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M 000	Initial Comments The State Agency (SA) conducted a Complaint Investigation (CI) from 11/30/22 through 12/9/22 for CI MS#19787. During the survey, the facility was determined not to be in substantial compliance with the Minimum Standards for Institutions for the Aged or Inform. An extended survey was completed, and deficiencies were cited: M615. The SA identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) that began on 10/16/22 when the facility failed to provide staff competent in the treatment and services required to prevent a facility acquired pressure ulcer from worsening, resulting in a resident being transferred to the hospital with sepsis from the wound. The facility's failure to provide competent staff and failure to prevent the worsening of a pressure ulcer therefore placing this resident and other residents at risk, in a situation that caused serious harm, injury and impairment for Resident #1 and was likely to cause serious harm, injury, impairment, or death for others at risk. On 12/6/22 at 3:00 PM, the SA notified the Quality Improvement Nurse (QIN) and Director of Nurses (DON) of the IJ and SQC and provided the facility with the IJ templates. The SQC and IJ existed at: Rule 45.21.3 Pressure Sores - M615, Level IV The facility submitted an acceptable Removal Plan on 12/7/22, in which they alleged all corrective actions to remove the IJ were completed on 12/6/22 and IJ removed on 12/7/22.	M 000		

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M 000	Continued From page 1 The SA validated the Removal Plan on 12/9/22, and determined the IJ was removed on 12/7/22, prior to exit. Therefore, the scope and severity for Rule 45.21.3 Pressure Sores - M615 was lowered from a Level IV to a Level II, while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. The census at the time of survey was 73, and the facility held a license for 110 beds.	M 000		
M 615	45.21.3 Pressure sores Pressure sores. Residents with a pressure sore shall receive necessary treatment and service to promote healing and prevent the development of new pressure sores. Residents without pressure sores will not develop pressure sores unless the residents' clinical condition indicates they were unavoidable. This Statute is not met as evidenced by: Level IV Based on interviews with staff and Resident Representative interviews, record review and facility policy review, the facility failed to identify a pressure ulcer and prevent its deterioration for one (1) of nine (9) residents reviewed for pressure ulcers, Resident #1. On 10/7/22, Licensed Practical Nurse (LPN) #2 identified an excoriation area to Resident # 1's buttocks. Nurse Practitioner (NP) #1 visited the facility on 10/7/22 and assessed Resident #1's area to the buttocks. NP #1 ordered wound care	M 615	*Resident #1 was transferred to the hospital on 10/20/22 after receiving abnormal lab results. Resident #1 did not return to the facility. Resident #1's Nurse Practitioner and Resident Representative were notified of transfer to hospital on 10/20/22 by Registered Nurse #1. *All residents have the potential to be affected. *Beginning December 6, 2022, the Quality Improvement Nurse (QIN) immediately initiated in-services with Registered	1/6/23

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M 615	Continued From page 2 treatment for Resident #1. Resident # 1 received daily wound care treatments with air mattress function checks every shift. On 10/12/22 Resident #1's wound was assessed again by NP #1 who documented the area as an unstageable pressure ulcer and changed the treatment order for Resident #1. On 10/16/22, the wound status was identified as deteriorating. New orders for antibiotics and laboratory tests for Resident #1 were ordered by NP #1 on 10/17/22. On 10/20/22, Resident #1 was admitted to Hospital #1 for diagnosis of wound sepsis. The State Agency (SA) identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) that began on 10/16/22 when the facility failed to ensure pressure ulcers did not worsen and failed to provide treatment and services that were required to prevent the worsening of pressure ulcers. This placed Resident #1 in a situation that has caused serious harm, injury and impairment and is likely to cause serious harm, injury, impairment or death for others at risk. On 12/6/22, at 3:00 PM, the SA notified the Quality Improvement Nurse (QIN) and Director of Nurses (DON) of the IJ and SQC and provided the facility with the IJ templates. The facility submitted an acceptable Removal Plan on 12/7/22, in which they alleged all corrective actions to remove the IJ were completed on 12/6/22 and IJ removed on 12/7/22. The SA validated the Removal Plan on 12/9/22, and determined the IJ was removed on 12/7/22, prior to exit. Therefore, the scope and severity of CFR 483.25 (b)(1)(i)(ii) Treatment/services To Prevent/heal Pressure Ulcers (F686) was lowered from a "J" to a "D", while the facility develops a	M 615	Nurses, Licensed Nurses, and the Director of Nursing on Pressure Ulcer and Prevention Treatment Intervention Guidelines, staging of Pressure Ulcer, Weekly Body Audits and wound assessment. In-services will be on-going, and no employee with be allowed to work until participation of the in-services are completed. The facility Quality Assurance Committee meeting was held on December 6, 2022, with the committee consisting of the facility Director of Nursing, Medical Director via phone, Infection Preventionist, Administrator via phone, Activities, Transportation, Social Services, Assessment Nurse, Treatment Nurse, Speech Therapist, Medical Records, and Charge Nurse with discussion on policies titled Pressure Ulcer and Prevention Treatment Intervention Guidelines, Staging of Pressure Ulcer, and Weekly Body Audits. No changes to the policies were made by the committee. The facility made procedural changes on December 6, 2022, to include anyone that identifies a concern with an air mattress will notify maintenance and complete the maintenance work order. *The Facility Administrator started checking the air mattresses on 12/9/22 and will continue to check air mattress devices weekly for four weeks and monthly for three months to ensure proper function. The Director of Nursing started assessing wounds on 12/6/22 and will continue to assess excoriation/irritation and staged wounds weekly for four weeks	

