MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18BC	A. BUILDING: _____ B. WING _____	01/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CTR-MONROE HALL	300 CAHAL STREET HATTIESBURG, MS 39401

(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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted a Complaint Investigation (CI) MS #20570 at the facility from 1/26/23 through 1/27/23. The complaint was related to verbal abuse, resident grooming, neglect, infection control, administration, and resident incontinence care. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement and cited M500 and M610.	M 000		
M 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by: Level II Based on observations, interviews, record review, and facility policy review, the facility failed to ensure residents, who were unable to carry out Activities of Daily Living (ADLs), received the necessary services to maintain grooming and personal hygiene for four (4) of seven (7) sampled residents. Resident #1, Resident #3, Resident #5, and Resident #7. Findings Include:	M 610	Bedford Care Center - Monroe Hall, LLC acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent of the summary of findings is factually correct and in compliance with the applicable rules and regulations. Please accept this Plan of Correction as our credible allegation of compliance. Residents #1, #3, #5, and #7 received nail care which included trimming by the	2/17/23

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		02/13/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18BC	A. BUILDING: _____ B. WING _____	01/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CTR-MONROE HALL	300 CAHAL STREET HATTIESBURG, MS 39401

(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) COMPLETE DATE
M 610	Continued From page 1 Record review of the facility's policy, "Care of Fingernails/Toenails", revised 8/2/22, revealed, "The purposes of this procedure are to clean the nail bed, to keep nails trimmed ...1. Nail care includes daily cleaning and regular trimming ...13. Trim fingernails in an oval shape and toenails straight across. 14. Smooth the nails with a nail file or emery board ..." Record review of the facility's policy, "Activities of Daily Living (ADLs), Supporting Policy", revised 8/2/22, revealed, "Policy Interpretation and Implementation ...2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently ...including appropriate support and assistance with: a. hygiene (...grooming ...) ..." Resident #1 On 1/27/23 at 10:25 AM, during an observation with the Wound Care Nurse, Resident #1's toenails were long and ragged/jagged and his fingernails were long, jagged. The length of Resident #1's fingernails exceeded the tips of the fingers on his right hand 0.2 centimeters to 0.4 centimeters. On 1/27/23 at 10:30 AM, during an interview with the Wound Care Nurse, she described the toenails of Resident #1 as "long and ragged". She confirmed Resident #1's fingernails were also long. She reported that fingernail care and toenail care were included in adequate grooming for residents. She also confirmed the resident was not able to trim his own fingernails or toenails and it was the responsibility of the resident's nurse or herself to provide toenail care. She stated the Certified Nurse Aides (CNAs) were responsible	M 610	Wound Care RN on 1/26/23. All Residents have the potential to be affected by the deficient practice. All nursing staff were in-serviced on proper nail care by the Staff Development Nurse and in-serving was completed by 2/13/23. The Quality Assessment and Assurance Team began making call light rounds on 1/30/23 five times per week and this will be an ongoing process. The Wound Care Registered Nurse will evaluate nail care for residents with high risk conditions weekly beginning 2/13/23 and the Medication Nurses will evaluate nail care for all other residents weekly beginning 2/13/23. The Director of Nursing, or Registered Nurse, will conduct nail care observations of at least 5 residents per week for 2 months beginning 2/17/23 and ending 4/14/23. Variances noted during nursing evaluations will be monitored at the monthly Quality Assessment and Assurance Committee meeting initially on 2/17/23 and then monthly beginning on 3/17/23 and ending on 4/14/23 to ensure sustained compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18BC	A. BUILDING: _____ B. WING _____	01/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CTR-MONROE HALL	300 CAHAL STREET HATTIESBURG, MS 39401

(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) COMPLETE DATE
M 610	Continued From page 2	M 610		

for reporting to the nurses if a resident's toenails or fingernails needed to be trimmed.

Record review of the "Admission Record" for Resident #1 revealed the facility admitted him on 6/23/10, with diagnoses including Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side, Parkinson's Disease, and Type 2 Diabetes Mellitus.

Record review of the quarterly Minimum Data Set (MDS) for Resident #1 with an Assessment Reference Date (ARD) of 12/21/22 revealed the resident had a Brief Interview for Mental Status (BIMS) score of "00" and documented the resident exhibited "Disorganized Thinking ...incoherent ...unclear flow of ideas" and "Altered Level of Consciousness". Further MDS review revealed Resident #1 required extensive assistance with personal hygiene.

Resident #3

On 1/26/23 at 1:40 PM observation and an interview with Resident #3 in her room revealed she was seated in a wheelchair in her room reading a book. She had the appearance of being neat, appropriately dressed, and free of malodorous smells. Her fingernails were long and dirty. Her fingernails extended approximately 0.5 centimeters past the end of her fingers and were jagged, rough, and not smooth.

