| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255303 | A. BUILDING _____ B. WING _____ | 01/19/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIAR HILL REST HOME | 1201 GUNTER ROAD FLORENCE, MS 39073 |

| (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 |
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| F 000 | INITIAL COMMENTS<br><br>The State Agency (SA) conducted an annual recertification survey and complaint investigation, (CI) MS #20293 at the facility from 01/17/23 through 01/19/23. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F690. The SA was unable to determine noncompliance for MS #20293 and no deficiencies were cited related to the complaint.<br><br>The facility held a license for 60 beds and had a census of 49 at the time of the survey. | F 000 | | |
| F 690 SS=D | Bowel/Bladder Incontinence, Catheter, UTI<br>CFR(s): 483.25(e)(1)-(3)<br><br>§483.25(e) Incontinence.<br>§483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.<br><br>§483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-<br>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;<br>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and | F 690 | | 2/15/23 |

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

Electronically Signed | 02/03/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 690 | Continued From page 1<br>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.<br><br>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interviews, record reviews, and facility policy review,the facility failed to provide incontinent care in a manner to prevent possible urinary tract infections for one (1) of five (5) observations of incontinent care. Resident #49.<br><br>Findings include:<br><br>Review of the facility's policy, "Incontinent Care," undated, revealed, "To provide routine, preventative skin, perineal care to residents after an incontinent episode ...When washing perineal area, wash the perineal area from front to back. For the male resident retract the foreskin while using clean area of the washcloth or adult wipes for each stroke ..."<br><br>During an observation of incontinent care on 1/17/23, at 11:33 AM, Certified Nurse Aide (CNA) #1 failed to use a clean area of the adult wipe while cleaning the penis of Resident #49. CNA #1 cleansed the resident's scrotum with an adult wipe by wiping several times with the same wipe, then used the same wipe and same area of the | F 690 | 1. Immediate Action taken for the resident found to have been affected include: The Certified Nursing Assistant identified was immediately in-serviced by the Staff Development Coordinator on 1/17/2023 concerning the Facility's Practice Guideline and Procedure for Perineal Care. The Resident involved was assessed by the Interim Director of Nursing Services on 1/17/2023 to assure no negative outcomes or harm had occured. No negative outcomes were found.<br><br>2. Identification of other Residents having the potential to be affected was accomplished by: The Facility has determined that all Residents that have been identified according to Section H of the Minimum Date Set have the potential to be affected by this deficient practice.<br><br>3. Actions Taken/Systems put into place to reduce the risk of future occurrence include: All Certified Nursing Assistants | |

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| F 690 | Continued From page 2<br>wipe to cleanse the head of Resident #49's penis.<br><br>During an interview on 1/19/23, at 11:00 AM, CNA #1 confirmed while providing perineal care to Resident #49, she failed to change the area of the adult wipe to clean the resident's penis after cleansing his scrotum. CNA #1 confirmed this could cause Resident #49 to get an infection.<br><br>Review of the facility's checkoff, "Incontinent & or Catheter Care of Observation" dated 11/17/22, revealed CNA #1 was trained to change area of wash cloth or wipe for each stroke when providing incontinent care.<br><br>Record review of the medical records for Resident #49 on 1/17/23, revealed the resident did not have an infection and was not receiving an antibiotic at that time.<br><br>During an interview on 1/19/23 at 12:29 PM, the Director of Nursing (DON) confirmed CNA #1 should have changed the adult wipe after cleansing the scrotum, before cleaning the head of the penis of Residents # 49. The DON confirmed that this action could possibly cause a urinary tract infection.<br><br>During an interview on 1/19/23 at 2:47 PM, License Practical Nurse (LPN) #2 confirmed CNA #1 should have changed the wipe after cleansing the scrotum of Resident #49, as cleansing the penis with the same wipe could cause urinary tract infections.<br><br>During an interview on 1/19/23 at 2:53 PM, LPN #1 confirmed she expected the staff to cleanse Resident #49's perineal area in a manner to prevent infection. LPN #1 confirmed Resident #49 | F 690 | and Licensed Nurses (Including Registered Nurses and Licensed Practical Nurses) were In-serviced on the Facility's Perineal Care Policy. This In-Service was performed by the Staff Development Coordinator beginning on January 23, 2023. In-service training included observation that each Certified Nursing Assistant and each Licensed Practical Nurse and Registered Nurse performing the procedure. A Validation Checklist was completed for each individual observed to determine if the individual was performing the procedure correctly. Findings have been reviewed with each Certified Nursing Assistant and each Licensed Nurse (Including Registered Nurses and Licensed Practical Nurses) and Corrective Actions were provided if needed.<br><br>4. How the corrective action will be monitored to ensure this deficient practice will not recur: The Staff Development Coordinator will continue in-servicing Nursing Services (to include all Certified Nursing Assistants, Registered Nurses and Licensed Practical Nurses) which began on 1/23/2023, on the Facility's Perineal Care Policy and observe demonstration of the procedure. This began on 1/23/2023 and will be done once a week for 2 months. Validation Checklists will continue to be completed on each individual's performance of the policy. This will continue once a week for 2 months. Validation Checklists will be reviewed by the Quality Assessment and Assurance Committee beginning | |

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| F 690 | Continued From page 3<br>is high risk for infection due to his diagnosis of Diabetes Mellitus and End Stage Renal Disease (ESRD).<br><br>Record review of the facility "Face Sheet" revealed the facility admitted Resident #49 on 12/13/22, with the diagnoses that included End Stage Renal Disease (ESRD) and Diabetes Mellitus (DM).<br><br>Record review of the admission Minimum Data Set (MDS) with the Assessment Reference Date (ARD) of 12/19/22, revealed Resident #49 had a Brief Interview for Mental Status (BIMS) score of 11, which indicated Resident #49 had moderate cognitive impairment. Section H revealed Resident #49 is always incontinent of bowel and bladder. | F 690 | 2/06/2023 until such time consistent substantial compliance has been achieved as determined by the Quality Assessment and Assurance Committee. | |