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M 615	Continued From page 3 plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings include: Record review of the facility's "Staging of Pressure Ulcer" policy and procedure, last review date of 08/21, revealed an unstageable pressure ulcer as "Unstageable due to slough and/or eschar: full thickness tissue loss in which to base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed." The "Definition of a pressure ulcer: A pressure ulcer is localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction. A Registered Nurse shall stage pressure ulcers." Interview with the Resident Representative (RR) and complainant on 11/30/22 at 4:31 PM, revealed he does have copies of the hospital records. There are photos of the sacrum wound. He stated the resident was sent to the hospital 10/20/22. He is now in another facility. He had "never" been told by the facility that his father had a wound on his "butt". The medical doctor (MD) at the hospital had to clean the wound "down to the bone". The family is now looking for a new nursing home. He stated he does not want his father to back to this facility. Record review of the Facesheet for Resident #1 revealed he was admitted to the facility on March 22, 2017, with a diagnosis of Diabetes Mellitus, Dementia, Hypertension and Benign Prostatic Hypertrophy, and Osteoarthritis.	M 615	and monthly for three months for an appropriate staging and notification to physician of deteriorating wounds. The Quality Assurance committee on met on 12/6/22 and 12/29/22 to address findings. The Quality Assurance Committee will address concerns identified from the reviews by the Director of Nursing and Administrator and evaluate the completed reviews monthly for four months and make recommendation or changes as needed. The Quality Assurance Committee will meet monthly on the 24th of each month or there about for four months to monitor all policies to ensure compliance until resolved.	

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Record review of Resident #1's October 2022 electronic Treatment Administration Record (ETAR) described this wound as an excoriation from 10/8/22 through 10/12/22 and then an open area from 10/13/22 through 10/20/22.

Record review of the Nurse Practitioner (NP) Progress note dated 10/7/22 describes this sacral area as a Stage 2 pressure ulcer measuring 2.5 centimeter (cm) X (by) 8 cm X 0.1 cm.

Record review of a nurses note by Licensed Practical Nurse (LPN) #3 dated 10/8/22 at 8:04 AM documented this area as an excoriation.

Record review of "Physician Orders List" page 2 of 2 dated 10/8/22 revealed "Clean with normal saline, pat dry, apply zinc and cover with foam dressing daily until healed. Continue the air mattress." Resident #1 received a new order for an air mattress on 3/7/22 per Physician #1.

Record review of the NP Progress Note dated 10/12/22, revealed an evaluation due to treatment nurse reporting area to sacrum worsening. The NP then stages this wound in her progress note as an unstageable pressure ulcer. The NP discontinued the order from 10/7/22 and ordered the treatment nurse to clean the wound with normal saline, pat dry, apply santyl, calcium alginate, cover with foam dressing daily. The measurements were 7.0 cm X 7.0 cm X 0.1cm.

Record review of Physician Orders List revealed an order dated 10/12/22 identifying the area as "open area" to the right and left buttocks.

