STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255316	A. BUILDING _____ B. WING _____	01/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GROVE	11 PECAN DRIVE COLUMBIA, MS 39429

(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 survey at the facility on 1/8/23 through 1/11/23. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F550 and F881. The facility was licensed for 86 beds and had a census of 81 at the time of the survey.	F 000		
F 550 SS=E	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her	F 550		2/3/23

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

Electronically Signed | 01/31/2023

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F 550	Continued From page 1 rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review, and facility policy review, the facility failed to ensure resident rights were honored by prohibiting residents from group activities and restricting resident use of common areas of the facility without clinical justification for three (3) of 18 sampled residents, with the potential to affect 62 residents. Residents # 3, #4, and #45 Findings include: Record review of the facility's policy, "Resident Rights Policy," updated 9/5/15, revealed, "It is the policy of this facility that resident rights will be addressed as follows: ...Exercise rights ...Each resident will be able to exercise his/her rights as follows: As a resident in this facility... 2. To voice grievances to: ...State Department of Health ..." Resident #3 On 1/08/23 at 11:25 AM, during an observation and interview with Resident #3, he was dressed and sitting in his room with the door open.	F 550	1. Address how corrective actions will be accomplished for those residents found to have been affected by the deficient practice: A. On 1/8/23 the Director of Nurses (DON) spoke with all staff who were working on the affected wing and informed them that only COVID-19 positive residents had to quarantine in their rooms, everyone else on the wing could come and go as they please within the facility. B. On 1/8/23 the DON also met with each resident who was COVID-19 negative and informed them that they did in fact have the right to come out of their room and go to activities, the dining room, lobby area, etc. 2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice: A. The facility has identified that any resident with a roommate that has tested	

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F 550	Continued From page 2 Resident #3 revealed that because his unit of the facility has COVID-19 positive residents, the facility has prohibited the COVID-19 negative residents from having group activities by restricting the use of common areas. A record review of the "Face Sheet" of Resident #3 revealed the resident was admitted by the facility on 5/27/22 with diagnoses including Rheumatoid Arthritis, Heart Disease, and Type 2 Diabetes Mellitus. A record review of Resident #3's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/21/22, revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated he was cognitively intact. Resident #4 On 1/08/23 at 11:45 AM, during an interview with Resident #4, the State Agency (SA) observed Resident #4 dressed and sitting in her room. She confirmed that since her unit has COVID-19-positive residents, the facility has restricted the COVID-19 negative residents from entering the common areas in the facility. A record review of the "Face Sheet" revealed the facility admitted Resident #4 on 3/22/19, with diagnoses including, Acute kidney Failure, Type 2 Diabetes Mellitus, and Heart Failure. A record review of Resident #4's Quarterly MDS with an ARD of 11/21/22, revealed a BIMS score of 15, which indicated she was cognitively intact. Resident #45 On 1/08/23 at 11:55 AM, during an interview with Resident #45, she revealed that the facility has	F 550	positive for COVID-19 and/or resides on a wing where residents are being quarantined for COVID-19 have the potential to be affected. 3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: A. On 1/9/23 the DON began doing an in-service with staff members across all departments concerning the importance of observing the rights of residents who do not require quarantining due to a contagious illness. She completed in-servicing all staff members on 1/13/23. B. On 1/24/23 the Administrator amended the policy titled "Covid-19 Outbreak Plan" to include specific language on how to treat a negative roommate of a COVID-19 positive resident as well as any negative resident that resides on the same wing as a COVID-19 positive resident. 4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained: A. On 1/13/23, the interdisciplinary team (IDT) added to its daily meetings a time to discuss any resident who may have tested positive for COVID-19. During these meetings we will ensure that the team knows that every other resident who is not positive for COVID-19 has the right to move about freely in the facility. This will be ongoing. B. Beginning 1/13/23, the Social Worker will follow up with any negative roommate of a COVID-19 positive resident as well as any negative resident that resides on the	

