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	255297	A. BUILDING _____ B. WING _____	01/27/2023

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BEDFORD CARE CTR-MONROE HALL	300 CAHAL STREET HATTIESBURG, MS 39401

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F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey and a Complaint Investigation (CI), MS #20570, was conducted by the State Agency (SA) at the facility from 1/26/23 through 1/27/22. The facility was found to be in compliance with infection control regulations and has implemented the Centers for Medicare and Medicaid (CMS) and the Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. 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 requirements for participation in Medicare and Medicaid and cited F677 and F690. The SA additionally cited F558 which was not related to the CI. The facility held a license for 80 beds, with a census of 75.	F 000		
F 558 SS=D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review the facility failed to ensure reasonable accommodation was provided to a resident when his call light device was not within reach for one (1) of seven (7) sampled	F 558	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	2/17/23

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

Electronically Signed | 02/13/2023

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F 558	Continued From page 1 residents. Resident #2 Findings include: Record review of the facility policy titled "Call Lights: Accessibility and Timely Response, revised 8/2/22, revealed, "Policy: The purpose of this policy is to assure the facility is adequately equipped with a call light at each resident's bedside ...to allow residents to call for assistance ...Policy Explanation and Compliance Guidelines: 1. All staff will be educated on the proper use of the resident call system including ...ensuring resident access to the call light ...5. Staff will ensure the call light is within reach of resident and secured, as needed. 6. The call system will be accessible to residents while in their bed or other sleeping accommodations within the resident's room ..." On 1/26/23 at 11:05 AM, during an observation and an interview with Resident #2, he was lying in bed and his call light device was hung over the headboard of the bed. Resident #2 reported that he was not able to reach the call light whenever it was placed over the headboard and that it was not unusual that it was not in his reach. He stated, "I don't even worry about it anymore." On 1/26/23 at 1:30 PM and at 5:00 PM, during an observation and an interview with Resident #2, the call light device continued to be positioned hanging over the headboard out of his reach. Resident #2 reported that it had been out of his reach and had not been moved. On 1/27/23 at 10:10 AM, 11:50 AM, and 1:24 PM, during observations, the call light device for Resident #2 remained positioned on the bed's	F 558	compliance with the applicable rules and regulations. Please accept this Plan of Correction as our credible allegation of compliance. The call light for Resident #2 was placed within easy reach on 1/27/2023. All Residents have the potential to be affected by the deficient practice. All staff were in-serviced on the facility□s call light accessibility policy by the Staff Development Nurse beginning on 1/27/23 and was completed on 2/9/23. 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. Registered Nurse Supervisor will make rounds two times daily for one week beginning 2/13/23, then daily for one week beginning 2/20/23. Rounds will be made by the Registered Nurse Supervisor three times per week for two additional months ending on 4/14/23 to ensure sustained compliance. Variances observed during rounds will be monitored and reviewed in 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.	

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F 558	Continued From page 2	F 558		

headboard, which was behind and out of reach of the resident. Resident #2 confirmed that he was not able to reach the call light and that it had not been moved although several staff members had entered his room on 1/27/23. He expressed that it was "frustrating" that the staff did not reposition the call device when they were in his room.

On 1/27/23 at 2:00 PM, during an interview with the Staff Development Nurse (SDN), he confirmed that call lights were "supposed to be in the residents' reach".

On 1/27/23 at 2:15 PM, during an observation and an interview with Resident #2, the call light device was laying on the bed beside the resident and within his reach. Resident #2 stated, "Yeah, they finally decided to give it to me.".

On 1/27/23 at 3:40 PM, during an interview the Director of Nursing (DON), she confirmed that staff were "supposed to" leave the resident's call light within their reach each time they left a resident's room.

On 1/27/23 at 3:50 PM, during an interview with the facility's Administrator, he stated that staff should place call lights within a resident's reach upon completion of care.

Record review of the "Admission Record" for Resident #2 revealed he was admitted by the facility on 6/04/21 with diagnoses including Orthostatic Hypotension, Atrial Fibrillation, and Dementia.