Record review of a Physician Orders List revealed an order dated 10/17/22 revealed an order for Cleocin HCL 300 milligram (MG) (1)

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three times a day (TID) X 10 days, Cipro 500 MG (1) twice a day (BID) X 10 days to start on 10/18/22, obtain a Complete Blood Count (CBC) the week of 10/16/22.

Record review of the Departmental Notes for Resident #1 beginning 10/8/22 revealed resident has an "excoriated area to resident's buttocks" and a treatment was initiated. Departmental Note dated 10/12/22 at 3:26 PM reveal that the wound Medical Doctor (MD) and Certified Nurse Practitioner have new orders for the "wounds" to resident #1's buttocks. On 10/19/22, at 1:50 PM it is noted that resident continues his antibiotics. It is noted that he has a lower blood pressure (BP), increased heart rate and twitching "more than usual". 10/20/22 at 9:59 AM, LPN #2 documented that he has weaker strength, difficulty swallowing medications and pocketing medications. RN #1 assessed resident and documented "excessive spasm, jerking motion to all extremities" and that Resident #1. RN #1 contacted the NP and gave report along with the results of the CBC. NP ordered Resident #1 be sent to the Emergency Room (ER) for evaluation. Responsible Party (RP) notified.

Record review of the Discharge Summary provided by the local hospital for Resident #1 revealed ...Page 2 "Sepsis from Stage IV decubitus ulcer with infection" and "patient has sacral decubitus ulcer, foul smelling odor. Patient with eschar over sacral ulcer ... Page 3 revealed assessment by wound care consultant, foul smelling, boggy eschar noted to sacral area. Page 4 revealed debridement 10/26/22, debridement of skin, subcutaneous tissue, muscle and fascia 90 square(sq) cm, application of wound VAC. Page 5 revealed large sacral pressure ulcer with the base of the wound

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measuring 6 cm X 15 cm. The skin, subcutaneous tissue, muscle and fascia is necrotic all the way to the sacral bone and undermining the skin superiorly another 3 cm and extending inferiorly to the top edge of the anus".

Interview with the DON on 11/30/22 at 3:20 PM, revealed "I never looked at the area. We have pictures of it. His skin is so dark that there were black areas, but it was excoriation."

Interview with the DON on 11/30/22 at 3:40 PM, revealed "Since it was an excoriation, we do not have photos. We do not take photos of excoriations."

Interview with the DON on 12/1/22 at 1:40 PM, revealed the facility does not have a specific policy/procedure for excoriations. "I did see (Resident #1) a week before he went to the hospital. I saw slough and that is when the order changed to Santyl. Yes, the diagnosis should have changed from excoriation." She stated the Nurse Practitioner (NP) ordered the Santyl and Calcium Alginate. "When I saw it, it was on both butt cheeks. There was scattered areas of slough and redness and black areas on top layer of African American skin peeling. The drainage was yellow. I would not call the black areas necrosis."

Interview with the Director of Nurses (DON) on 12/5/22 at 11:00 AM, revealed she was aware of Resident #1 having air mattress issues. "It was replaced twice that I know of. It would deflate and not reinflate on those 2 times I recall it was changed".

Interview with the Nurse Practitioner (NP), on 12/5/22 at 1:00 PM, revealed she recalled she saw Resident #1's sacral area on 10/7/22. "It was

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a small open area. I would describe a Stage 2. I will tell the nurses when I'm rounding what the pressure ulcers are staged but I always thought the Registered Nurses (RN's) will stage pressure ulcers as well". She stated there was no slough or drainage at that point and was a small open area. "I saw it the next week because the staff reported a decline. It was 100% slough and had worsened. That's when I ordered the Santyl and Calcium Alginate. We started Cleocin, Cipro and ordered a CBC (Complete Blood Count). I believe they sent him out when they got the CBC results. It was unstageable when I started the Santyl and ordered the Cleocin." She revealed she had been out of the facility during the week Resident #1 was sent to the hospital due to a personal illness. "I do expect the facility to stage wounds appropriately." She stated that since Resident #1 went into the hospital on 10/20/22, the facility has completed a 100% body audit on all residents. "There have been times we haven't seen eye to eye with wound staging. They might not agree with the stage I give when staging pressure ulcers."