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F 550	Continued From page 3 required that she remain on her unit and not enter the common areas in the facility, because there are COVID-19 positive residents on her hall. A record review of the "Face Sheet" revealed the facility admitted Resident #45 on 11/19/17 with diagnoses including Essential hypertension, Chronic Kidney Disease, and Type 2 Diabetes Mellitus. A record review of Resident #45's Quarterly MDS with an ARD of 10/10/22, revealed she had a BIMS score of 15, which indicated she was cognitively intact. On 1/08/23 at 12:05 PM, an interview with Certified Nurse Assistant (CNA) #1, working on the south unit of the facility, confirmed the facility had restricted both COVID-19 positive and negative residents from exiting the unit and going to any common areas in the facility. On 1/09/23 at 9:25 AM, during an interview with License Practical Nurse (LPN) #1 confirmed the south unit has several residents that are COVID-19-positive. LPN #1 revealed she was informed by the Director of Nursing (DON) and Infection Preventionist (IP) that the residents that are COVID-19 negative, as well as the COVID-19 positive residents were to remain on the unit and not allowed to exit to common areas in the facility. On 1/09/23 at 12:15 PM, an interview with the IP confirmed there were both COVID-19-positive and negative residents on the south unit. The IP revealed to keep COVID-19 from spreading throughout the facility, she felt it would be best to prevent the negative residents on that unit from entering the common areas.	F 550	same wing as a COVID-19 positive resident to ensure that they know they are able to come out of their room whenever they want to. We will end this practice once we are out of outbreak status and resume when we are back in outbreak status. C. Beginning 1/13/23, the Activities Director will also monitor any negative roommate of a COVID-19 positive resident as well as any negative resident that resides on the same wing as a COVID-19 positive resident for any change in their normal routine, to ensure they know they may continue coming out of their room and attend activities. We will end this practice once we are out of outbreak status and resume when we are back in outbreak status. D. This plan of correction will be brought before the Quality Assurance & Performance Improvement Council on 2/3/2023 and integrated into our Quality Assurance system at this time. 5. Indicate the date the corrective actions will be completed: A. These actions will be completed on 2/3/2023.	

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F 550	Continued From page 4 On 1/09/23 at 12:25 PM, an interview with the DON revealed she had requested the residents in the south unit, who are COVID-19 negative to remain within the unit, to avoid the spread of COVID-19 to other areas of the facility. The DON confirmed she informed her staff that COVID-19 negative residents should avoid the common areas within the facility. On 1/09/23 at 12:30 PM, an interview with the Administrator revealed his expectation is that COVID-19 negative residents are allowed to enter the common areas in the facility.	F 550		
F 881 SS=D	Antibiotic Stewardship Program CFR(s): 483.80(a)(3) §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to implement its protocol for antibiotic use and thereby failed to prevent the unnecessary and inappropriate antibiotic use for one (1) of five (5) residents reviewed for unnecessary medications. Resident #78. Findings Include:	F 881	1. Address how the corrective action will be accomplished for those residents found to have been affected by the deficient practice: A. The Infection Preventionist (IP) is responsible for reviewing all antibiotics that are ordered in the facility. On this particular day the IP was absent from work when the second antibiotic was ordered.	2/3/23

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F 881	Continued From page 5 Review of the facility's, "Antibiotic Stewardship Policy" revised 9/9/22, revealed, "It is the policy of this facility to observe the practice of Antibiotic Stewardship to monitor antibiotic use in the care and treatment of our residents. It is our goal to promote appropriate selection and use of antibiotics ... Monitoring for accountability of provider and staff for following acceptable criteria (McGreer criteria) for initiation and continued treatment with an antibiotic ... As part of the Antibiotic Stewardship Program, all clinical infections treated with antibiotics will undergo review by the infection preventionist (IP) ..." Review of the facility's, "ESBL (Extended-Spectrum Beta-Lactamases) or VRE (Vancomycin Resistant Enterococci) in Urine Protocol," updated 3/28/22, revealed, "In the event a urinalysis is positive for ESBL or VRE the facility will follow the steps of this protocol. Implement contact precautions and complete antibiotic treatment as ordered by the provider. Communicate current or recent treatment to provider and no follow-up urinalysis ..." Record review of the "Physicians Orders" for Resident #78, revealed a physician's order dated 12/20/22, for Macrobid 100 mg (milligrams) by mouth twice a day for ten days related to urinary tract infection (UTI). Record review of the result of the facility's, "Urine Culture," dated 12/22/22, revealed Escherichia Coli (ESBL). Record review of the Resident # 78's "Physicians Orders" dated 12/22/22, revealed the Nurse Practitioner ordered Augmentin 500-125 mg by mouth twice a day for seven (7) days related to	F 881	B. When the mistake was discovered on 1/11/23, the facility began monitoring the resident for any possible side effects of being on multiple antibiotics at the same time. No adverse affects were noted. C. The Administrator counseled the Director of Nurses (DON) on 1/30/2023 about the importance of reviewing all antibiotics that are ordered during a time when the IP is absent. 2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice: A. Any resident who has multiple infections going on at the same time has the potential to have an additional antibiotic ordered and therefore may be affected in the same way. 3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: A. The Interdisciplinary Team (IDT) will host a weekly ongoing phone call beginning on 1/26/2023 with the Medical Director to discuss the current infections/antibiotics within the facility. B. The policy titled "Antibiotic Stewardship Policy" was amended to include language that states, 'When a nurse calls a physician/prescriber to communicate a suspected infection, provide the following information to assist him in prescribing the appropriate medication...If the resident is currently on an antibiotic.' C. The IP will continue to monitor each infection & antibiotic that is ordered within the facility.	