Record review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/11/23 revealed Resident #2 had a

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F 558	Continued From page 3 Brief Interview for Mental Status (BIMS) score of 10, which indicated he had moderate cognitive impairment. Further review of the MDS, Section G revealed that he required extensive assistance for transfers.	F 558		
F 677 SS=E	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 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: 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	F 677	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 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	2/17/23

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F 677	Continued From page 4 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 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	F 677	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.	

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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, Section G, 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.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 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

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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. 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 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

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F 677	Continued From page 7	F 677		

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 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

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F 677	Continued From page 8 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.	F 677		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §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. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (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; (ii) A resident who enters the facility with an	F 690		2/17/23

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F 690	Continued From page 9 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 (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. §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. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review, and facility policy review the facility failed to ensure that a resident, who was incontinent of bladder received appropriate treatment and services to prevent urinary tract infections (UTIs) for one (1) of two (2) incontinence care. Resident #3 Findings include: Record review of the facility's policy, "Perineal Care" revised 8/2/22, revealed, "The purposes of this procedure are to provide cleanliness and comfort to the resident, to prevent infections ...10 ... e. Wash the rectal area thoroughly, wiping from the base of the labia towards and extending over the buttocks (wipe from front to back) ..." On 1/27/23 at 12:00 PM, during an interview the Resident Representative (RR) for Resident #3	F 690	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. Resident #3 was assessed for trauma and any signs or symptoms of infection by the Director of Nursing on 1/27/23 with no negative outcomes observed. All Residents have the potential to be affected by the deficient practice. In-service training began on 1/27/23 and was completed on 2/9/23 with included	

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F 690	Continued From page 10 expressed concern related to the incontinence care provided for Resident #3 and that she was considering other facilities because she was not satisfied. She stated that she was worried because Resident #3 had previously been diagnosed with UTI, however, the resident did not actively have an infection. On 1/27/23 at 1:49 PM, during observation of incontinence care for Resident #3 performed by Certified Nurse Aide (CNA) #1 and CNA #2, with the Staff Development Nurse (SDN) present in the room, CNA #1 used a disposable cleansing cloth and wiped from the rectal area toward the vaginal area (back to front) of the resident. On 1/27/23 at 1:55 PM, during an interview with CNA #1, she stated that she was aware she had made a mistake during incontinence care, and she stated "I got nervous; I wiped from back to front. I know better." She confirmed she knew that the correct procedure was to cleanse or wipe front to back to prevent urinary tract infections. On 1/27/23 at 2:00 PM, during an interview the SDN, he confirmed that he also had witnessed during the SA observation CNA #1 perform incontinence care for Resident #3 and that she had cleaned the resident by wiping from back to front, which did not coincide with the facility policy or current standards of practice designed to prevent urinary tract infections and it could have potentially lead to the resident obtaining a urinary tract infection. On 1/27/23 at 3:40 PM, during an interview the Director of Nursing, she confirmed that facility policy and accepted current standards of care specified that incontinence care should always	F 690	Incontinence and Perineal Care conducted by the Staff Development Nurse for all Certified Nursing Assistants to ensure facility policy and procedure are followed to reduce the risk of trauma and infection. 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. Five perineal care observations will be conducted by the Staff Development nurse weekly for two weeks beginning 2/13/23 and then beginning 2/27/23 five observations monthly for 2 months ending 4/14/23. All perineal care observation variance documentation will be reported to the 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.	

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include cleansing (wiping) from front to back and that for female residents that meant the vaginal area toward the rectal area, and never back to front. She stated that in-service training had been provided for all nursing staff in which facility incontinence care policy and procedure and current standards of care designed to prevent urinary tract infection were reviewed. She confirmed use of incorrect procedure could potentially lead to urinary tract infection.

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 Assessment Reference Date (ARD) of 11/09/22 revealed Resident #3 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident had moderate cognitive impairment. Further review revealed Resident #3 required extensive assistance with toilet use and personal hygiene and was assessed as "Always Incontinent" for Urinary Continence and "Always Incontinent" for Bowel Continence.