Interview with the Director of Nurses (DON) on 12/5/22 at 1:05 PM, when asked by the State Agency (SA) about the malfunctioning of Resident #1's air mattress she responded that she, the Administrator, and maintenance looked at the air mattress but unable to recall the date. She stated that maintenance had changed the air mattress out "a couple of times" but did not recall the specific dates.

Interview with the maintenance employee on 12/5/22 at 1:55 PM revealed when he began employment in august 2022 he recalled there were issues with Resident #1's mattress. He stated he changed out the outlet in the room "a

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couple of times" and recalled that the air mattress was changed out 1 time.

Interview with Staff Member #1, on 12/5/22 at 3:10 PM, revealed that she was making rounds on 10/20/22. She noted there was a Certified Nurse Aide (CNA) feeding Resident #1 breakfast. She stated "His eyes were locked on the ceiling. He was pocketing his food. His body was jerking every couple minutes. There was a meeting at 9:00 AM. I told them then someone needed to look at him. Staff member #2 said to the group 'y'all gonna wait around until he dies. Staff member #2 picked up his lab and gave it to Registered Nurse (RN) #1 and he went to the hospital that day. That odor was there for a week. She said the staff in the admission meeting was Staff Member #2, RN #1, DON, and the Administrator. She stated "When I said he needed to be checked when in that meeting, it was just crickets. No one said a thing."

Interview on 12/5/22 at 3:25 PM, with the primary Medical Doctor (MD) revealed he was the primary physician for Resident #1. MD #2 stated he was unaware of Resident #1's wound decline until he got to the hospital on 10/20/22. "If there was an odor to that wound, he should have been sent out earlier than 10/20/22. Not staging a wound in orders or notes is a problem. When there's an odor, the treatment has to be more aggressive, such as intravenous (IV) antibiotics, debrided and put in the hospital. Someone should have called me to let me know there was a problem, called me to admit him to the hospital for evaluation. I have a problem that nurses knew it was, what was needed and afraid to tell. There are communication problems there. It's been that way for a while. I didn't know there was a problem until he got to the hospital."

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M 615	Continued From page 9 Interview with Staff Member #2 on 12/6/22 at 2:05 PM, by phone revealed that she went into Resident #1's room on 10/20/22. She didn't see him because there was a CNA providing care but could smell him. She stated, "He smelled like rotting, dead flesh." She stated she went into the morning stand up meeting and told the participants that "if they didn't get him sent to the hospital soon that he was going to die in that room. I remember Staff Member #3 saying something to me about the wound smell." I also asked CNA #2 about him too. I went to the copy room and saw some lab work on him and took it straight to the charge nurse. His white blood count (WBC)'s was elevated and that let me know something was going on with him." Interview with Staff Member #3, on 12/6/22 at 2:15 PM, revealed that when she returned to work and worked her schedule from 10/13/22 through 10/20/22, she said that Resident #1 smelled like "rotting flesh". She stated she reported it to the agency nurses during that time. Interview with CNA #2 on 12/7/22 at 10:25 AM revealed "there were times when I was assigned to him, I would find the air mattress was deflated a couple of times but maintenance would replace it or fix it." Interview with CNA #3 on 12/7/22 at 12:05 PM revealed that when she was assigned to Resident #1 "I found his air mattress deflated 2-3 times. We talked about him laying on the rails." CNA #3 confirmed to the State Agency (SA) that when she said Resident #1 was "lying on the rails" lyin if she meant g on the bed frame. She stated she made rounds every two (2) hours and that it could have been possible Resident #1 would be lying	M 615		

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on the deflated mattress and on the bed frame for the time frame in between her rounds. She stated she had "tried plugging and unplugging it to make it work but it would not." She did confirm that she told the administrator and her regional supervisor that was in the administrator's office at that time. She stated that the Regional Supervisor said he had told maintenance to check the electrical outlets.

Removal Plan:

On December 6, 2022, at 3:00 pm State Agency notified the Director of Nursing that the facility was in Immediate Jeopardy (IJ) and templates were provided to the Director of Nursing.

The facility failed to ensure Resident # 1 was free of neglect by failure to provide services to prevent an acquired pressure wound. The facility failed to implement preventative measures to prevent a facility acquired wound for Resident #1.