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F 881	Continued From page 6 UTI. Record review of the facility's, December 2022 "Medication Administration Record (MAR)" confirmed Resident #78 received Macrobid 100 mg twice a day for 10 days for UTI and Augmentin 500-125 mg twice a day for seven (7) days for UTI. Record review of the "Departmental Notes," revealed a nurses note dated 12/20/22, at 10:18 AM, of a monthly telemedicine visit with the Medical Doctor, in which a Licensed Practical Nurse (LPN) reviewed the U/A (Urinalysis) results for Resident #78 and received a new order for Macrobid 100 mg to be given twice a day for 10 days for UTI. Record review of the "Departmental Notes," revealed a nurses note dated 12/23/22, at 2:31 PM, of documentation by a LPN that Resident #78 continued to receive both Augmentin 500-125 mg and Macrobid 100 mg orally twice a day. Record review of the facility's, "Revised McGeer Criteria for Infection Surveillance Checklist," dated 12/29/22, revealed Resident #78 met UTI criteria. Registered Nurse (RN) #2 reviewed the checklist nine (9) days after Resident #78 began taking antibiotics. During an interview on 1/11/23, at 10:00 AM with RN #2, she confirmed she is the Infection Preventionist (IP) for the facility. The IP revealed that she was off during the time Resident #78 was on antibiotic therapy. The IP said she is responsible for initiating the McGee's tool when a resident is placed on an antibiotic. She stated the Director of Nursing (DON) monitors the antibiotics	F 881	D. The DON will monitor each infection & antibiotic that is ordered within the facility in the event the IP is absent. E. An in-service was held on 1/26/23 & 1/27/23 with all nurses on our "Antibiotic Stewardship Policy" including the importance of notifying the Nurse Practitioner/ Medical Doctor of a resident's current medications when assisting him with a prescribing decision. 4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained: A. The IP will continue to monitor all antibiotics that are ordered. This monitoring will take place daily, Monday thru Friday, beginning on 1/16/23. B. During the weekly call between the IDT and our Medical Director, antibiotic usage will be discussed and if a resident is receiving an unnecessary medication it will be addressed at this time, these calls will be ongoing. C. Beginning 1/12/23, each week during our Quality Assurance & Performance Improvement (QAPI) Team Meeting our IP will go over all of the current infections/antibiotics that we have. This will give us an opportunity to monitor our interventions to see if we have had any excessive antibiotics ordered. This will be an ongoing intervention. D. This plan of correction will be brought before the QAPI Council on 2/3/2023 and integrated into our QA system at this time. 5. Indicate the date the corrective actions will be completed: A. These actions will be completed on 2/3/2023.	

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F 881	Continued From page 7	F 881		

when she's off. The IP confirmed she initiated the tool when she returned. She stated she thought the Macrobid was discontinued, and the Augmentin was started.

During an interview on 1/11/23, at 10:20 AM, with the Director of Nurses (DON), she confirmed she was responsible for covering for the IP when she's on vacation. The DON confirmed she failed to follow the facility's antibiotic protocol while the IP was on vacation.

During an interview on 1/11/2023, at 11:00 AM, the Nurse Practitioner (NP) confirmed on 12/22/22, he ordered Augmentin 500-125 mg po (by mouth) twice a day times seven (7) days related to UTI for Resident #78. The NP revealed he unaware the physician had ordered Macrobid on 12/20/22. The NP said the nurse called him with the culture results. He was not told the resident was receiving Macrobid. The NP confirmed receiving both antibiotics at the same time was unnecessary, as the Macrobid could have managed the infection. The NP also confirmed any time several antibiotics are given, it could result in the resident developing a Multi Dose Resistant Organism (MDRO).

During an interview on 1/11/23, at 2:00 PM, RN #1 confirmed she received the order for Augmentin 500-125 mg. RN #1 said she doesn't know why she didn't tell the NP about the Macrobid. The nurse stated she normally checks the residents' medications for allergies and other medications. RN #1 confirmed she is familiar with the facility's antibiotic stewardship protocol and normally looks at the resident's medication and the culture for sensitivity.

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F 881	Continued From page 8 Record review of the "Face Sheet," revealed the facility admitted Resident #78 on 1/13/22. The resident's diagnoses included Urinary Tract Infection, Dysuria, Urine Retention, and Depression. The Quarterly Minimum Data Set (MDS) with the Assessment Reference Date (ARD) of 10/14/22, revealed Resident # 78 had a Brief Interview of Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact.	F 881		