling to be repaired but that it has not been fixed and the previous Maintenance Director no longer works there. DM #1 confirmed that the ceiling leaks when it rains and they have to place buckets in that area to catch the water. An observation and interview, on 10/19/22 at 8:25 AM, with the DM# 1 and the Administrator confirmed that the area of crumbling plaster on the ceiling could fall in food or hurt staff and the Administrator confirmed he is aware of the problem with the ceiling and pieces of the ceiling could fall into the cups which were sitting on the prep table during the observation.	F 812		
F 835 SS=F	Administration	F 835		11/18/22

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F 835	Continued From page 42 CFR(s): 483.70 §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on staff interviews, record review, observations, and facility policy review the facility Administrator failed to staff the facility to meet the needs of the residents for 23 of 28 days reviewed for staffing concerns during survey. Findings include: Review of facility policy titled, "Administrator Job Description," stated, "The primary purpose is to direct the day-to-day functions of the facility in accordance with federal, state and local standards, guidelines, and regulations that governor nursing facilities to ensure that the highest degree of quality care can be provided to our residents at all times. Duties and responsibilities: Recruit, hire, and provide orientation/training for the sufficient number of qualified staff to carry out facility programs and services." On 10/16/22 at 4:10 PM, an observation upon entry into the facility revealed one Registered Nurse (RN), three Licensed Practical Nurses (LPN) and two Certified Nurse Assistants (CNA) on duty with a census of 108. On 10/16/22 at 4:15 PM, during an interview with Licensed Practical Nurse (LPN) #4 revealed there	F 835	1. To meet staffing requirements on 10/16/22, the Director of Clinical Services, department heads, and other licensed staff were called in to meet the staffing needs. Human Resources, the Director of Clinical Services, and the staffing coordinator made the calls. 2. All residents have the potential to be affected. 3. Regional Vice President of Operations in-serviced Executive Director on 10/19/22 to ensure staffing is adequate to provide adequate care and assistance for residents. Director of Clinical Services, Assistant Director of Nursing, and Human resources Coordinator were in-serviced 10/19/22 on ensuring staffing is adequate to provide care to the residents. 4. Beginning 10/18/22 staffing will be monitored daily for compliance by Executive Director and Director of Clinical Services. In the event of staffing shortages, the Executive Director and Director of Clinical Services will be notified by staff. The staffing coordinator, Human Resource Director, Executive Director,	

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F 835	Continued From page 43 was approximately 50 something residents on the A side and she had one Certified Nurse Assistant (CNA) and one LPN working with her to take care of those residents. When ask if she felt like that was enough staff for all those resident's she stated, "That is a question for the managers". On 10/16/22 at 4:30 PM, interview with Registered Nurse (RN) #3 revealed she is the Minimum Data Set (MDS) nurse but was working this weekend to help out. She revealed she was working a medication cart on the B side with one LPN and one CNA for approximately 50 residents. She revealed she could not find the CNA schedule to show what CNAs were scheduled for this shift. On 10/16/22 at 5:50 PM, in an interview with CNA #9 she confirmed she is the only CNA on the A side with approximately 50 resident's and there was one CNA on the B side with the same number of residents. She confirmed they were the only two working as a CNA in the building tonight. She revealed they have to work short staffed a lot and it is too much for two CNAs to do alone. She revealed we just do the best we can and make sure the residents are fed. On 10/16/22 at 5:00 PM, during an observation and interview with the Assistant Director of Nurses (ADON) revealed she was removing the posted schedule and was replacing it with a schedule for 10/16/22. She revealed the schedule she has posted today revealed the facility had a total of 8 CNA's scheduled for 3 PM-11 PM shift and this was based on the census. She revealed she does not know how many CNAs are actually on duty, she does not do the CNA schedule and she does not know where	F 835	and Director of Clinical Services will be responsible for calling staff to come in or arrange staff to stay over to cover the next shift. Monitoring staff will be ongoing and reports will be made monthly to the Quality Assurance Performance Improvement Committee beginning 11/18/22.	

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a copy of the schedule is located.

During an interview on 10/16/22 at 5:30 PM, with the Director of Nurses (DON) revealed she does not make the CNA schedule and could not find a copy of it. She revealed she did not know how many CNAs were on duty for this 3 PM- 11 PM shift. When she was made aware that there were only two CNA's she revealed that is not enough and stated, "That can't happen," and confirmed that she was not aware that the facility had only two CNAs working on that shift.

On 10/17/22 at 8:15 AM in an interview with CNA #4 revealed she works in medical records but is a certified nurse assistant and was working as a CNA today just to help out. She revealed she has to do this a lot because the facility is shorthanded.