The facility failed to follow and implement a care plan with interventions for preventative measures to prevent a facility acquired wound for Resident #1.

The facility failed to provide routine and consistent wound care, wound assessments, wound documentation, and trained staff for Resident #1.

The facility failed to sustain and address systems in care and management through the Quality Assurance and Performance Improvement committee related to wound and skin care and ensure care and services delivered met standards of quality.

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M 615	Continued From page 11 The facility failed to ensure licensed nurses had knowledge, competencies and skill sets to provide routine and consistent wound care, wound assessments, wound documentation, appropriate staging of Pressure Ulcers, and trained staff for Resident #1. Corrective Actions: 1. Seventy residents were assessed with eleven residents identified by Director of Nurses as having excoriation/irritation or staged wounds on December 5, 2022. Seventy residents were assessed with twelve residents identified by Director of Nurses as having an air mattress device. · On December 6, 2022, Director of Nurses reviewed all eleven of seventy active resident records for a decline in wound status and for appropriate staging. Of the eleven residents identified with excoriation/irritation or staged wound, three were newly identified with excoriation/irritation and three were newly identified as a staged wounds and three were existing with excoriation/irritation and two were existing with staged wounds. Physicians, Resident Representatives notified of new wounds and new orders obtained for the new wounds. No significant findings were identified on all eleven of seventy active residents assessed. · On December 6, 2022, Director of Nurses reviewed all twelve of seventy active residents to identify functioning of air mattress device. No significant findings identified on all twelve of seventy active residents which required have an air mattress device · On December 6, 2022, Director of Nurses reviewed all twelve of seventy active records to ensure intervention of air mattress and function	M 615		

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	22GH	A. BUILDING: _____ B. WING _____	C 12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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checks were present on care plan. No significant findings were identified on all twelve of seventy active residents care plans which were identified to have an air mattress device. Three records were newly identified with excoriation/irritation for implemented care plans and three records were newly identified as staged wounds for implemented care plans.

2. Quality Improvement Nurse (QIN) immediately initiated in-services with Registered Nurses and Director of Nursing on December 6, 2022, on Pressure Ulcer and Prevention Treatment Interventions Guidelines, Staging of Pressure Ulcers, Weekly Body Audits and wound assessments. In-services were initiated on December 6, 2022, by DON and QIN with Registered Nurses, Licensed Nurses, Certified Nurse Aides, Temporary Nurse Aides, Dietary staff, Housekeeping and Laundry staff, Activities, Social Services and Office staff on Seven Components of Abuse and Neglect, Quality of Care, Change in Resident Medical Status, Resident Rights and Low Air Loss Mattress. In-services were initiated on December 6, 2022, by DON and QIN with Registered Nurses, Licensed Nurses, Certified Nurse Aides, and Temporary Nurse Aides on Care Plan Process. In-services will be on-going, and no employee will be allowed to work until participation of the in-services are completed.

3. The facility Quality Assurance Committee Meeting was held on December 6, 2022, with the committee consisting of facility Director of Nurses, Medical Director via phone, Infection Preventionist, Administrator via phone, Activities, Transportation, Social Services, Assessment Nurse, Treatment Nurse, Speech Therapist, Medical Records and Charge Nurse. Topics

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discussed included Federal Tags F600, F656, F686, F865, F726, and Seven Components of abuse and neglect, Resident Rights, Quality of Care, Change in Resident Medical Status, Care Plan Process, Pressure Ulcer Prevention and Treatment Intervention, Weekly Body Audits, Staging of Pressure Ulcers, Low Air Loss Mattress, no policy changes were made, however, facility made procedural changes on December 6, 2022, to include that anyone that identifies a concern with an air mattress will notify maintenance and complete the maintenance work order. Director of Nurses (DON) will assess excoriation and staged wounds weekly for appropriate staging and notification to physician of deteriorating wounds for further orders. Facility Administrator will check air mattress devices weekly to ensure proper function in addition to licensed staff checks each shift.

4. DON received additional training via learning management software on December 6, 2022, titled Wound Care Guidelines Pathway 2022.

5. The following agencies were notified on December 6, 2022: The Mississippi State Department of Health Abuse Hotline was called at 3:55pm by Regional #1. The Office of the Attorney General was notified online at 6:31pm by Regional #1. The local Police Department was called at 3:38pm by DON.