Record review of the "Admission Record" for Resident #3 revealed the facility admitted her on 5/17/22 with diagnoses including Toxic Encephalopathy and Type 2 Diabetes Mellitus.

Record review of the quarterly MDS with an ARD of 11/09/22 revealed Resident #3 had a BIMS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18BC	A. BUILDING: _____ B. WING _____	01/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CTR-MONROE HALL	300 CAHAL STREET HATTIESBURG, MS 39401

(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) COMPLETE DATE
M 610	Continued From page 3	M 610		

score of 12, which indicated the resident had moderate cognitive impairment. Further review of the MDS, Section G, revealed Resident #3 required extensive assistance with personal hygiene.

Resident #5

On 1/27/23 at 10:55 AM, an observation revealed the resident had long, rough, jagged toenails.

Record review of the "Admission Record" for Resident #5 revealed she was admitted by the facility on 5/09/22 with diagnoses including Alzheimer's Disease and had Dementia.

Record review of the quarterly MDS with an ARD of 11/02/22 revealed the resident had a BIMS score of "00" with documentation of "Delirium ...Inattention". Further MDS review, Section G, revealed Resident #5 required extensive assistance with personal hygiene.

Resident #7

On 1/27/23 at 11:10 AM, an observation revealed Resident #7 was seated in a wheelchair at a table in a common area. Both of her hands were balled up into tight fists and appeared to be contracted. With the assistance of the Director of Nursing (DON) the resident's fingernails were assessed and noted to be long, rough, and jagged.

On 1/27/23 at 11:15 AM, during an interview the DON, she confirmed that Resident #7's fingernails were long. She said that fingernails and toe nails were to be assessed by nurses and CNAs on an ongoing basis and fingernail and toenail care should be provided by staff as needed. She confirmed that there were criteria for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18BC	A. BUILDING: _____ B. WING _____	01/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CTR-MONROE HALL	300 CAHAL STREET HATTIESBURG, MS 39401

(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) COMPLETE DATE
M 610	Continued From page 4	M 610		

CNAs to be able to use clippers to trim fingernails or toenails, but the CNAs responsibility included reporting to the nurse if a resident needed care and they were not able to provide the care.

Record review of the "Admission Record" for Resident #7 revealed she was admitted by the facility on 5/19/17 with diagnoses including Alzheimer's Disease and Dementia.

A record review of the quarterly MDS with an ARD of 12/7/22, revealed Resident #7 had long and short term memory problems and her cognitive skills for daily decision making was severely impaired. Further MDS review,Section G, revealed Resident #7 required extensive assistance with toilet use and personal hygiene.

On 1/26/23 at 2:30 PM, during an interview with CNA #4, she reported that the facility provided in-service training for ADLs.

On 1/26/23 at 3:00 PM, during an interview Registered Nurse (RN) #1, she stated she was responsible for supervision of Licensed Practical Nurses (LPNs) and the care of residents. She stated the CNAs were trained and reminded and provided with instruction to use and follow the "Kardex" in electronic health records software for ADL care. She confirmed that staff were expected to provide care based on the MDS assessment of each resident which was reflected in the resident's Kardex. She reported each resident was scheduled for showers every week, most every other day, and that fingernail care was "supposed to be done on shower days". She said that if a resident was diabetic, had physician orders for anticoagulant therapy or was diagnosed with a bleeding disorder, the CNA should report to a licensed nurse if the resident's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18BC	A. BUILDING: _____ B. WING _____	01/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CTR-MONROE HALL	300 CAHAL STREET HATTIESBURG, MS 39401

(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) COMPLETE DATE
M 610	Continued From page 5 nails needed trimming, but they were allowed to use an emery board as needed to file or smooth any resident's nails. On 1/27/23 at 2:00 PM during an interview the Staff Development Nurse (SDN), he stated that he was responsible for "general facility orientation for CNAs and for checkoff competencies for CNAs when they are ready to be own their own". He confirmed the competencies included ADL care. He confirmed that all CNAs employed by the facility had received formal training in a certified training program which would have included correct ADL procedures. On 1/27/23 at 3:40 PM, an interview with the DON, she confirmed the nursing staff were responsible for assessment of the condition of resident fingernails and toenails and provide fingernail and toenail care as appropriate to prevent the fingernails and toenails from growing too long or being rough or jagged. She confirmed that fingernail care and toenail care were included in personal hygiene and grooming. On 1/27/23 at 3:50 PM, an interview with the facility Administrator, he confirmed the nursing staff were responsible for fingernail care and toenail care and that fingernail care and toenail care was considered personal hygiene/grooming.	M 610		