In interview on 10/17/22 at 8:30 AM, CNA #5 revealed she has to work at least 10 hours overtime per week. She revealed that they work shorthanded a lot and the facility does not have enough staff. She stated that most of the resident's on her hall have to have incontinent care and need to be checked every two hours. Even though she knows they need to be checked every two hours they do not have enough staff to do that most of the time and she has no idea how often they actually get checked. They just do the best they can, check on them as often as they can and try to answer call lights as best, they can. She confirmed that two CNAs on any shift would not be enough to provide care to as many residents as they have in the facility.

On 10/17/22 at 8:45 AM, in an interview with CNA Supervisor she revealed that she makes the CNA schedule out weekly and tries to keep a copy at

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the nurse's desk but for some reason just did not this weekend. She stated that she anticipated the facility to be shorthanded this weekend and waited on the phone call but did not receive one until 4:00 PM from RN #3. She confirmed she only had two CNAs scheduled for Sunday 10/16/22. She revealed she had text another CNA to come in and work 3 PM- 11 PM on Sunday 10/16/22, but she never got a response. She confirmed since she did not get a response, she assumed she was not coming, but did not replace her. She confirmed that the census for Sunday was 108 and two CNAs were not enough to provide proper care for that many residents. She confirmed this has happened before, where they have to work shorthanded.

An interview on 10/17/22 at 10:00 AM with the DON, the Administrator and the Corporate Nurse the State Agency requested a staffing grid to be completed for the past two weeks and the DON stated, "It's going to be short". The DON and the Administrator revealed they are short staffed at times. The DON revealed the posted schedule reflected the number of staff that were scheduled. The DON confirmed that eight CNAs were on the posted schedule for the 10/16/22 3 PM-11 PM shift. She confirmed that she could not find a CNA working schedule yesterday and therefore neither could the nurses on duty. After review of the CNA working schedule prepared by the CNA supervisor, the DON confirmed there were only two CNAs scheduled for the 3 PM to 11 PM shift on 10/16/22. The DON stated, "The CNA supervisor knows that's not enough". The Administrator revealed staffing is a challenge especially on the weekends. The DON confirmed that two CNAs were not enough to care for a census of 108, residents would not be able to be

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turned and changed every two hours and call lights would not be able to be answered timely. She confirmed that as the DON she is ultimately responsible for making sure she is aware of how many staff she has on duty and that there is enough to provide care and that she was not made aware that they would only have two CNAs working the 3-11 shift.

An interview on 10/18/22 at 7:30 AM with CNA #6 confirmed the facility is short staffed on CNA's and that she has to work short staffed a lot.

An interview on 10/18/22 at 7:45 AM with CNA #1 revealed she comes in on her day off a lot. She confirmed that they work short staffed all of the time. She revealed everyone does not get a bath on their bath day. She revealed the residents may get one or two baths a week and some residents have complained about staffing and not having enough staff to take care of them.

An interview on 10/18/22 at 7:55 AM with CNA #8 revealed she doesn't always come in on her days off, but she works over a lot because the facility is so short staffed. She confirmed that there is no way every resident could get a bath or the care they really need because we do not have enough staff.

An interview on 10/18/22 at 8:00 AM with LPN #3 confirmed the facility is short staffed a lot. She confirmed that two CNAs in the facility with 108 resident's is not enough. She revealed that with only two CNAs in the building with that many residents that they could not be watched like they should so they could fall, get out the door when visitors leave and many other things.

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During an interview with the DON, Administrator and the Corporate Nurse on 10/18/22 at 9:34 AM, they confirmed that according to the past 14-day reflection on the staffing grid the facility has been short a lot. The Administrator confirmed staffing had been a challenge and after he reviewed the facility assessment that indicated the facilities needed staff, he revealed he was not sure if the needed staff was based on census or acuity. He stated, "A lot of these residents are ambulatory and take care of themselves". The Administrator went on to say that the facility had a time when they weren't admitting new residents because they didn't have the staff to take care of them, but they are back to admitting new residents now because they felt they had the staff to provide the care for the residents, but maybe we don't.

On 10/19/22 at 8:30 AM, during an interview with RN #3 she confirmed that she was the charge nurse on Sunday 10/16/22. She revealed that she texts the CNA supervisor to ask who was scheduled and did not receive a response back from her. She revealed that it is very common for staff to come in late after they get off work from their second job, so she does not really worry about who is on duty until about 5:00 PM or 5:30 PM. She confirmed that short staffing has happened before, and we are all working overtime. She revealed she has had to work every weekend for the past two months. She confirmed that with two CNAs in the facility with 108 residents then almost nothing could be get done, like turning, changing, feeding, or bathing. She confirmed there is just not enough of us, and management is aware of the staffing issues.