The facility alleges that all corrective actions to remove the IJ were completed on December 6, 2022, and the IJ was removed on December 7, 2022.

The SA validated the Removal Plan on 12/9/22.

Validation:

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M 615	Continued From page 14 1. Based on record reviews, observations and interviews on 12/9/22, the facility did a 100% skin assessment on all residents present in the facility on 12/5/22. Interviews with the QIN and DON on 12/9/22 revealed that 11 residents were identified by the DON having either excoriations/ irritation or staged wounds. Interviews, record reviews and observations revealed that 12 residents were identified by the DON as having air mattress devices. Based on record reviews and interviews, there were three (3) residents newly identified with excoriations or irritations and 3 were newly identified as having staged wounds. Record reviews revealed the Medical Doctors (MD) and Responsible Party (RP) of residents were notified of the new skin areas noted with new orders. Record review and interview revealed the DON reviewed the 12 residents on air mattress devices. The DON did not observe significant findings on the 12 residents with air mattress devices. Record review and interview confirmed that on 12/6/22, the DON reviewed the care plans of the 12 residents on air mattress devices to ensure the interventions included the air mattress and function checks were present. No significant findings were identified. The DON confirmed on 12/9/22 that she reviewed the 3 records of newly identified residents with excoriations/irritations and the 3 residents that were newly identified as having staged wounds. 2. Based on record reviews and interviews on 12/9/22, it was confirmed that the QIN had initiated an in-service with the Registered Nurses (RN) and Director of Nurses (DON) on 12/6/22. These in-services included information on Pressure Ulcer and Prevention Treatment Interventions Guidelines, Staging of Pressure Ulcers, Weekly Body Audits and wound	M 615		

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assessments. Record review and interviews confirmed that in-services were initiated on December 6, 2022, by DON and QIN with Registered Nurses, Licensed Nurses, Certified Nurse Aides, Temporary Nurse Aides, Dietary staff, Housekeeping and Laundry staff, Activities, Social Services and Office staff on Seven Components of Abuse and Neglect, Quality of Care, Change in Resident Medical Status, Resident Rights and Low Air Loss Mattress. Interviews and record review confirmed that in-services were initiated on December 6, 2022, by DON and QIN with Registered Nurses, Licensed Nurses, Certified Nurse Aides, and Temporary Nurse Aides on Care Plan Process. Interview and record review confirmed that these in-services will be on-going, and no employee would be allowed to work until participation of the in-services were completed.

3. Record reviews and interviews on 12/9/22 confirmed that the facility Quality Assurance Committee Meeting was held on December 6, 2022, with the committee consisting of facility Director of Nurses, Medical Director via phone, Infection Preventionist, Administrator via phone, Activities, Transportation, Social Services, Assessment Nurse, Treatment Nurse, Speech Therapist, Medical Records and Charge Nurse. Interviews and record review confirmed that the topics discussed included Federal Tags F600, F656, F686, F865, F726, and Seven Components of abuse and neglect, Resident Rights, Quality of Care, Change in Resident Medical Status, Care Plan Process, Pressure Ulcer Prevention and Treatment Intervention, Weekly Body Audits, Staging of Pressure Ulcers, Low Air Loss Mattress and there were no policy changes made. Record review and interviews did confirm that the facility made procedural changes on

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M 615	Continued From page 16 December 6, 2022, to include that anyone that identifies a concern with an air mattress will notify maintenance and complete the maintenance work order. Record review and interview confirmed that the Director of Nurses (DON) will assess excoriation and staged wounds weekly for appropriate staging and notification to physician of deteriorating wounds for further orders and that the Facility Administrator will check air mattress devices weekly to ensure proper function in addition to licensed staff checks each shift. 4. Record review and interviews with the DON and QIN on 12/9/22 confirmed that the DON received additional training via learning management software on December 6, 2022, titled Wound Care Guidelines Pathway 2022. 5. Interviews and record reviews with the QIN and DON on 12/9/22 confirmed that the following agencies were notified on December 6, 2022: The Mississippi State Department of Health Abuse Hotline was called at 3:55pm by Regional #1. The Office of the Attorney General was notified online at 6:31pm by Regional #1. The local Police Department was called at 3:38pm by DON.	M 615		