In an interview with the DON on 10/19/22 at 2:50 PM, she confirmed there was a discrepancy

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STARKVILLE MANOR HEALTH CARE AND REHABILITATION CE	1001 HOSPITAL ROAD STARKVILLE, MS 39759

(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 835	Continued From page 48 between the schedule that was posted and the staff that were actually scheduled after she reviewed the individual time sheets for the dates of 9/17/22 through 10/16/22. She confirmed there is the potential for harm to the resident's when the facility does not have enough staff on duty to provide care. Review of the Resident Census and Condition of Residents (Form CMS-672) revealed the facility had 74 residents occasionally or frequently incontinent of bladder; 51 residents occasionally or frequently incontinent of bowel and 21 residents bedfast all or most of the time. Record review of the posted schedule for 10/16/22 revealed 8 CNAs for the 3 PM-11 PM shift on 10/16/22. Record review of the CNA schedule confirmed there were two CNAs scheduled and working for the 3 PM-11 PM shift on 10/16/22. Record review of the individual timecards, working schedule and posted schedule for the days of 9/17/22 through 10/16/22 revealed the facility was short staffed 23 of 28 days, the working schedule did not match the individual timecards and the working schedule, nor the timecards matched the posted schedule. Record review of the Staffing Grid and individual timecards for the dates of 9/17/22 through 10/16/22 revealed the facility has been below the State requirements of 2.80, 23 times in 28 days reviewed with lows of 1.83, 1.90 and 1.94.	F 835		
F 868 SS=E	QAA Committee CFR(s): 483.75(g)(1)(i)-(iii)(2)(i)	F 868		11/18/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255172	A. BUILDING _____ B. WING _____	10/19/2022

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STARKVILLE MANOR HEALTH CARE AND REHABILITATION CE	1001 HOSPITAL ROAD STARKVILLE, MS 39759

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F 868	Continued From page 49 §483.75(g) Quality assessment and assurance. §483.75(g)(1) A facility must maintain a quality assessment and assurance committee consisting at a minimum of: (i) The director of nursing services; (ii) The Medical Director or his/her designee; (iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; §483.75(g)(2) The quality assessment and assurance committee must: (i) Meet at least quarterly and as needed to identifying issues with respect to which quality assessment and assurance activities are necessary. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review, and facility policy review, the facility failed to hold quarterly Quality Assurance (QA) meetings for two (2) of four (4) quarters reviewed. Findings include: Review of facility policy titled, "Policies and Procedures Subject: Performance Improvement QAPI (Quality Assurance Performance Improvement)", with revision date of 10/29/2020, revealed, " Policy: The Center and organization have an ongoing Performance Improvement Program with a design and scope that is ongoing and comprehensive dealing with a full range of services offered by the Center that addresses aspects of care. The design and scope of the program is to systematically monitor and evaluate the quality and appropriateness of resident care,	F 868	1. Quality Assurance Performance Improvement Committee meeting was held on 10/21/22. 2. All residents have the potential to be affected. 3. Regional Director of Operations inserviced Executive Director 10/21/22 on requiremtns of having a Quarterly Quality Assurance meeting. 4. Executive Director to conduct monthly Quality Assurance Performance Improvement Committee meetings monthly per company policy. Regional Vice President of Operations will review the Quality Assurance meeting minutes monthly times three months to ensure	

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F 868	Continued From page 50 pursue opportunities to improve resident care, resolve identified problems and identify opportunities for improvement. Performance Improvement Program supports the overall goals of the Center and the organization and examines both outcomes and processes relevant to these outcomes with the objective of improving the organization's performance ..." An interview with the Director of Nursing (DON) on 10/19/22 at 3:14 PM, revealed the facility did not have a Quality Assurance (QA) nurse, but they had a QA committee that she served on. During the interview, she revealed the facility had not had a QA meeting since the previous full time Administrator left in May 2022. She confirmed she was aware of the quarterly QA meeting requirement and the facility failed to meet this requirement. An interview with the Administrator on 10/19/22 at 3:16 PM, revealed he was aware of the quarterly QA meeting requirement and the facility had not held this since May 2022. He confirmed the facility failed to have a quarterly QA meeting as required. Record review of QA meeting sign in sheets revealed the meetings were held monthly from 1/2022 - 5/2022. Record review of letter signed by Administrator on facility letterhead revealed, "The last QA meeting was in May 2022".	F 868	Executive Director is in compliance.	